

EXECUTIVE COMMITTEE

INDEXES

2004

**MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
INDEX OF 2004 EXECUTIVE COMMITTEE MINUTES**

<u>NAME</u>	<u>MONTH</u>
Almeida, Oscar Domingo, Jr.	November
Asghar, Sheila Joyce	May
Bell, Ralph B.	May
Beville, Lee Walker	January
Dunn, Jack, III	January
Dunn, Russell Arthur	January
.	June
Frenz, John Allen	September
Glass, Ted Alan	January
Herzog, John Leonard	January
.	May
Hooper, Pleasant Fite	May
Khandekar, Zinat R.	May
Lehman, Thomas M.	May
Mathews, Chacko P.	May
Ongkingco, Pacifico	May
Ruhl, Forster Gehring, Jr.	January
Semchyshyn, Stefan	January
.	May
Stallings, Alan Eugene, Jr.	June
Wheeler, Harold John	January

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<u>TOPIC</u>	<u>MONTH</u>
Actiq®	September
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Medical Ethics Requirement	November
South Central Regional Medical Center, Laurel	June
Corrections, Department of	
Limited Institutional Licenses	January
.....	May
Dialysis Technicians	January
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Alternate Members	May
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Annual Meeting	January
.....	May
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Inactive License	June
.....	September
Legislation	
.....	November
LIL for Department of Corrections	January
Pain Management	January
Louisiana Medical Assurance Company	January
Medical Records	May
Mental Health, Department of	July
.....	September
Military Physicians	January
Mississippi Hospital Association	May
Mississippi Professionals Health Program	
Appointment to MIPC	January
Memorandum of Understanding	January
.....	May
.....	July

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Board Member	May
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Physician Assistants	July
Physician's Name on Prescription Form	July
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Rules of Procedure	July
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Surgical Assistants	May
Telepsychiatry	July
Tri-State Healthcare Group	May
University of Mississippi Medical Center	
TelEmergency Program	January
.....	May
USMLE	
Clinical Skills Assessment	May

**BOARD
INDEXES
2004**

**MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
INDEX OF 2004 BOARD MINUTES**

<u>NAME</u>	<u>MONTH</u>
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Cunningham, Glenn Donald	June
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.....	July
.....	September
.....	November
Lehman, Thomas Michael	September
Long, William Stephen	June
Mladineo, John Philip	June
Morris, Steve	September
.....	November
Rolling, Lane Cedric	June
.....	July
.....	October
Townsend, Horrell H.	June
Wheeler, Harold John	June
Woodall, Ronald Ellzy	September
Zimmerman, James R.	June

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<u>TOPIC</u>	<u>MONTH</u>
Board Members	
Oath of Office	June
.....	July
Officers	June
Resolutions	June
Complaints, Procedures for Handling of	September
Consumer Health Ad Hoc Committee	June
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.....	November
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Regulations	
Emergency Telemedicine	September
.....	November
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Prescribing Guidelines	June
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.....	September
.....	October
Physician Assistants	June
.....	July
.....	September
Physician's Name on Prescription Form	July
Release of Medical Records	July
.....	September
Telepsychiatry	September
.....	November
Telepsychiatry	July
.....	September
.....	November
University of Mississippi Medical Center	
Emergency Telemedicine	September
USMLE	
Clinical Skills Assessment	June

JANUARY 2004

**MINUTES
EXECUTIVE COMMITTEE MEETING
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
JANUARY 21, 2004**

MEMBERS PRESENT:

Dewitt G. Crawford, M.D., Louisville, President
William B. Harper, D.O., Greenwood, Vice President
W. Joseph Burnett, M.D., Director

ALSO PRESENT:

Charles Moses, Division Director II, Investigative Division
Rhonda Freeman, Division Director II, Licensure Division
Kathy Fortenberry, Administrative Assistant
Frances Scott, Special Projects Officer, Investigative Division

NOT PRESENT:

Paul D. Jackson, M.D., Greenville, Secretary

The Executive Committee of the Mississippi State Board of Medical Licensure met on Wednesday, January 21, 2004, at 4:00 p.m. in the Executive Conference Room of the Office of the Board located at 1867 Crane Ridge Drive, Jackson, Mississippi.

**PERSONAL APPEARANCE BY JOHN LEONARD HERZOG, M.D., CLEVELAND,
MISSISSIPPI MEDICAL LICENSE NUMBER 09800**

Dr. Herzog joined the meeting but was not represented by legal counsel. He executed a written agreement for this informal meeting, a copy of which is attached hereto and incorporated by reference.

Dr. Burnett briefly reviewed Dr. Herzog's background, who had disciplinary action by the Arkansas State Medical Board and failed to properly disclose this on his annual renewal for his Mississippi license. Dr. Herzog has been given a proposed Consent Order, which would be a reportable, probation action, and he asked to meet with the Executive Committee. After discussion and questions by the Executive Committee members, Dr. Herzog stated that before signing the Consent Order he would like to check with his malpractice carrier to see how this would impact his insurance. After talking with his insurance carrier, he will advise the Board of his decision.

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**PERSONAL APPEARANCE BY FORSTER GEHRING RUHL, JR., M.D., SENATOBIA,
TO REQUEST REMOVAL OF RESTRICTIONS, MISSISSIPPI MEDICAL LICENSE
NUMBER 12463**

Dr. Ruhl joined the meeting but was not represented by legal counsel. He executed a written agreement for this informal meeting, a copy of which is attached hereto and incorporated by reference.

Dr. Burnett briefly reviewed Dr. Ruhl's chronological summary. Dr. Ruhl addressed the Executive Committee and answered questions from the members. It was the consensus of the Executive Committee members to remove all restrictions. The Order of the Board is attached hereto and incorporated by reference.

**PERSONAL APPEARANCE BY H. ALLEN GERSH, M.D., HATTIESBURG
RE: DIALYSIS TECHNICIANS**

Dr. Gersh, several employees of various dialysis clinics, and Barry K. Cockrell, Esq., Jackson, attorney for the group, met with the Executive Committee. The Board on July 18, 2002, approved a Recognition of Authority, which would allow the physicians to train and certify dialysis technicians, who would work under a protocol with the physician.

After a joint meeting with the Attorney General, Dr. Gersh, Mr. Cockrell, and others have been trying to work with the Board of Nursing. This group, along with Delia Owens, Executive Director of the Nursing Board, is asking the Board if a dialysis technician can work in an off-site location from the physician under an approved protocol. Dr. Burnett will advise Dr. Gersh and Ms. Owens after he completes the review of the Core Curriculum and Objectives for Hemodialysis Patient Care Technician Expanded Role, as developed earlier by the Dialysis Providers Coalition.

**PERSONAL APPEARANCE BY STEFAN SEMCHYSHYN, M.D., CHUCKEY,
TENNESSEE, MISSISSIPPI MEDICAL LICENSE NUMBER 17863**

Dr. Burnett reported that Mrs. Semchyshyn called just prior to the meeting to advise she had just received Dr. Burnett's letter of January 5, 2004, requesting Dr. Semchyshyn to meet with the Executive Committee and that Dr. Semchyshyn was out of state.

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Dr. Semchyshyn was asked to meet with the Executive Committee to answer questions regarding Washington and West Virginia Boards both denying him a license. The Board staff will try to obtain more information on why the licenses were denied, and this will be brought back at a later date.

§73-25-28 AFFIDAVIT OF REASONABLE CAUSE AND DETERMINATION OF REASONABLE CAUSE AND ORDER OF AUTHORITY TO INSPECT AND COPY RECORDS - RUSSELL ARTHUR DUNN, M.D., BRANDON, MISSISSIPPI MEDICAL LICENSE NUMBER 03117

Neil Breeland, Board Investigator, joined the meeting and presented to the Executive Committee those facts necessary to make a determination of reasonable cause pursuant to Miss. Code Ann. Section 73-25-28, to inspect records of Dr. Dunn, an 88 year old physician who is working out of his home. The Executive Committee members found that reasonable cause did exist and executed the necessary papers for Dr. Burnett and Mr. Breeland to obtain and copy records necessary for the investigation.

FREDA M. BUSH, M.D., JACKSON, WHO WAS ASKED TO SERVE ON THE EXECUTIVE COMMITTEE FOR THIS MEETING, JOINED THE MEETING AT 4:50 P.M.

HAROLD JOHN WHEELER, M.D., GREENWOOD, MISSISSIPPI MEDICAL LICENSE NUMBER 10035

Dr. Burnett reviewed the background on Dr. Wheeler, who was served in 2002 with a Summons and Affidavit, alleging conviction of fraud with his farming business. The matter was placed in abeyance at the November 2002 Executive Committee meeting after he received a stay on his incarceration, pending an appeal. Dr. Burnett advised that this appeal was denied and Dr. Wheeler is now planning another appeal. He has contacted Dr. Burnett and Dr. Harper regarding a letter from the Board to be used in this appeal. It was the consensus of the Executive Committee members to provide him with the standard verification letter.

LEE WALKER BEVILLE, M.D., GAINESVILLE, TEXAS, APPLICANT

Dr. Burnett reported on his recent meeting with Dr. Beville and his attorney, Mark Hodges, Esq., Jackson. The Ohio and Louisiana Boards denied him a license, which Dr. Burnett feels resulted from a misinterpretation on information Dr. Beville provided on his licensure applications. It was the consensus of the Executive Committee members to proceed with the issuance of a license to Dr. Beville.

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ADMINISTRATORS IN MEDICINE (AIM) AND FEDERATION OF STATE MEDICAL BOARDS ANNUAL MEETINGS, APRIL 27 - MAY 2, 2004, ARLINGTON, VA

The Executive Committee approved the following Board employees to attend the Administrators in Medicine (AIM) and Federation of State Medical Boards annual meetings to be held April 27 through May 2, 2004, in Arlington, Virginia: W. Joseph Burnett, M.D., Kathy Fortenberry, Rhonda Freeman, and Charles Moses.

APPOINTMENT OF JOE W. WALKER, M.D., WATER VALLEY, TO THE MISSISSIPPI IMPAIRED PHYSICIANS COMMITTEE

Dr. Burnett reviewed a letter from William F. Roberts, Executive Director, Mississippi State Medical Association, regarding the appointment by their Board of Trustees of Joe W. Walker, M.D., Water Valley, to complete an unexpired term on the Mississippi Impaired Physicians Committee. The Executive Committee members concurred with this appointment, and Mr. Roberts will be advised.

CHANGE NAME OF MISSISSIPPI RECOVERING PHYSICIANS PROGRAM TO MISSISSIPPI PROFESSIONALS HEALTH PROGRAM

Dr. Burnett presented a letter from Gary D. Carr, M.D., Medical Director, Mississippi Professionals Health Program, informing the Board that the Mississippi Recovering Physicians Program had voted unanimously to change the name of their organization to Mississippi Professionals Health Program. The Executive Committee members unanimously approved this change.

MEMORANDUM OF UNDERSTANDING - MISSISSIPPI PROFESSIONALS HEALTH PROGRAM

With the above name change, a revision to the Memorandum of Understanding will be necessary. Copies of the Memorandum of Understanding were presented to the Executive Committee members, which they unanimously approved.

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PROPOSED LEGISLATION FOR DEPARTMENT OF CORRECTIONS MEDICAL STAFF REGARDING LIMITED INSTITUTIONAL LICENSES

Mrs. Freeman reviewed proposed legislation for the Department of Corrections Medical Staff regarding Limited Institutional Licenses. The physicians at these facilities are now employed by a contractual company and do not meet the requirements for this particular license. The Executive Committee members agreed with the proposal. This legislation will be introduced by a member of the Department of Corrections Medical Staff, not the Board.

MILITARY PHYSICIANS PRACTICING IN CIVILIAN FACILITIES

Mrs. Freeman advised that she had been receiving calls for clarification of military physicians who do not have a Mississippi license working in a civilian facility. After reviewing the U.S. Code pertaining to this, it was the consensus of the Executive Committee members that the hospitals with their legal counsel should address this in their individual by-laws.

QUESTIONS FROM MEDICAL CONSULTANT, LOUISIANA MEDICAL ASSURANCE COMPANY

For informational purposes only, Dr. Burnett reported on his recent telephone conversation with the Medical Consultant of the Louisiana Medical Assurance Company concerning various questions about Louisiana physicians seeing Mississippi patients.

CLINICAL COMPETENCY EXAMINATION OF TED ALAN GLASS, M.D., AND JACK DUNN, III, M.D.

Copies of the reports on the clinical competency examinations of Dr. Glass and Dr. Dunn were distributed to the Executive Committee members for their information.

QUARTERLY REPORT FROM ROBERT GALLI, M.D., TELEMERGENCY PROGRAM, UNIVERSITY OF MISSISSIPPI MEDICAL CENTER

For informational purposes only, Dr. Galli's quarterly report on the TelEmergency program was reviewed by Dr. Burnett.

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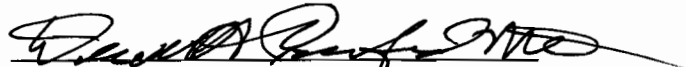
OTHER BUSINESS

Dr. Burnett reported on a telephone call from Ronald Vincent Myers, M.D., Tchula, asking the Board to support a pain management bill he was going to have introduced in this current legislative session. It was the consensus of the Executive Committee members not to support this legislation since it would be of no benefit to the Board and they felt the regulations currently in place were adequate.

There was also some discussion regarding corresponding with the members of the Public Health Committees regarding this and other pain management bills. The Executive Committee members agreed to wait until these bills were introduced.

ADJOURNMENT

There being no further business, the meeting adjourned at 5:30 p.m.



Dewitt G. Crawford, M.D.

President

Minutes taken and transcribed
by Kathy Fortenberry
Administrative Assistant
January 21, 2004

AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE

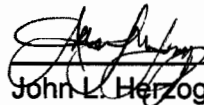
I, **John L. Herzog, M.D.**, have requested an opportunity to appear informally before the Executive Committee of the Mississippi State Board of Medical Licensure (hereinafter "Board") to discuss possible resolution of a pending disciplinary matter/investigation or to respond to a complaint duly received by the Board. It is the purpose of the informal meeting to discuss the facts of the case, to give me an opportunity to ask questions of the Committee or its staff, and to give the Committee or its staff an opportunity to ask questions of me. Because the meeting is informal, no disciplinary action will be taken without my express written consent. In so doing, I have been advised and understand the following:

1. During the meeting, the Executive Committee may or may not be represented by legal counsel. Notwithstanding, I understand that I have a right, if I so choose, to employ legal counsel and have counsel present during the informal meeting.
2. I authorize the Committee Members to review and examine any statements, documentary evidence, or materials concerning the allegations during my informal appearance.
3. Because the purpose of my appearance is to avoid a hearing before the Board, I agree that presentation to and consideration by the Committee of any facts, matters, and documents pertaining to my case shall not unfairly or illegally prejudice the Committee members from further participation or consideration in the event a formal disciplinary hearing is later conducted. Stated differently, in the event the pending matter is not resolved following my appearance before the Committee, I will not object to any of the Committee members from further participating in subsequent meetings or hearings that may be conducted in relation to this matter.
4. By signing my name in the space provided below, I hereby authorize the Executive Committee to proceed with the informal appearance, subject to the stipulations and understandings as noted above. I have elected to proceed:

___ with legal counsel present (name of counsel: _____)

without legal counsel present

EXECUTED, this the 21 day of Jan, 04.



John L. Herzog, M.D.

Witness: _____

AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE

I, Forster G. Ruhl Jr., M.D., have requested an opportunity to appear informally before the Executive Committee of the Mississippi State Board of Medical Licensure (hereinafter "Board") to discuss possible resolution of a pending disciplinary matter/investigation or to respond to a complaint duly received by the Board. It is the purpose of the informal meeting to discuss the facts of the case, to give me an opportunity to ask questions of the Committee or its staff, and to give the Committee or its staff an opportunity to ask questions of me. Because the meeting is informal, no disciplinary action will be taken without my express written consent. In so doing, I have been advised and understand the following:

1. During the meeting, the Executive Committee may or may not be represented by legal counsel. Notwithstanding, I understand that I have a right, if I so choose, to employ legal counsel and have counsel present during the informal meeting.
2. I authorize the Committee Members to review and examine any statements, documentary evidence, or materials concerning the allegations during my informal appearance.
3. Because the purpose of my appearance is to avoid a hearing before the Board, I agree that presentation to and consideration by the Committee of any facts, matters, and documents pertaining to my case shall not unfairly or illegally prejudice the Committee members from further participation or consideration in the event a formal disciplinary hearing is later conducted. Stated differently, in the event the pending matter is not resolved following my appearance before the Committee, I will not object to any of the Committee members from further participating in subsequent meetings or hearings that may be conducted in relation to this matter.
4. By signing my name in the space provided below, I hereby authorize the Executive Committee to proceed with the informal appearance, subject to the stipulations and understandings as noted above. I have elected to proceed:

with legal counsel present (name of counsel: _____)

without legal counsel present

EXECUTED, this the 21st day of January, 2004.

Forster G. Ruhl Jr.
Forster G. Ruhl, Jr., M.D.

Witness: _____

**BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
IN THE MATTER OF THE PHYSICIAN'S LICENSE**

OF

FORSTER GEHRING RUHL, JR., M.D.

ORDER REMOVING ALL RESTRICTIONS

THIS MATTER came on regularly for consideration on January 21, 2004, before the Executive Committee of the Mississippi State Board of Medical Licensure, in response to the request of Forster Gehring Ruhl, Jr., M.D. (hereinafter "Licensee"), for removal of all restrictions imposed on his license by virtue of that certain Consent Order dated April 18, 2002. The Executive Committee of the Board, after hearing said request, finds the same to be well-taken.

IT IS THEREFORE ORDERED, that Licensee's request for removal of all restrictions imposed on his license by virtue of that certain Consent Order dated April 18, 2002, is hereby granted.

IT IS FURTHER ORDERED, that pursuant to Miss. Code Ann. Sections 73-25-27 and 73-25-32 (1972), a copy of this Order shall be sent by registered mail or personally served upon Forster Gehring Ruhl, Jr., M.D.

ORDERED, this the 21st day of January, 2004.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY:



**DEWITT GREY CRAWFORD, M.D.
PRESIDENT**

JANUARY 2004

**EXECUTIVE COMMITTEE
MEETING ONLY**

MAY 2004

**MINUTES
EXECUTIVE COMMITTEE MEETING
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
MAY 19, 2004**

MEMBERS PRESENT:

Dewitt G. Crawford, M.D., Louisville, President
Philip T. Merideth, M.D., J.D., Jackson
W. Joseph Burnett, M.D., Director

ALSO PRESENT:

Charles Moses, Division Director II, Investigative Division
Rhonda Freeman, Division Director II, Licensure Division
Kathy Fortenberry, Administrative Assistant
Frances Scott, Special Projects Officer, Investigative Division

NOT PRESENT:

William B. Harper, D.O., Greenwood, Vice President
Paul D. Jackson, M.D., Greenville, Secretary

The Executive Committee of the Mississippi State Board of Medical Licensure met on Wednesday, May 19, 2004, at 4:00 p.m. in the Executive Conference Room of the Office of the Board located at 1867 Crane Ridge Drive, Jackson, Mississippi.

ALTERNATE EXECUTIVE COMMITTEE MEMBERS

Dr. Crawford appointed the following members to serve as Alternate Executive Committee members to attend Executive Committee meetings when an Executive Committee member cannot attend the meeting: Freda M. Bush, M.D., Jackson; A. Wallace Conerly, M.D., Jackson (after his appointment date of July 1, 2004); Joseph E. Johnston, M.D., Mount Olive; and Philip T. Merideth, M.D., J.D., Jackson. Dr. Merideth was asked to serve for this meeting.

EXTENSION OF LIMITED INSTITUTIONAL LICENSE FOR PACIFICO ONGKINGCO, M.D., MERIDIAN, MISSISSIPPI MEDICAL LICENSE NUMBER 473-L

At their June 17, 2003, meeting, the Executive Committee members gave Dr. Ongkingo an extension of one year on his Limited Institutional License. During that year, Dr. Ongkingco was asked to obtain ABMS Board certification or take all

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steps of the USMLE in order to be considered at some future time for a permanent license. Dr. Burnett advised that Dr. Ongkingco had not obtained the ABMS Board certification or taken the USMLE and that he was again requesting another year's extension. It was the consensus of the Executive Committee members to give Dr. Ongkingco an extension for another year. Dr. Ongkingco will be required to take the earliest ABMS Board examination available before another extension or consideration for a permanent license will be given.

**RALPH B. BELL, M.D., JACKSON, MISSISSIPPI MEDICAL LICENSE
NUMBER 05956**

For informational purposes only, Dr. Burnett advised that Dr. Bell has been on a two-year volunteer monitoring program, which he has completed. Dr. Burnett has recently met with Dr. Bell, and he has now been released from the monitoring program.

**PLEASANT FITE HOOPER, M.D., BATON ROUGE, LOUISIANA, MISSISSIPPI
MEDICAL LICENSE NUMBER 09974**

Dr. Burnett presented a request from Dr. Hooper for assistance in reinstating his Mississippi license, which was revoked by the Board in 1991. Dr. Burnett reviewed the Board Order and a chronological summary on Dr. Hooper. It was the consensus of the Executive Committee members that Dr. Hooper should complete a clinical skills assessment examination and have a psychiatric examination as to the safety of his returning to practice. The psychiatrist must be pre-approved by Dr. Burnett.

DR. JACKSON JOINED THE MEETING AT 4:30 P.M.

**THOMAS M. LEHMAN, M.D., CLEVELAND, MISSISSIPPI MEDICAL LICENSE
NUMBER 13009**

Dr. Burnett reported on a recent telephone conversation with Dr. Lehman, who was again requesting some possible assistance from the Board because of the restrictions on his license causing a problem with his obtaining employment. Because Dr. Lehman still has several years left on his Consent Order, which was effective October 17, 2001, for eight years, no action was taken by the Executive Committee.

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PERSONAL APPEARANCE BY SHEILA JOYCE ASGHAR, M.D., UNIVERSITY OF MISSISSIPPI MEDICAL CENTER, LIMITED INSTITUTIONAL LICENSE NUMBER 585-L

Dr. Asghar joined the meeting and presented her request that an exception be made to the seven-year rule for passing all three steps of USMLE. It was the consensus of the Executive Committee members to waive the regulation and to extend her Limited Institution License for one year in order for her to take USMLE Step 3.

PERSONAL APPEARANCE BY ZINAT R. KHANDEKAR, M.D., UNIVERSITY OF MISSISSIPPI MEDICAL CENTER, LIMITED INSTITUTIONAL LICENSE NUMBER 574-L

Dr. Khandekar joined the meeting and presented her request that an exception be made to the seven-year rule for passing all three steps of USMLE. It was the consensus of the Executive Committee members to waive the regulation and to issue a license in order for her to take her Board certification examination. Mrs. Freeman advised that Dr. Khandekar would not be eligible for a permanent license until the completion of her three years of ACGME approved postgraduate training in the United States, which would be June 30, 2004. A letter of intent will be issued in order for Dr. Khandekar to start the process for her Board certification examination.

PERSONAL APPEARANCE BY JOHN LEONARD HERZOG, M.D., CLEVELAND, MISSISSIPPI MEDICAL LICENSE NUMBER 09800

Dr. Burnett briefly reviewed Dr. Herzog's background, who had disciplinary action by the Arkansas State Medical Board and failed to properly disclose this on his annual renewal for his Mississippi license. Dr. Herzog was earlier given a proposed Consent Order, which would have been a reportable, probation action, but he met with the Executive Committee at their January 21, 2004, meeting to ask for consideration on this matter.

Dr. Herzog joined the meeting but was not represented by legal counsel. He executed a written agreement for this informal meeting, a copy of which is attached hereto and incorporated by reference.

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Dr. Herzog addressed the Executive Committee and answered questions from the members. It was the consensus of the Executive Committee members to accept a non-disciplinary, non-reportable Forbearance Agreement from Dr. Herzog, a copy of which is attached hereto and incorporated by reference.

PERSONAL APPEARANCE BY STEFAN SEMCHYSHYN, M.D., CHUCKEY, TENNESSEE, MISSISSIPPI MEDICAL LICENSE NUMBER 17863

Dr. Burnett briefly reviewed the background on Dr. Semchyshyn, who was asked to meet with the Executive Committee to answer questions regarding Washington and West Virginia Boards both denying him a license.

Dr. Semchyshyn joined the meeting and was represented by legal counsel, Keith R. Raulston, Esq., Jackson. He executed a written agreement for this informal meeting, a copy of which is attached hereto and incorporated by reference. Dr. Semchyshyn and Mr. Raulston addressed the Executive Committee and answered questions from the members.

It was the consensus of the Executive Committee members to write Dr. Semchyshyn that his license had been renewed and that any changes in his licensure status in any state should be reported immediately to this Board.

FEDERATION OF STATE MEDICAL BOARDS COMMON LICENSURE APPLICATION

Dr. Burnett and Mrs. Freeman briefly reviewed the Federation's Common Licensure Application, which could be accepted in lieu of the Board's application. After some discussion, the Executive Committee members asked that this be presented to the full Board at their June meeting.

USMLE STEP 2 AND CLINICAL SKILLS ASSESSMENT

A passing score on the USMLE Step 2 is required to obtain a temporary license, and the question has been presented to the Board if the same applies to the clinical skills assessment. After some discussion, the Executive Committee members asked that this be presented to the full Board at their June meeting.

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REQUEST FROM TRI-STATE HEALTHCARE GROUP, CORINTH, MISSISSIPPI

Dr. Burnett presented a request from Tri-State HealthCare Group, Corinth, Mississippi, for clarification on the cost associated with notarization of the authenticity of medical records. It was the consensus of the Executive Committee members that any entity requiring notarization of medical records would be responsible for the notary's charges. Dr. Burnett will advise Tri-State HealthCare Group.

For informational purposes only, Dr. Burnett reported on a telephone call regarding copying companies charging more than allowed by the Board's regulation. He advised that the Board did not get involved with the cost when a third party is brought in to make the copies.

QUARTERLY REPORT FROM ROBERT GALLI, M.D., TELEMERGENCY PROGRAM, UNIVERSITY OF MISSISSIPPI MEDICAL CENTER

Dr. Burnett briefly reviewed the quarterly report from Dr. Galli and reported that Dr. Galli will meet with the Board in the fall.

RECOVERING PHYSICIANS PROGRAM'S MEMORANDUM OF UNDERSTANDING

Proposed revisions to the Recovering Physicians Program's Memorandum of Understanding were discussed. This will be presented to the full Board at the June meeting.

Dr. Burnett advised that he had received from the Mississippi State Medical Association an audit for the Recovering Physicians Program, which did not reveal all income and expenses. He has voiced his objections to such a limited audit and a more detailed audit will be provided.

MEETING WITH DEPARTMENT OF CORRECTIONS STAFF REGARDING LIMITED INSTITUTIONAL LICENSES

The question of whether physicians employed by a contractual company providing physicians for the prisons was discussed at the September 17, 2003, and October 15, 2003, Executive Committee meetings. At the October meeting, the Executive Committee stated they did not feel these physicians would meet the requirements for a Limited Institutional License and agreed to extend to these licensees a six-month grace period.

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Dr. Burnett reported on his meeting on April 12, 2004, with Commissioner Chris Epps, Dr. John Bearry, Dr. Joe Blackston, and Stan Ingram. Dr. Burnett advised that he extended the Limited Institutional Licenses on these physicians until December 31, 2004. An Attorney General's opinion will be obtained on this matter.

MISSISSIPPI STATE MEDICAL ASSOCIATION MEETING, BILOXI, JUNE 3-6, 2004

The Executive Committee members approved paying the expenses for Dr. Burnett to attend the annual meeting of the Mississippi State Medical Association in Biloxi June 3 through 6.

NOMINATING COMMITTEE

Dr. Crawford appointed the following Board members to the Nominating Committee: Frank W. Bowen, M.D., Freda M. Bush, M.D., and Joseph E. Johnston, M.D. A slate of officers will be presented at the June Board meeting to be effective July 1, 2004.

SURGICAL ASSISTANTS

For informational purposes, Dr. Burnett reported on inquiries he received about the certification of surgical assistants. He always advises that the local hospitals should define the privileges in their by-laws.

OTHER BUSINESS

Dr. Burnett stated that he would like to have the members of the Consumer Health Ad Hoc Committee selected in order for them to attend the June Board meeting. Dr. Burnett and the staff will work on a description of this committee.

Dr. Burnett advised that Dr. Merideth had attended the Federation of State Medical Boards Annual Meeting in Washington on April 29 and 30 while traveling to another meeting and that the Board will pay for his hotel room expense and registration fee.

Dr. Crawford announced that he has appointed Dwalia S. South, M.D., Ripley, to serve on the Mississippi Board of Nursing.

EXECUTIVE COMMITTEE MINUTES

May 19, 2004

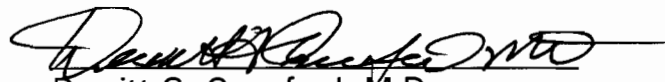
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Dr. Burnett reported on a telephone conversation with Chacko P. Mathews, M.D., applicant, who is Board eligible in ob-gyn. Dr. Mathews had a weighted average of 74.54 on the FLEX, and the Board's regulation requires a weighted average of 75. Mrs. Freeman advised that he is not Board certified and has not had a medical proficiency examination or licensure examination within ten years prior to filing his application. The Board's regulation requires in a case like this that the applicant must pass the Special Purpose Examination (SPEX). It was the consensus of the Executive Committee members to waive both the regulation pertaining to the FLEX score and the ten-year rule.

Dr. Burnett advised that he had a good meeting earlier in the day with Charles Williams, Chief of Staff for Governor Barbour, to discuss several items pertaining to the Board. Following that meeting, he met with a committee at the Mississippi Hospital Association regarding out-of-state emergency medical assistance in the event of a major emergency or disaster.

ADJOURNMENT

There being no further business, the meeting adjourned at 6:35 p.m.



Dewitt G. Crawford, M.D.

President

Minutes taken and transcribed
by Kathy Fortenberry
Administrative Assistant
May 19, 2004

AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE

I, JOHN L. HERZOG Sr., have requested an opportunity to appear informally before the Executive Committee of the Mississippi State Board of Medical Licensure (hereinafter "Board") to discuss possible resolution of a pending disciplinary matter/investigation or to respond to a complaint duly received by the Board. It is the purpose of the informal meeting to discuss the facts of the case, to give me an opportunity to ask questions of the Committee or its staff, and to give the Committee or its staff an opportunity to ask questions of me. Because the meeting is informal, no disciplinary action will be taken without my express written consent. In so doing, I have been advised and understand the following:

1. During the meeting, the Executive Committee may or may not be represented by legal counsel. Notwithstanding, I understand that I have a right, if I so choose, to employ legal counsel and have counsel present during the informal meeting.
2. I authorize the Committee Members to review and examine any statements, documentary evidence, or materials concerning the allegations during my informal appearance.
3. Because the purpose of my appearance is to avoid a hearing before the Board, I agree that presentation to and consideration by the Committee of any facts, matters, and documents pertaining to my case shall not unfairly or illegally prejudice the Committee members from further participation or consideration in the event a formal disciplinary hearing is later conducted. Stated differently, in the event the pending matter is not resolved following my appearance before the Committee, I will not object to any of the Committee members from further participating in subsequent meetings or hearings that may be conducted in relation to this matter.
4. By signing my name in the space provided below, I hereby authorize the Executive Committee to proceed with the informal appearance, subject to the stipulations and understandings as noted above. I have elected to proceed:

____ with legal counsel present (name of counsel: _____)

without legal counsel present

EXECUTED, this the 19th day of July, 2004.



Witness: _____

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

JOHN L. HERZOG, M.D.

FORBEARANCE AGREEMENT

WHEREAS, JOHN L. HERZOG, M.D., hereinafter referred to as "Licensee," currently holds Mississippi Medical License Number 09800, said number valid until June 30, 2004;

WHEREAS, on or about September 16, 2002, the Arkansas State Medical Board entered an Order and Notice of Hearing, charging Licensee with a violation of the Arkansas Medical Practices Act, more specifically, A.C.A. § 17-95-409(a)(2)(g), that is exhibiting gross negligence and ignorant malpractice in the rendering of treatment to his patients;

WHEREAS, on May 5, 2003, Licensee signed his annual "Application for Renewal of Mississippi License for Doctor of Medicine, Doctor of Osteopathy and Doctor of Podiatric Medicine for the period July 1, 2003, to June 30, 2004." The first question on said form reads: *"During the period July 1, 2002 - June 30, 2003, were you the subject of any disciplinary action or investigation by any licensing authority, hospital, institution, or society? If yes, please explain on separate sheet of paper."* Notwithstanding the aforementioned action and notice by the Arkansas Medical Board, Licensee chose to answer "NO" to this question;

WHEREAS, on or about August 21, 2003, Licensee entered into an agreed Order with the Arkansas State Medical Board, whereby, in consideration of dismissal of the pending charges against him, Licensee agreed not to renew his Arkansas medical license nor resume the practice of medicine in the State of Arkansas;

WHEREAS, pursuant to Subsections (8)(d),(f),(9), and (13) of Section 73-25-29 and Section 73-25-83(a), Miss. Code Ann. (1972), the aforementioned acts constitute unprofessional conduct, including being guilty of any dishonorable or unethical conduct likely to deceive, defraud or harm the public, use of any false, fraudulent or forged statement or document, or the use of any fraudulent, deceitful, dishonest or immoral practice in connection with any of the licensing requirements, including the signing in his professional capacity any certificate that is known to be false at the time he makes or signs such certificate, for which the Mississippi State Board of Medical Licensure may revoke the Mississippi medical license of Licensee, suspend his right to practice for a time deemed proper by the Board, place his license on probation the terms of which may be set by the Board, or take any other action in relation to his license as the Board may deem proper under the circumstances; and

WHEREAS, it is the desire of Licensee to avoid a hearing before the Mississippi State Board of Medical Licensure and in lieu thereof, agrees to certain non-disciplinary, non-reportable requirements for his continued unrestricted practice of medicine in the State of Mississippi.

NOW, THEREFORE, the Mississippi State Board of Medical Licensure, with consent of Licensee as signified by his joinder herein, does hereby agree to place into abeyance the current investigation and formal, disciplinary action, based on the following requirements:

1. Licensee's medical practice shall be subject to periodic surveillance by the Mississippi State Board of Medical Licensure, its Executive Director, medical consultant, any member of the Board, any member of the investigative staff of the Board or any other person, entity or program appointed by the Board to conduct a review of a representative sample of those patients treated by Licensee.

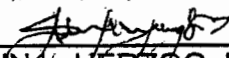
2. Licensee shall report in writing to the Mississippi State Board of Medical Licensure within fifteen (15) days should his medical license in any state or privileges at any hospital in any state be subject to investigation or disciplinary action. Further, Licensee shall report in the same manner, any claims or settlements for medical malpractice.
3. In addition to the requisite forty (40) hours of continuing medical education (CME) every two (2) years in order to maintain licensure, Licensee shall obtain at least thirty (30) hours of Category 1 continuing medical education (CME) per year for the two (2) calendar years subsequent to the entry of this Forbearance Agreement.
4. Licensee shall obey all federal, state and local laws, and all rules and regulations governing the practice of medicine.
5. In the event Licensee should leave Mississippi to reside or to practice outside the State, Licensee shall, within ten (10) days prior to departing, notify the Board in writing the dates of departure and return. Periods of residency or practice outside Mississippi will not apply to the reduction of time periods specified in this Forbearance Agreement.

IT IS FURTHER AGREED, that Licensee shall have the right to petition the Executive Director, Mississippi State Board of Medical Licensure for a modification or release of any or all of the above enumerated requirements after expiration of one (1) year from the effective day hereof. Thereafter, any right to petition the Executive Director for reconsideration shall be at reasonable intervals, but not less than twelve (12) months from date of last appearance.

It is understood and agreed that the purpose of this Forbearance Agreement is to avoid a hearing before the Board. In the event of violation or non-compliance with this

agreement, and following notice and hearing on said violation(s) or non-compliance, any action by the Mississippi State Board of Medical Licensure shall be deemed disciplinary action, and all documents relating thereto, including this agreement, shall thereafter be deemed public record and reportable to the Federation of State Medical Boards, the National Practitioner Data Bank and other entities requiring MSBML reporting.

EXECUTED, this the 19th day of May, 2004.



JOHN L. HERZOG, M.D.

ACCEPTED AND APPROVED, this the 19th day of May, 2004,
by the Mississippi State Board of Medical Licensure.



W. JOSEPH BURNETT, M.D.
DIRECTOR

AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE

I, STEFAN SEMCHENSKYAN, have requested an opportunity to appear informally before the Executive Committee of the Mississippi State Board of Medical Licensure (hereinafter "Board") to discuss possible resolution of a pending disciplinary matter/investigation or to respond to a complaint duly received by the Board. It is the purpose of the informal meeting to discuss the facts of the case, to give me an opportunity to ask questions of the Committee or its staff, and to give the Committee or its staff an opportunity to ask questions of me. Because the meeting is informal, no disciplinary action will be taken without my express written consent. In so doing, I have been advised and understand the following:

1. During the meeting, the Executive Committee may or may not be represented by legal counsel. Notwithstanding, I understand that I have a right, if I so choose, to employ legal counsel and have counsel present during the informal meeting.
2. I authorize the Committee Members to review and examine any statements, documentary evidence, or materials concerning the allegations during my informal appearance.
3. Because the purpose of my appearance is to avoid a hearing before the Board, I agree that presentation to and consideration by the Committee of any facts, matters, and documents pertaining to my case shall not unfairly or illegally prejudice the Committee members from further participation or consideration in the event a formal disciplinary hearing is later conducted. Stated differently, in the event the pending matter is not resolved following my appearance before the Committee, I will not object to any of the Committee members from further participating in subsequent meetings or hearings that may be conducted in relation to this matter.
4. By signing my name in the space provided below, I hereby authorize the Executive Committee to proceed with the informal appearance, subject to the stipulations and understandings as noted above. I have elected to proceed:

with legal counsel present (name of counsel: KEITH R. RAULSON, ESQ)

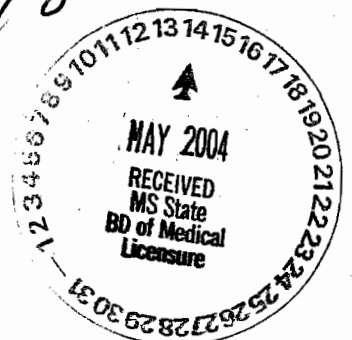
without legal counsel present

EXECUTED, this the 11 day of May, 2004.

Stefan Semchenskyan

Witness:

[Signature]



MAY 2004

**EXECUTIVE COMMITTEE
MEETING ONLY**

JUNE 2004

**MINUTES
EXECUTIVE COMMITTEE MEETING
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
JUNE 16, 2004**

MEMBERS PRESENT:

Dewitt G. Crawford, M.D., Louisville, President
William B. Harper, D.O., Greenwood, Vice President
Philip T. Merideth, M.D., J.D., Jackson
W. Joseph Burnett, M.D., Director

ALSO PRESENT:

Charles Moses, Division Director II, Investigative Division
Rhonda Freeman, Division Director II, Licensure Division
Kathy Fortenberry, Administrative Assistant
Frances Scott, Special Projects Officer, Investigative Division

NOT PRESENT:

Paul D. Jackson, M.D., Greenville, Secretary

The Executive Committee of the Mississippi State Board of Medical Licensure met on Wednesday, June 16, 2004, at 4:00 p.m. in the Executive Conference Room of the Office of the Board located at 1867 Crane Ridge Drive, Jackson, Mississippi.

SUMMONS AND AFFIDAVIT OF ALAN EUGENE STALLINGS, JR., M.D., JACKSON, MISSISSIPPI MEDICAL LICENSE NUMBER 07265

Dr. Burnett reviewed the investigation of Dr. Stallings, which was based on his resigning medical staff privileges at St. Dominic-Jackson Memorial Hospital while under disciplinary investigation by the medical staff. After meeting with Dr. Stallings and his attorney, Whitman B. Johnson, III, Esq., Dr. Burnett advised that Dr. Stallings was signing a non-reportable letter of agreement, which would dismiss the Summons and Affidavit. A copy of the agreement and the Order of Dismissal are attached hereto and incorporated by reference.

EXECUTIVE COMMITTEE MINUTES

June 16, 2004

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DETERMINATION OF REASONABLE CAUSE AND ORDER OF AUTHORITY TO INSPECT AND COPY RECORDS OF RUSSELL ARTHUR DUNN, M.D., BRANDON, MISSISSIPPI MEDICAL LICENSE NUMBER 03117

Neil Breeland, Board Investigator, joined the meeting relative to an investigation of Russell Arthur Dunn, M.D. In order for the Investigative Division to obtain records, the Executive Committee members reviewed an affidavit in support of a request for the inspection and copying of certain records pursuant to Miss. Code Ann. Section 73-25-28.

Upon review of the affidavit and considering all matters, it was the finding of the Executive Committee that reasonable cause existed to conduct the inspection, whereupon members of the Committee executed a Determination of Reasonable Cause and Authority to Inspect and Copy Records of Dr. Dunn.

REQUEST FROM SOUTH CENTRAL REGIONAL MEDICAL CENTER, LAUREL, FOR EXTENSION ON CME REQUIREMENT FOR SEVEN PHYSICIANS

Dr. Burnett presented a letter from C. Douglas Higginbotham, Executive Director of South Central Regional Medical Center, Laurel. South Central requires 50 hours of CME per year for maintenance of medical staff privileges, most of which are obtained from in-house programs. However, these in-house programs were never accredited, and seven members of their staff have failed to obtain the necessary hours for licensure renewal. It was the consensus of the Executive Committee members to waive the 40 hour requirement for the following physicians: Robert R. Applewhite, M.D.; Charles D. Cannon, Jr., M.D.; Susan S. Cannon, M.D.; Thomas R. Howell, M.D.; R. Kevin Ivey, M.D.; Chad Saul, M.D.; and Horace C. Watkins, III, M.D.

INACTIVE MEDICAL LICENSE

Dr. Burnett and Mrs. Freeman asked that an inactive license be considered to provide more accurate statistical information on the physicians in the state. Exactly what would constitute an inactive status was discussed, and Mrs. Freeman will continue to work on this and bring back to the next Executive Committee meeting.

REVIEW OF JUNE 17 BOARD AGENDA

Dr. Burnett briefly reviewed the agenda for Thursday's Board meeting.

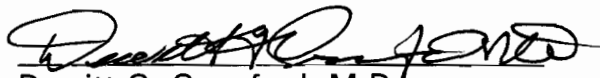
EXECUTIVE COMMITTEE MINUTES

June 16, 2004

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ADJOURNMENT

There being no further business, the meeting adjourned at 5:15 p.m.



Dewitt G. Crawford, M.D.

President

Minutes taken and transcribed
by Kathy Fortenberry
Administrative Assistant
June 16, 2004

**MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE**

June 16, 2004

Alan Eugene Stallings, Jr., M.D.
3010 Lakeland Cove, Suite J
Flowood, MS 39232

Dear Dr. Stallings:

This letter is to memorialize the Board's agreement to dismiss the pending disciplinary matter, which was initiated following your resignation from the medical staff of St. Dominic Hospital, Jackson, Mississippi. In consideration of the Board dismissing the summons and affidavit, you have agreed to comply with certain non-disciplinary conditions, similar to that imposed by St. Dominic Hospital on the other practitioners who elected to remain on the staff. Specifically, you have agreed to the following:

1. Perform a minimum of 24 - 96 hours of community service to the poor and indigent at an organization approved by the Mississippi State Board of Medical Licensure, such service to be carried out over not less than six (6) months.
2. Within the period of one (1) year from the date of this letter, you will successfully complete three (3) hours of continuing medical education with emphasis on medical ethics and obligations owed by practicing physicians to a patient in immediate need of medical care.

Provided that you complete the above conditions within the time period specified, this matter will be deemed dismissed with no reportable event. Furthermore, by agreeing to these conditions specified below, the Board acknowledges that you are not admitting to any wrongful misconduct or unethical conduct or act of malpractice.

If you have any questions, please do not hesitate to contact this office.

Sincerely,

W. Joseph Burnett, M.D., Director
Mississippi State Board of Medical Licensure

cc: Stan Ingram
Whit Johnson

AGREED TO this 16th day of June, 2004.

ALAN EUGENE STALLINGS, JR., M.D.

**BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
IN THE MATTER OF THE PHYSICIAN'S LICENSE
OF ALAN EUGENE STALLINGS, JR., M.D.**

ORDER OF DISMISSAL

THIS MATTER came on regularly for consideration on June 16, 2004, before the Executive Committee of the Mississippi State Board of Medical Licensure, in response to that certain Summons and Affidavit issued April 13, 2004, against Alan Eugene Stallings, Jr., M.D. (hereinafter "Licensee). Having been advised that the parties have reached a mutual agreement for a non-disciplinary disposition of the matter as recommended by the Board's Executive Director, it is the opinion of the Board that the matter should be dismissed with prejudice.

IT IS, THEREFORE, ORDERED, that the pending disciplinary hearing, including the Summons and Affidavit against Alan Eugene Stallings, Jr. M.D., is hereby dismissed with prejudice.

SO ORDERED, this the 17th day of June, 2004.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY: _____

**DEWITT G. CRAWFORD, M.D.
PRESIDENT**

BOARD MINUTES
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
JUNE 17, 2004

The regularly scheduled meeting of the Mississippi State Board of Medical Licensure was held on Thursday, June 17, 2004, in the Executive Conference Room of the Office of the Board located at 1867 Crane Ridge Drive, Jackson, Mississippi.

The following members were present:

Dewitt G. Crawford, M.D., Louisville, President
William B. Harper, D.O., Greenwood, Vice President
Larry B. Aycock, M.D., McComb
Frank W. Bowen, M.D., Carthage
Joseph E. Johnston, M.D., Mount Olive
Philip T. Merideth, M.D., J.D., Jackson
W. Joseph Burnett, M.D., Director

Also present:

Stan T. Ingram, Attorney for the Board
Chuck Rubisoff, Special Assistant Attorney General
Rhonda Freeman, Division Director, Licensure Division
Charles Moses, Division Director, Investigative Division
Kathy Fortenberry, Administrative Assistant

Not present:

Freda M. Bush, M.D., Jackson
Paul Douglas Jackson, M.D., Greenville, Secretary
Dwalia S. South, M.D., Ripley

The meeting was called to order at 9:05 a.m. by Dr. Crawford, President. The invocation was given by Dr. Johnston. Dr. Crawford welcomed Chuck Rubisoff, Special Assistant Attorney General, and Melissa Magee, court reporter.

Dr. Burnett presented certificates and pins to the following Board employees with ten years or more of service to the state: Regina Lyle, Thomas Washington, Neil Breeland, Charles Moses, Kathy Fortenberry, Arlene Davis, and Rhonda Freeman. Dr. Burnett introduced the following new Board employees: Administrative Assistants Camille Myatt, Joey Herrington, and Brenda Phillips. Dr. Burnett noted that Tassie Furini, the new Fiscal Officer, was in a meeting.

BOARD MINUTES

June 17, 2004

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OATH OF OFFICE - LARRY B. AYCOCK, M.D., MCCOMB, AND PHILIP T. MERIDETH, M.D., J.D., JACKSON

Larry B. Aycock, M.D., McComb, and Philip T. Merideth, M.D., J.D., Jackson, were individually administered the Oath of Office by Melissa Magee, Court Reporter, copies of which are attached hereto and incorporated by reference. Both were appointed in June 2003 by Governor Ronnie Musgrove and were sworn in at the September 18, 2003, Board meeting. Governor Musgrove's appointments were not confirmed by the Senate during the 2004 Legislative Session, and both were then appointed by Governor Haley Barbour. After this re-appointment and their confirmation by the Senate, it was necessary to again administer the Oath of Office.

Dr. Aycock was appointed to represent the Second Supreme Court District for the unexpired term of Henry J. Sanders, M.D., ending June 30, 2008. Dr. Merideth was appointed to represent the First Supreme Court District for the unexpired term of Robert R. Smith, M.D., ending June 30, 2008.

OTHER BUSINESS

Dr. Burnett and Dr. Crawford welcomed Lisa Robin, Vice President, Leadership and Legislative Services for the Federation of State Medical Boards, and Thomas D. Kirksey, M.D., Austin, Texas, Immediate Past Chair. Ms. Robin presented an informative slide presentation on the Federation, and both answered questions from the Board members.

Mr. Ingram introduced Greg Rhodes, a law student from the University of Mississippi, who is serving as an extern in Mr. Ingram's firm this summer.

PERSONAL APPEARANCE BY JOHN PHILIP MLADINEO, M.D., JACKSON, MISSISSIPPI MEDICAL LICENSE NUMBER 06945

Dr. Mladineo was present and represented by legal counsel, Whitman B. Johnson, III, Esq., Jackson.

Mr. Ingram reviewed the March 2003 Summons and Affidavit, which resulted from disciplinary action by a hospital. An Order of Abeyance was issued on April 17, 2003, to give Dr. Mladineo an opportunity to enter a post graduate training or fellowship program.

BOARD MINUTES

June 17, 2004

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Mr. Johnson and Mr. Ingram presented a proposal, which would dismiss the pending matter, limit Dr. Mladineo's practice to an office based practice, and prohibit him from performing certain surgical procedures. Mr. Johnson and Dr. Mladineo answered questions from the Board members.

It was the consensus of the Board members to make the following changes to the surgical procedures outlined in the proposal: Number 1 - change from uterine to endometrial biopsies and Number 4 - add gynecological to surgical procedures. Motion was made by Dr. Johnston, seconded by Dr. Bowen, and carried unanimously to accept the proposed order with the amendments. The Order of the Board is attached hereto and incorporated by reference.

A verbatim account of this proceeding was recorded by Melissa Magee, CSR/RPR.

SHOW CAUSE HEARING IN THE CASE OF GLENN DONALD CUNNINGHAM, M.D., APPLICANT, PALM SPRINGS, CALIFORNIA

Dr. Cunningham was present but not represented by legal counsel. Mr. Rubisoff questioned Dr. Cunningham regarding legal representation, and Dr. Cunningham stated he wished to waive his right to an attorney and proceed without legal counsel.

Mr. Ingram entered a number of exhibits and explained the charges as outlined in the Order to Show Cause and Affidavit, which results from disciplinary action by the Medical Board of California and the Iowa Board of Medical Examiners. Dr. Cunningham was sworn in, presented his request for a license, and answered questions from the Board members and Mr. Ingram.

Motion was made by Dr. Johnston, seconded by Dr. Bowen, and carried unanimously that the Board consider going into Executive Session to consider entry of an order which may be appealable. With a motion by Dr. Johnston, seconded by Dr. Bowen, the Board went into Executive Session.

Upon motion by Dr. Johnston, seconded by Dr. Bowen, and carried unanimously, the Board came out of Executive Session at which time Dr. Crawford announced to grant applicant a full, unrestricted license to practice medicine in Mississippi. The Order of the Board is attached hereto and incorporated by reference.

BOARD MINUTES

June 17, 2004

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A verbatim account of this proceeding was recorded by Melissa Magee, CSR/RPR.

HEARING IN THE CASE OF HORRELL H. TOWNSEND, III, D.O., GULFPORT, MISSISSIPPI MEDICAL LICENSE NUMBER 11143

Dr. Townsend was present but not represented by legal counsel. Mr. Rubisoff questioned Dr. Townsend regarding legal representation, and Dr. Townsend stated he wished to waive his right to an attorney and proceed without legal counsel.

Mr. Ingram explained the charges as outlined in the Summons and Affidavit and advised the Board members that some of the exhibits would need to be entered as in-camera inspection only. The Board had no objections to this. Mr. Ingram entered the exhibits and noted that Exhibits 4, 5, and 7 (treatment center evaluations) were in-camera inspection only and not for public review.

Dr. Townsend was sworn in and presented his request for reinstatement. Gary D. Carr, M.D., Medical Director, Mississippi Professionals Health Program, addressed the Board on behalf of Dr. Townsend. Both answered questions from the Board members.

It was the consensus of the Board members to reinstate Dr. Townsend's license, subject to all terms and conditions set forth in the May 2, 2004, Monitoring Contract Agreement with the Mississippi Professionals Health Program. Dr. Burnett requested that Dr. Townsend present a plan of practice prior to returning to the practice of medicine. The Order of the Board is attached hereto and incorporated by reference.

A verbatim account of this proceeding was recorded by Melissa Magee, CSR/RPR.

HEARING IN THE CASE OF THOMAS WEBBER GRAFTON, D.O., MEMPHIS, TENNESSEE, MISSISSIPPI MEDICAL LICENSE NUMBER 12613

Dr. Grafton was not present or represented by legal counsel.

Dr. Burnett and Mr. Ingram advised that Dr. Grafton's attorney, David M. Ratcliff, Esq., Laurel, had requested a continuance. It was the consensus of the

BOARD MINUTES

June 17, 2004

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Board members to grant the continuance. The Order of Continuance is attached hereto and incorporated by reference.

A verbatim account of this proceeding was recorded by Melissa Magee, CSR/RPR.

HEARING IN THE CASE OF HAROLD JOHN WHEELER, M.D., GREENWOOD, MISSISSIPPI MEDICAL LICENSE NUMBER 10035

Dr. Wheeler was not present or represented by legal counsel. Mr. Ingram confirmed that Dr. Wheeler was not in the building. Dr. Harper recused himself from the hearing.

Mr. Ingram explained the charges as outlined in the Summons and Affidavit, which results from a federal violation of fraudulent claims pertaining to crop insurance. The hearing was placed in abeyance on November 20, 2002, pending an appeal filed by Dr. Wheeler, but Dr. Wheeler is now incarcerated at the Federal Correctional Institution in Yazoo County, Mississippi.

Mr. Ingram reviewed a letter from Dr. Wheeler, which was received on June 16, 2004, and could be considered as a request for a continuance. Motion was made by Dr. Johnston, seconded by Dr. Bowen, and carried unanimously that the Board consider going into Executive Session to consider entry of an order which may be appealable. With a motion by Dr. Johnston, seconded by Dr. Aycock, the Board went into Executive Session. Upon motion by Dr. Johnston, seconded by Dr. Aycock, and carried unanimously, the Board came out of Executive Session at which time Dr. Crawford announced not to grant a continuance and to proceed with the hearing.

Mr. Ingram entered a number of exhibits and explained each. Following questions by Board members, motion was made by Dr. Johnston, seconded by Dr. Aycock, and carried unanimously that the Board consider going into Executive Session to consider entry of an order which may be appealable. With a motion by Dr. Johnston, seconded by Dr. Bowen, the Board went into Executive Session.

Upon motion by Dr. Johnston, seconded by Dr. Bowen, and carried unanimously, the Board came out of Executive Session at which time Dr. Crawford announced to revoke Dr. Wheeler's license to practice medicine, based on his conviction of a crime involving moral turpitude and unprofessional conduct.

BOARD MINUTES

June 17, 2004

Page 6

Dr. Wheeler may re-apply to the Board for a license to practice medicine upon completion of his incarceration.

THE BOARD RECESSED FOR LUNCH AT 12:15 P.M. AND RECONVENED AT 1:30 P.M.

Because of a conflict with the code section pertaining to revocation and suspension, Mr. Ingram recommended that the Board Order be changed to suspend Dr. Wheeler's license with the right to petition the Board for reinstatement after his release from incarceration. Motion was made by Dr. Merideth, seconded by Dr. Bowen, and carried unanimously to make this change. The Order of the Board is attached hereto and incorporated by reference.

A verbatim account of this proceeding was recorded by Melissa Magee, CSR/RPR.

OTHER BUSINESS

Dr. Crawford recognized Dr. Bowen, who has served on the Board since July 1, 1998. Dr. Crawford read a resolution from the Board, a copy of which is attached hereto and incorporated by reference, and presented Dr. Bowen with a lapel pin. Dr. Bowen briefly addressed the Board.

Dr. Crawford also recognized in absentia Dr. Jackson, who has served on the Board since January 2, 1996. Dr. Crawford read a resolution from the Board, a copy of which is attached hereto and incorporated by reference. A lapel pin from the Board will be forwarded to Dr. Jackson.

RECOVERING PHYSICIANS PROGRAM MEMORANDUM OF UNDERSTANDING

Dr. Carr and Mr. Ingram reviewed significant changes which have been made to the Memorandum of Understanding. After much discussion and suggested changes, Dr. Crawford referred this to the Impaired Physicians Program Ad Hoc Committee for further study and asked that it be brought back to the Executive Committee at their July meeting.

BOARD MINUTES

June 17, 2004

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APPROVAL OF CERTIFICATION OF MISSISSIPPI LICENSES TO OTHER ENTITIES FOR THE PERIOD NOVEMBER 1, 2003, THROUGH JANUARY 31, 2004, AND FEBRUARY 1, 2004, THROUGH MAY 31, 2004

Two hundred thirty (230) licenses were certified to other entities for the period November 1, 2003, to January 31, 2004, and three hundred thirty-two (332) licenses were certified to other entities for the period February 1, 2004, to May 31, 2004. Motion was made by Dr. Aycock, seconded by Dr. Bowen, and carried unanimously to approve these certifications.

APPROVAL OF LICENSES ISSUED FOR THE PERIOD NOVEMBER 1, 2003, THROUGH JANUARY 31, 2004, AND FEBRUARY 1, 2004, THROUGH MAY 31, 2004

Ninety-three (93) licenses were issued for the period November 1, 2003, to January 31, 2004, and one hundred thirty-three (133) licenses were issued for the period February 1, 2004, to May 31, 2004. Motion was made by Dr. Johnston, seconded by Dr. Aycock, and carried unanimously to approve these licenses.

REVIEW OF MINUTES OF THE EXECUTIVE COMMITTEE MEETING DATED NOVEMBER 17, 2003, AND MINUTES OF THE BOARD MEETING DATED NOVEMBER 18, 2003

Minutes of the Executive Committee Meeting dated November 17, 2003, and Minutes of the Board Meeting dated November 18, 2003, were reviewed. Dr. Johnston moved for approval of the minutes as submitted. Dr. Bowen seconded the motion, and it carried unanimously.

REVIEW OF MINUTES OF THE EXECUTIVE COMMITTEE MEETING DATED JANUARY 21, 2004

Minutes of the Executive Committee Meeting dated January 21, 2004, were reviewed. Dr. Johnston moved for approval of the minutes as submitted. Dr. Bowen seconded the motion, and it carried unanimously.

BOARD MINUTES

June 17, 2004

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REVIEW OF MINUTES OF THE EXECUTIVE COMMITTEE MEETING DATED MAY 19, 2004

Minutes of the Executive Committee Meeting dated May 19, 2004, were reviewed. Dr. Harper moved for approval of the minutes as submitted. Dr. Bowen seconded the motion, and it carried unanimously.

REPORT OF JUNE 16, 2004, EXECUTIVE COMMITTEE MEETING

Dr. Burnett reported on Wednesday's Executive Committee meeting. He advised that Alan Eugene Stallings, Jr., M.D., Jackson, had signed a non-reportable letter of agreement, which would dismiss his Summons and Affidavit and that the Executive Committee executed a Determination of Reasonable Cause and Order of Authority to Inspect and Copy Records of Russell Arthur Dunn, M.D., Brandon. Dr. Burnett presented other informational items, which are reflected in the Executive Committee Minutes.

REPORTS FROM AD HOC COMMITTEES

Alternative Medicine - There was no new information to report.

Educational Development - There was no new information to report.

Impaired Physicians Program - The Memorandum of Understanding was assigned to this committee to study the proposed changes.

Office Based Surgery - Since this committee was created to develop regulations, which are now in place, the committee will be dissolved.

Telemedicine - There was no new information to report.

Legislative - There was no new information to report.

Nurse Practitioner and Expanded Role - There was no new information to report.

BOARD MINUTES

June 17, 2004

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Dr. Johnston on behalf of the Nominating Committee presented the following slate of officers, which were approved unanimously, to serve a two-year term beginning July 1, 2004:

President - Dewitt G. Crawford, M.D.

Vice President - William B. Harper, M.D.

Secretary - Philip T. Merideth, M.D., J.D.

Dr. Burnett distributed copies and reviewed the description of the Consumer Health Ad Hoc Committee. Dr. Crawford named the following to this committee: Dianna Freelon-Foster, Grenada; Wesley Breland, Hattiesburg; and Cecil Burnham, Jackson.

PROPOSED AMENDMENT TO *REGULATIONS PERTAINING TO INTERNET PRESCRIBING*

Dr. Burnett reviewed a proposed amendment to ***Regulations Pertaining to Internet Prescribing***. Motion was made by Dr. Aycock, seconded by Dr. Johnston, and carried unanimously to adopt the amended regulation, which will be filed with the Secretary of State under the Administrative Procedures Act. The amended regulation is attached hereto and incorporated by reference.

PROPOSED AMENDMENTS TO *PRESCRIPTION GUIDELINES - CONTROLLED SUBSTANCES*

Dr. Burnett reviewed proposed amendments to ***Prescription Guidelines - Controlled Substances***. Motion was made by Dr. Johnston, seconded by Dr. Bowen, and carried unanimously to adopt the amended regulation, which will be filed with the Secretary of State under the Administrative Procedures Act. The amended regulation is attached hereto and incorporated by reference.

PROPOSED AMENDMENTS TO *REGULATIONS GOVERNING THE PRACTICE OF PHYSICIAN ASSISTANTS*

Dr. Burnett and Mr. Ingram reviewed a proposed amendment to ***Regulations Governing the Practice of Physician Assistants***. Dr. Burnett will work on the educational requirements as referenced in the amendments. Motion was made by Dr. Johnston, seconded by Dr. Bowen, and carried unanimously to adopt the amended regulation, which will be filed with the Secretary of State under the

BOARD MINUTES

June 17, 2004

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Administrative Procedures Act. The amended regulation is attached hereto and incorporated by reference.

POLICY STATEMENT REGARDING MEDICAL ASSISTANTS

Dr. Burnett reviewed the proposed *Policy Statement Regarding Medical Assistants*, which the Executive Committee members at their November 19, 2003, had recommended for adoption. Motion was made by Dr. Johnston, seconded by Dr. Harper, and carried unanimously to adopt. The policy statement is attached hereto and incorporated by reference.

FEDERATION OF STATE MEDICAL BOARDS COMMON LICENSURE APPLICATION

Dr. Burnett and Mrs. Freeman reviewed the Federation's Common Licensure Application, which could be accepted with addendums in lieu of the Board's application. Dr. Crawford asked that the staff work on this and bring a completed application to the next Board meeting for members to review.

USMLE STEP 2 AND CLINICAL SKILLS ASSESSMENT

A passing score on the USMLE Step 2 is required to obtain a temporary license, and the question has been presented to the Board if the same applies to the clinical skills assessment. Motion was made by Dr. Bowen, seconded by Dr. Merideth, and carried unanimously to recognize the completion of the clinical skills assessment as a necessary part in the completion of USMLE Step 2.

ORDER OF LICENSE SUSPENSION FOR NONCOMPLIANCE WITH CHILD SUPPORT ORDER AND ORDER LIFTING LICENSE SUSPENSION ON LANE CEDRIC ROLLING, D.P.M., JACKSON, MISSISSIPPI PODIATRIC LICENSE NUMBER 80122

ORDER OF LICENSE SUSPENSION AND ORDER LIFTING LICENSE SUSPENSION ON JOHN CHRISTOPHER CHAUVIN, M.D., WEST, MISSISSIPPI MEDICAL LICENSE NUMBER 09218

For informational purposes only, Dr. Burnett advised that Dr. Rolling's and Dr. Chauvin's licenses had been suspended for noncompliance with a child support order as directed by the Department of Human Services Division of Child Support Enforcement. Both have been reinstated after notification was received from the Department of Human Services.

**APPROVAL OF CONSENT ORDER EXECUTED BY WILLIAM STEPHEN LONG, M.D.,
ANTIOCH, TENNESSEE, MISSISSIPPI MEDICAL LICENSE NUMBER 10713**

Dr. Burnett reviewed the Consent Order executed by Dr. Long, which suspends his license and was based on action taken by the Tennessee Board of Medical Examiners. The Board unanimously accepted the Consent Order, a copy of which is attached hereto and incorporated by reference.

**APPROVAL OF CONSENT ORDER EXECUTED BY JAMES R. ZIMMERMAN, M.D.,
ATLANTA, GEORGIA, MISSISSIPPI MEDICAL LICENSE NUMBER 12898**

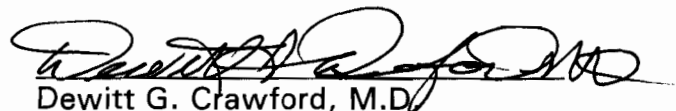
Dr. Burnett reviewed the Consent Order executed by Dr. Zimmerman, which imposes conditions on his license and was based on action taken by the Florida Board of Medicine. The Board unanimously accepted the Consent Order, a copy of which is attached hereto and incorporated by reference.

**APPROVAL OF CONSENT ORDER EXECUTED BY JOHN CRAIG CRAWFORD, M.D.,
LAKE CHARLES, LOUISIANA, MISSISSIPPI MEDICAL LICENSE NUMBER 08187**

Dr. Burnett reviewed the Consent Order executed by Dr. Crawford, which suspends his license and was based on action taken by the Louisiana State Board of Medical Examiners. The Board unanimously accepted the Consent Order, a copy of which is attached hereto and incorporated by reference.

ADJOURNMENT

The meeting was adjourned at 2:50 p.m. with the next meeting scheduled for Thursday and Friday, July 15 and 16, 2004.


Dewitt G. Crawford, M.D.
President

Minutes taken and transcribed
by Kathy Fortenberry
Administrative Assistant
June 17, 2004

**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
JUNE 17, 2004**


AGENDA ITEM XXIV

**SHOW CAUSE HEARING IN THE CASE OF GLENN DONALD CUNNINGHAM, M.D.,
APPLICANT, PALM SPRINGS, CALIFORNIA**

Motion made by Dr. Johnston, seconded by Dr. Bowen, and carried to grant applicant a full, unrestricted license to practice medicine in Mississippi.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.	X			
Frank W. Bowen, M.D.	X			
Freda M. Bush, M.D.				X
Dewitt G. Crawford, M.D.	X			
William B. Harper, D.O.	X			
Paul Douglas Jackson, M.D.				X
Joseph E. Johnston, M.D.	X			
Philip T. Merideth, M.D., J.D.	X			
Dwalia S. South, M.D.				X

With a motion by Dr. Johnston, seconded by Dr. Bowen, the Board came out of Executive Session.


Dewitt G. Crawford, M.D.
President

**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
JUNE 17, 2004**

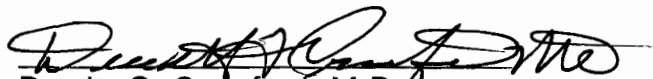
AGENDA ITEM XXVII

**HEARING IN THE CASE OF HAROLD JOHN WHEELER, M.D., GREENWOOD,
MISSISSIPPI MEDICAL LICENSE NUMBER 10035**

Motion made by Dr. Johnston, seconded by Dr. Aycock, and carried to proceed with hearing.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.	X			
Frank W. Bowen, M.D.	X			
Freda M. Bush, M.D.				X
Dewitt G. Crawford, M.D.	X			
William B. Harper, D.O.			X	
Paul Douglas Jackson, M.D.				X
Joseph E. Johnston, M.D.	X			
Philip T. Merideth, M.D., J.D.	X			
Dwalia S. South, M.D.				X

With a motion by Dr. Johnston, seconded by Dr. Aycock, the Board came out of Executive Session.


Dewitt G. Crawford, M.D.
President

**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
JUNE 17, 2004**


AGENDA ITEM XXVII

**HEARING IN THE CASE OF HAROLD JOHN WHEELER, M.D., GREENWOOD,
MISSISSIPPI MEDICAL LICENSE NUMBER 10035**

Motion made by Dr. Johnston, seconded by Dr. Bowen, and carried to revoke Dr. Wheeler's license to practice medicine, based on his conviction of a crime involving moral turpitude and unprofessional conduct. Dr. Wheeler may re-apply to the Board for a license to practice medicine upon completion of his incarceration.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycok, M.D.	X			
Frank W. Bowen, M.D.	X			
Freda M. Bush, M.D.				X
Dewitt G. Crawford, M.D.	X			
William B. Harper, D.O.			X	
Paul Douglas Jackson, M.D.				X
Joseph E. Johnston, M.D.	X			
Philip T. Merideth, M.D., J.D.	X			
Dwalia S. South, M.D.				X

With a motion by Dr. Johnston, seconded by Dr. Bowen, the Board came out of Executive Session.


Dewitt G. Crawford, M.D.
President

OATH OF OFFICE

I, Larry Booth Aycock, M.D. do solemnly swear (or affirm)
that I will faithfully support the Constitution of the United States and the Constitution of the State of Mississippi,
and obey the laws thereof; that I am not disqualified from holding the office of _____
Member, Mississippi State Board of Medical Licensure

that I will faithfully discharge the duties of the office upon which I am about to enter. So help me God.

Subscribed and sworn to before me at

Jackson
Mississippi, this 17th day

of June, 2004

Larry Booth Aycock

By Shonda Freeman

Notary Public State of Mississippi At Large
My Commission Expires: October 11, 2007
Bonded Thru: Heiden, Brooks & Garland, Inc.

OATH OF OFFICE

I, Philip Taylor Merideth, M.D., J.D. do solemnly swear (or affirm)
that I will faithfully support the Constitution of the United States and the Constitution of the State of Mississippi,
and obey the laws thereof; that I am not disqualified from holding the office of _____
Member, Mississippi State Board of Medical Licensure

that I will faithfully discharge the duties of the office upon which I am about to enter. So help me God.

Subscribed and sworn to before me at

Jackson
Mississippi, this 17th day

of June, 192004 Philip Taylor Merideth, MD, JD

By Shonda Freeman

Notary Public State of Mississippi At Large
My Commission Expires: October 11, 2007
Bonded Thru Heiden, Brooks & Gerland, Inc.

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF JOHN PHILIP MLADINEO, M.D.

ORDER

WHEREAS, on April 8, 2003 the Mississippi State Board of Medical Licensure initiated disciplinary proceedings against John Philip Mladineo, M.D. (hereinafter "Licensee") based, in part, on action taken against his medical staff privileges at certain hospitals in the Jackson, Mississippi area:

WHEREAS, the disciplinary hearing was thereafter placed in abeyance, subject to Licensee agreeing to enter and complete post graduate training or a fellowship program in gynecological-oncology or pelvic surgery. Pending completion of post graduate training, Licensee's medical practice was limited to an office based practice, with no surgical privileges other than Level 1 Office Based Surgery as that term is defined in the Board's Office Based Surgery Regulations;

WHEREAS, Licensee has elected not to complete the Board required post graduate training or fellowship and, therefore, recognizes that his continued practice of medicine shall be limited to an office-based practice, with the right to perform surgical procedures further limited to those procedures deemed by the Board to be Level 1.

WHEREAS, Licensee has requested dismissal of the pending matter, in consideration of his agreement to limit his continued practice as enumerated above.

WHEREAS, the Board finds that it is in the best interest of the public and Licensee to dismiss the pending matter subject to entry of this Order limiting Licensee's practice as enumerated above;

IT IS, THEREFORE, ORDERED, that the pending disciplinary proceedings against Licensee, along with the Summons and Affidavit are hereby dismissed with prejudice,

IT IS FURTHER ORDERED that the medical practice of John Philip Mladineo, M.D. shall be limited to an office-based practice, wherein he shall be further prohibited from performing any surgical procedures other than the following Level 1 office based surgical gynecological procedures, to-wit:

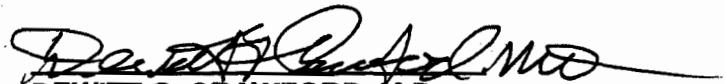
1. Endometrial biopsies,
2. Cervical biopsies,
3. Vulvar biopsies, and
4. Any other Level 1 gynecological surgical procedures specifically listed in the Office Based Surgery Regulations

IT IS FURTHER ORDERED, that this order shall run for an indefinite period of time, and John Philip Mladineo, M.D. shall not at any time have the right to petition the Board for reconsideration of this order or for removal of any conditions herein imposed without first successfully completing the previously required post graduate training or a fellowship program in gynecological-oncology or pelvic surgery.

SO ORDERED, this the 17th day of June, 2004.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY:



**DEWITT G. CRAWFORD, M.D.
PRESIDENT**

**BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
IN THE MATTER OF THE APPLICATION FOR LICENSURE**

OF

GLENN CUNNINGHAM, M.D.

DETERMINATION AND ORDER

THIS MATTER came on regularly for hearing on June 17, 2004, before the Mississippi State Board of Medical Licensure, pursuant to Title 73, Chapter 25, Miss. Code (1972) Annotated. The Board initiated these proceedings on May 25, 2004, by issuance of an Order to Show Cause against Glenn Cunningham, M.D. (hereinafter "Applicant"), charging Applicant with violation of Subsections (8)(d) and (9) of Section 73-25-29 and Section 73-25-83(a), Miss. Code (1972) Annotated, as amended. The specific allegations were set forth by Affidavit of same date from Rhonda Freeman, Division Director, attached to and made a part of the Order to Show Cause, wherein Applicant was charged with violation of the Mississippi Medical Practice Act, i.e., having had his license to practice in another state or jurisdiction revoked by the licensing authority in that jurisdiction.

The hearing was convened at 11:00 a.m., Applicant being present *without counsel*. Complaint Counsel for the Board was Honorable Stan T. Ingram. Sitting as legal advisor for the Board was Honorable Chuck Rubisoff, Special Assistant Attorney General. Evidence and testimony was then presented. Based upon the above, the Board renders the following Findings of Fact, Conclusions of Law, and Order.

FINDINGS OF FACTS

I.

That on or about March 4, 1999, the Medical Board of California entered a disciplinary order revoking the medical license of Applicant. The revocation was based on a finding of "repeated negligent acts," in violation of the California Business & Professions Code, Section 2234(c). The revocation was stayed subject to three (3) years probation with numerous terms and conditions which included additional continuing medical education, completion of a clinical training program, and assessment of costs. Applicant's license was thereafter reinstated by the Medical Board of California on March 12, 2002.

II.

That on April 6, 2000, Applicant's license was placed on probation by the Board of Medical Examiners of the State of Iowa, based on the disciplinary actions taken by the Medical Board of California. Applicant's license was thereafter reinstated by the Iowa Board of Medical Examiners on May 29, 2002.

III.

On December 12, 2000, BlueCross BlueShield of California terminated Applicant as provider based on (i) multiple malpractice suits, settlements, and/or judgments enrolled against Applicant and (ii) the disciplinary actions imposed by the Medical Board of California.

CONCLUSIONS OF LAW

Based upon the Findings of Fact as enumerated above, Applicant is guilty of violation of Subsection (9) of Section 73-25-29 of Miss. Code (1972) Annotated, as amended, as a result of Applicant having had his license to practice medicine in another

state or jurisdiction revoked by the licensing authority in that jurisdiction. However, Applicant's licenses in the states of California and Iowa, wherein he was disciplined, have been reinstated without restriction. Furthermore, this Board finds that a majority of the numerous malpractice cases were dismissed or found in his favor; and of the remaining cases, any question relative to Applicant's ability of practice medicine with reasonable skill and safety, have now been addressed by the additional training and education he obtained in California.

ORDER

IT IS HEREBY ORDERED, that based upon the Findings of Fact and Conclusions of Law enumerated above, the application of Glenn Cunningham, M.D., to practice medicine in the State of Mississippi is hereby granted.

IT IS FURTHER ORDERED, that pursuant to Section 73-25-27, a copy of this Determination and Order shall be sent by registered mail, or personally served upon Glenn Cunningham, M.D. Because Applicant was informed of this decision following Board deliberations, the Order shall be given immediate effect.

SO ORDERED, this the 17th day of June, 2004.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY:


**DEWITT GREY CRAWFORD, M.D.
PRESIDENT**

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

HORRELL H. TOWNSEND, III, D.O.

DETERMINATION AND ORDER

THIS MATTER came on regularly for hearing on June 17, 2004, before the Mississippi State Board of Medical Licensure, pursuant to Title 73, Chapter 25, Miss. Code (1972) Annotated. The Board initiated these proceedings on March 3, 2003, by issuance of a Summons against Horrell H. Townsend, III, D.O. (hereinafter "Licensee"), charging Licensee with violation of Subsections (1) and (8)(d) of Section 73-25-29 and Section 73-25-83(a), Miss. Code (1972) Annotated, as amended. The specific allegations were set forth by Affidavit of same date from Charles Moses, Investigator, attached to and made a part of the Summons, wherein Licensee was charged with violation of the Mississippi Medical Practice Act, i.e., habitual use of narcotic drugs, or any other drug having addiction-forming or addiction-sustaining liability; and unprofessional conduct, which includes, but is not limited to, any dishonorable or unethical conduct likely to deceive, defraud or harm the public.

The hearing was convened at 11:00 a.m., Licensee being present, but not represented by counsel. Complaint Counsel for the Board was Honorable Stan T. Ingram. Sitting as legal advisor for the Board was Honorable Chuck Rubisoff, Assistant Attorney General. Evidence and testimony was then presented. Based upon the above, the Board renders the following Findings of Fact, Conclusions of Law, and Order.

FINDINGS OF FACT

I.

Licensee was licensed to practice medicine in the State of Mississippi in July 1986 by issuance of Mississippi Medical License No. 11143.

II.

During April and July 2002, Licensee underwent separate assessments for chemical dependency at the Professional Enhancement Program (PEP) at Pine Grove, Hattiesburg, Mississippi. As a result of the second evaluation, residential inpatient treatment for chemical dependency was recommended.

III.

On August 29, 2002, Licensee executed an agreement with the Board and the Mississippi Impaired Physicians Committee (MIPC), whereby he formally ceased practicing until, among other things: "... such time as I have successfully completed all phases of treatment and have entered into a Recovery Contract Agreement..."

IV.

Between January 19, 2004, and May 13, 2004, Licensee received comprehensive treatment for chemical dependency at Palmetto Addiction Recovery Center, Rayville, Louisiana. According to the discharge summary, Licensee "had a very productive and positive treatment experience" at Palmetto, and was found to be "clinically ready to return to the practice of medicine with skill and safety" under guidelines imposed by the Mississippi Professional Health Program (MPHP).

V.

On May 2, 2004, Licensee executed a five (5) year Monitoring Contract Agreement with MPHP, setting forth certain conditions to encourage his sobriety and recovery.

CONCLUSIONS OF LAW

Based upon the Findings of Fact as enumerated above, Licensee is guilty of violation of Subsections (1) and (8)(d) of Section 73-25-29 and Section 73-25-83(a), Miss. Code (1972) Annotated, as amended; as a result of Licensee being guilty of habitual use of narcotic drugs, or any other drug having addiction-forming or addiction-sustaining liability; and being guilty of unprofessional conduct, which includes, but is not limited to, any dishonorable or unethical conduct likely to deceive, defraud or harm the public. Notwithstanding Licensee's history of chemical dependency and difficulty entering into treatment, the Board commends Licensee's ultimate decision to enter and complete treatment. Furthermore, the Board commends Licensee's decision to obtain affiliation and support from the Mississippi Professional Health Program. His continued affiliation and work with the MPHP will serve to insure his future sobriety, recovery and ultimate return to the unrestricted medical practice. More importantly, such efforts serve to insure Licensee's ability to practice medicine with reasonable skill and safety to patients.

ORDER

IT IS HEREBY ORDERED, that based upon the Findings of Fact and Conclusions of Law enumerated above, Mississippi Medical License No. 11143, issued to Horrell H. Townsend, III, D.O., is hereby reinstated. Licensee is hereby authorized to return to the practice of medicine, subject to all of the terms and conditions set forth in the May 2, 2004,

Monitoring Contract Agreement with the Mississippi Professional Health Program, a copy of which is attached to this order and incorporated herein by reference.

IT IS FURTHER ORDERED, that prior to returning to practice, Horrell H. Townsend, III, D.O., shall enter into a written Addendum to the MPHP Monitoring Contract Agreement, incorporating therein a Plan of Practice, setting forth among other information which may be required by MPHP, the intended practice address(es), practice hours, practice affiliates, and hospital affiliations. The Addendum must be approved and signed in advance by the Board's Executive Director. Thereafter, the MPHP shall report to the Board as to Dr. Townsend's progress. It is recommended that Dr. Townsend not enter a solo practice.

IT IS FURTHER ORDERED, that Horrell H. Townsend, III, D.O., shall have the right to petition the Board for removal of any or all restrictions after expiration of five (5) years from the May 2, 2004, date he executed the Monitoring Contract Agreement with MPHP, or at such earlier time the MPHP recommends removal of all conditions.

IT IS FURTHER ORDERED, that pursuant to Section 73-25-27, a copy of this Determination and Order shall be sent by registered mail, or personally served upon Horrell H. Townsend, III, D.O. Because Dr. Townsend was informed of this decision following Board deliberations, the Order shall be given immediate effect.

SO ORDERED, this the 17th day of June, 2004.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY:


**DEWITT GREY CRAWFORD, M.D.
PRESIDENT**

MONITORING CONTRACT AGREEMENT

IN CONSIDERATION of the Mississippi Professionals Health Program (MPHP) agreeing to assume an
advocacy role on my behalf with the Mississippi State Board of Medical Licensure (MSBML), or other
licensing boards, hospital boards, managed care panels, malpractice carriers and other appropriate agencies, I,
HORRELL TOWNSEND, MD, hereby agree to comply with the following terms and conditions:

D.P.

1. **Total Abstinence.** I agree to abstain completely from the use of any medications, alcohol and other mood-altering substances including non-approved over-the-counter medications unless ordered by my Primary Care Physician and, when appropriate, in consultation with the MPHP/MSBML.

I have been provided with a list of approved over-the-counter medications (Appendix A).

I agree not to prescribe, dispense or administer to myself or family members any drug having addiction-forming or addiction-sustaining liability. I understand it is the strong recommendation of the MSBML that all recovering physicians do not treat themselves or family members in any way.

2. **Gambling Abstinence.** I agree to abstain from any form of gambling as part of my commitment to recovery.

3. **Relationships.** I agree to remain abstinent with regards to any new relationships for at least one (1) year, following my discharge from treatment.

4. **Urine and/or Serum Screens.** I agree to allow investigators of the MSBML to obtain random, unannounced, witnessed chain-of-custody urine/blood samples and agree to cooperate with them fully in this process. I shall provide to the MSBML a monthly work itinerary at the beginning of each month for the purpose of compliance with urine screen monitoring.

I further agree to provide random urine and/or blood drug screens as directed by the MPHP in addition to any other screens which may be obtained by other agencies. I understand the MSBML will receive a copy of any screens collected by the MPHP and reciprocally MPHP will receive a copy of screens from the Board. I understand that I am responsible for all costs related to drug screening, whether at the request of the MSBML or MPHP and that failure to pay for screens is a violation of my contract.

5. **Other Screening.** While unusual, I understand I am subject to further verification of my recovery, which may include hair analysis and polygraph testing.

6. **Primary Care Physician.** I have selected Dr. HANSEL JANET (subject to approval by MPHC) as my Primary Care Physician, located at COASTAL FAMILY HEALTH CENTER office phone 228-832-7223 HIGHWAY 49, SAULIER, MS

I agree to obtain one (1) full physical check up annually by my primary physician, and to be sure my hypothyroidism is appropriately treated through medication.

I agree to provide the MPHP and MSBML with a release for the purpose of monitoring any treatment provided to me by my Primary Care Physician and/or any specialist he may refer me to.

I agree that in the event my Primary Care Physician or specialist determines that it is necessary to administer, dispense or prescribe to me any drug having addiction-forming or addiction-sustaining liability, the Primary Care Physician shall notify the MPHP by phone, fax or in writing, to the attention of the Medical Director, within twenty-four (24) hours of administration, dispensation or issuance of any prescription. I understand this information will be forwarded to the MSBML by the MPHP. This requirement shall also apply to any care rendered to me by a dentist. The responsibility to ensure that the primary care physician or dentist files the required notification rests with me.

7. **Individual Therapy.** I agree to engage in individual counseling and have selected THE COUNSELING CENTER (subject to approval by MPHC) as my therapist, located at 223 RUE PETER BOIS BELOXE, MS, office phone 228-388-7998. I agree to therapy sessions at least twice monthly for six months, and then as recommended by my therapist and MPHC. Quarterly progress reports will be sent to MPHP.
8. **Practice Monitor.** I understand I may be assigned a practice monitor by the MPHC, such as a MPHC member, advisor or other designee, who may inspect my practice environment and make recommendations to the MPHC as regards my practice and its consistency with my continued recovery.
9. **Physician Medication Monitor.** I understand it is my responsibility to clear any and all medication prescribed by any provider through an approved Monitoring Physician. If appropriate, MPHC may approve my primary care physician to serve in both capacities. My Monitoring Physician is HANSEL JANET, M.D. as my located at COASTAL FAMILY HEALTH CENTER, HIGHWAY 49 office phone 228-832-7223. SANCTER, MS
10. **Attendance at Self-Help Groups.** I agree to attend a self-help group such as AA or NA with ninety (90) meetings in ninety (90) days, and then three (3) times per week thereafter. These meetings will be documented by calendar for my file, either by mail or FAX to the MPHP by the last day of each month. Home Group/location: 2-1 GROUP - LEMOVNE FELLOWSHIP CLUB
15900 LEMOVNE BLVD. ST. MARTIN, MS
I agree to participate in continuing care group therapy at **Caduceus Club** meetings each week. My group facilitators are Drs. Bill Fellows and Lynn Leatherwood, Coast Caduceus Group.

I agree to contact my AA sponsor at least five (5) times weekly for the first twelve (12) weeks following treatment, then at least two (2) times per week thereafter.

I agree to attend the **Annual Caduceus Club Retreat** and other special functions of the MPHP.
11. **Exercise and Leisure Activities.** In a balanced approach to my recovery, I agree to incorporate at least one (1) type of leisure activity in my weekly schedule, and to continue with my regular exercise program of three (3) times weekly.
12. **Employment.** I agree to seek employment with limited work schedule of no more than eighty (80) to ninety (90) hours every two weeks, and with limited call. I agree to consult with MPHP regarding any future employment opportunities.
13. **Reporting Requirements.** I agree to contact the office of the MPHP by phone on a schedule to be established by the MPHC. ONE (1) PER MONTH

14. **Medical Release and Authorization.** I agree to provide appropriate release forms for urine drug screen results, treatment center records, therapist reports, and other written and verbal information required to comply and in compliance with the above request.

I hereby authorize the treatment center wherein I received treatment for chemical dependency, its administrator, medical staff and personnel, or any other treatment center or hospital to release to the MPHP/MSBML all records of any treatment. Additionally, I shall provide the MPHP/MSBML with authorization to obtain medical information for the purpose of monitoring or reviewing treatment or therapy that I have received from the treatment center. I agree and understand that there must be a free flow of information to and from the MPHP and MSBML, necessary to ensure my compliance with this Agreement, but most importantly, to ensure my continued recovery. In this regard, I hereby agree to execute any and other medical releases necessary to accomplish this goal. At any time, the MPHP and MSBML may freely communicate with, via telephone, facsimile, or personal interview, any individual or entity involved in my treatment and/or recovery, including but not limited to, any employee and/or representative of MPHP/MSBML, any hospital or health care facility in whom I have received treatment, any physician or other health care entity from which I have received medical and/or dental care, business associates, partners, friends and family. In so doing, I waive any and all privileges and rights of confidentiality which I would otherwise possess with respect thereto. This release and authorization is specifically granted in compliance with 42 U.S.C. §290(dd-2) (Confidentiality of Records of the Identity, Diagnosis, Prognosis and Treatment of Substance Abuse Patients) and 42 C.F.R. Part 2 (Regulations for Confidentiality of Alcohol and Drug Abuse Patient Records).

Any refusal on my part to execute a medical release deemed necessary to accomplish the above exchange of information or any act on my part which may be interpreted as a revocation of a previously executed release, shall be deemed a violation of this Agreement and shall be immediately reported to the MPHP/MSBML.

15. **Honest Disclosure.** I understand my ethical and contractual obligation to honestly and completely answer any and all application questions regarding my recovery and participation with MPHP. Such questions may appear on application or reappointment materials with practice groups, hospital credentialing groups, state licensing boards, malpractice carriers, etc. Deception or dishonesty in reporting reflect negatively on my recovery and MPHP in its role as my advocate. When in doubt, I will call MPHP for guidance. Infractions regarding dishonesty are viewed seriously and will result in a report to the Board of Medical Licensure and possible recommendations for further treatment, contract extension or loss of advocacy.
16. **Progress Reports/Access to Agreement.** I understand that a copy of any and all aftercare conditions and/or contracts and all other aspects of my recovery process shall be forwarded to the MSBML, Executive Director.

I understand MPHP shall provide the MSBML with progress reports on a quarterly basis (or more often if requested to do so by the MSBML). Physicians referred to the MPHP by the Board will be reported on by name. Physicians referred to MPHP via other routes will be reported by number with their identity known only to the Executive Director of the Board and Investigative Staff charged with urine collections.

17. **Periodic Re-evaluation.** I agree to appear before the MPHC of the MPHP located in Jackson, MS for periodic re-evaluation when scheduled by the MPHC.

18. **Family and Spouse.** I will actively encourage my SPOUSE/SIGNIFICANT OTHER/FAMILY to involve themselves in continuing, supportive care through Al-Anon or other sources.
19. **Statutory Compliance.** I agree to obey all federal, state and local laws and all rules governing the practice of medicine in the State of Mississippi.
20. **Term.** I agree to the terms of this contract for a period of five (5) years and I will follow this contract and any subsequent recommendations of the MPHC of the MPHP during my continuing care monitoring phase. Upon completion of this contract, an evaluation will be made by the MPHC of the MPHP for the purpose of extension, renewal or discharge.
21. **Notification of Change in Status.** I agree to notify the MPHP/MSBML of any change in my physical or mental health, my residence or place of employment.

I agree that should I, during the five (5) year period of this contract, decide to leave Mississippi to reside in or practice in another state, MPHP hereby has my authorization to notify the appropriate State Licensure Board and/or Physicians Health Program of my residence and/or practice in that state.

I further agree to notify the MSBML and MPHP in writing, within ten (10) days prior to departing this state to practice in another state. Unless, I affiliate with a recovery program recognized by the MSBML and MPHP, periods of residency or practice outside Mississippi may not apply to the reduction of time periods specified in this Monitoring Contract Agreement.

22. **Payment of Costs.** I agree to pay annual MPHP dues and fees when billed. I agree to pay any and all investigative costs which the MSBML may have incurred in relation to any investigation, proceeding and/or intervention, not to exceed that provided by Miss. Code Ann. §73-25-30. I will be advised of the total assessment by separate written notification from the MSBML and will fully cooperate with the MSBML in relation to payment of same.
23. **Subpoena for Records.** Unless directed otherwise by the Program Participant, MPHC resists release of subpoenaed participant records to the fullest extent of the law. I understand that I am financially liable for all MPHC costs and attorney fees in such matters.
24. **Breach of Contract and/or Relapse.** I understand that ANY breach of this contract will be grounds for re-evaluation by the MPHC with an immediate report to the MSBML.

I understand that should I experience a relapse, this fact shall be immediately reported by the MPHC to the Executive Director of the MSBML. Such report will include, or be followed by MPHC's response to the relapse and its recommendations regarding the relapse. I understand that MPHC's recommendations regarding licensure/DEA issues are non-binding on the MSBML.

In the event I suffer a relapse and/or fail to comply with any or all of the conditions imposed by this Agreement, the MSBML shall have the authority, with recommendation from the MPHC, to immediately prohibit me from practicing medicine until such time as the MSBML and MPHC determines that I am able to return to the practice of medicine. In so doing, the MSBML and MPHC may require me to undergo further evaluation for chemical dependency.

In the event of a relapse or violation of this agreement, any action by the MSBML may be deemed disciplinary action, and all documents relating thereto, including this Agreement, shall thereafter be deemed public record and reportable to the Federation of State Medical Boards, the National Practitioner Data Bank and other entities requiring MSBML reporting.

25. **Hold Harmless Agreement.** As an express condition for participation, I hereby release and forever discharge the MPHP, MPHC and the MSBML, their respective agents, representatives, employees, staff members, and all personnel designated by the MPHP, MPHC or MSBML to assist me, and each of them and all of them, past, present and future from any claims, demands, obligations, costs of any kind or nature whatsoever, arising out of any action of commission or omission in connection with my participation in the Mississippi Professionals Health Program.

26. **CHECKLIST:**

1. Random, observed, urine drug screen as directed by MPHP/MSBML.
2. Monthly calendar of AA and Caduceus Club meetings.
3. Quarterly reports from therapist.
4. Annual fees when billed.
5. Annual Caduceus Club Retreat attendance.

NOTE: ALTERATIONS OF THIS CONTRACT CANNOT BE MADE WITHOUT PRIOR WRITTEN APPROVAL FROM THE MEDICAL DIRECTOR AND/OR THE MPHC.

Gregory A. Carr, M.D. 6/7/04
Medical Director, MPHP Date

W. Earl Fleming, Jr. 6/7/04
MPHC Chairman Date

W. Joseph B. Butler 6/17/04
Executive Director, MSBML Date

James D. ... 6/17/04
Program Participant Date

- cc: Program Participant
Executive Director, MSBML
Monitoring Physician
Primary Care Physician
Therapist
Caduceus Club Facilitator

Charlotte L. Patterson 6-02-2004
WITNESS SIGNATURE DATE

BEFORE THE MISSISSIPPI MEDICAL LICENSURE BOARD

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

THOMAS W. GRAFTON, D.O.

ORDER OF CONTINUANCE

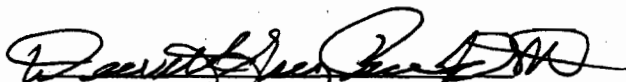
THIS MATTER came on regularly for hearing on June 17, 2004, before the Mississippi State Board of Medical Licensure, in response to a request for continuance of hearing set this date made by Thomas W. Grafton, D.O. (hereinafter "Licensee"). The Board was advised that Licensee has agreed to enter into an evaluation for chemical dependency as requested by the Board and Mississippi Professionals Health Program (MPHP). A continuance would enable both parties to complete the evaluation process. After consideration of the matter, the Board finds Licensee's motion to be well taken.

IT IS, THEREFORE, ORDERED, that this matter is continued until July 15, 2004.

SO ORDERED, this the 17th day of June, 2004.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY:



**DEWITT GREY CRAWFORD, M.D.
PRESIDENT**

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

HAROLD WHEELER, M.D.

ORDER DENYING FURTHER CONTINUANCE
DETERMINATION AND ORDER

THIS MATTER came on regularly for hearing on June 17, 2004, before the Mississippi State Board of Medical Licensure, pursuant to Title 73, Chapters 25, Miss. Code (1972) Annotated. The Board initiated these proceedings on October 2, 2002, by issuance of an Summons against Harold Wheeler, M.D. (hereinafter "Licensee"), charging Licensee with violation of Subsections (6) and (8)(d) of Section 73-25-29 and Section 73-25-83(a), Miss. Code (1972) Annotated, as amended. The specific allegations were set forth by Affidavit of same date from Thomas Washington, Investigator, attached to and made a part of the Summons, wherein Licensee was charged with violation of the Mississippi Medical Practice Act, i.e., conviction of a felony or misdemeanor involving moral turpitude, a certified copy of the conviction order or judgment rendered by the trial court being prima facie evidence thereof, notwithstanding the pendency of any appeal; and unprofessional conduct, which includes, but is not limited to, any dishonorable or unethical conduct likely to deceive, defraud or harm the public.

The hearing was convened at 11:30 a.m., Licensee was not present nor represented by counsel. Complaint Counsel for the Board was Honorable Stan T. Ingram. Sitting as legal advisor for the Board was Honorable Chuck Rubisoff, Assistant Attorney General. Evidence and testimony was then presented. Based upon the above, the Board renders the following Findings of Fact, Conclusions of Law, and Order.

FINDINGS OF FACT

I.

Licensee is the current holder of Mississippi Medical License Number 10035 to practice medicine in the State of Mississippi. Said license is current until June 30, 2004;

II.

On October 7, 2002, the Board first advised Licensee of the charges, at which time Licensee employed legal counsel, filed an answer, and obtained a continuance and order of abeyance, placing the pending matter on indefinite hold pending his appeal to the Fifth Circuit Court of Appeals. As hereinafter noted, the Fifth Circuit Court of Appeals ultimately affirmed Licensee's conviction. Following his incarceration, the Board lifted the abeyance and notified Licensee's then attorney, Luke Schissel, of the hearing set for this date. Notwithstanding Licensee's incarceration, he communicated with his attorney and this Board throughout these proceedings. Most notably, on June 3, 2004, Licensee copied the Board's attorney, Stan Ingram, on correspondence by Licensee to U.S. District Judge Neal Biggers, Jr. Then, on June 16, 2004, only one (1) day prior to the scheduled hearing, Licensee corresponded with the Board's Executive Director, W. Joseph Burnett, M.D., setting forth the terms of his defense and requesting the Board not to take disciplinary action. In his letter, Licensee requested an opportunity to "personally" appear before the Board. The Board's disciplinary rules of procedure provide that any request for continuance must be filed with the Board at least fifteen (15) days prior to the scheduled hearing date.

III.

On September 19, 2001, a federal grand jury of the United States District Court for the Northern District of Mississippi, returned a six (6) count indictment against Licensee in Case Number 4:01cr109, charging Licensee with violation of Sections 2 and 1001(a)(1)(2) of Title 18, United States Code, i.e., Licensee did knowingly and willfully make a materially false, fictitious, and fraudulent statement and representation to an agency of the United States Department of Agriculture in applying for 1998 Crop Disaster Assistance.

IV.

On May 22, 2002, Licensee signed an "Application for Renewal of Mississippi License for Doctor of Medicine, Doctor of Osteopathy and Doctor of Podiatric Medicine," for the period of July 1, 2002, thru June 30, 2003. Licensee certified by his signature that all of the information on the form was correct, however, Licensee stated "no" in response to the question: "During the period July 1, 2001-June 30, 2002, did you enter a plea bargain, or were you arrested, charged, ***indicted*** (bold and italics added) or convicted for violating any law (other than minor traffic violations, except DUI's)? If yes, please explain and attach copy of conviction order, plea bargain or certified copy of court abstract to this form."

V.

On May 25, 2002, Licensee was found guilty by a jury verdict of Count 6 of the indictment. On September 10, 2002, Licensee was sentenced to eighteen (18) months confinement in a federal correctional facility, fined \$20,000.00 and assessed \$1,800.00 per month cost for the term of his confinement. Following his release from confinement,

Licensee was ordered to be placed on three (3) years probation and required to pay an additional \$250.00 per month for each month of supervised release.

VI.

Licensee appealed his conviction to the U. S. Court of Appeals for the Fifth Circuit, New Orleans, Louisiana. During the pendency of appeal, Licensee obtained a stay of incarceration. On October 31, 2003, the Fifth Circuit entered its order affirming the judgment of conviction and sentence. Thereafter, on April 2, 2004, the U.S. District Court entered its directive to Licensee that he report to the Federal Correctional Institution, Yazoo City, Mississippi, on or before twelve noon April 19, 2004, in order to begin the service of his sentence. Since that date, Licensee has been incarcerated.

CONCLUSIONS OF LAW

Licensee has received adequate notice of the proceedings. This matter has now been pending before the Board since October 7, 2002. Notwithstanding the fact that the Board could have proceeded immediately after his conviction before the U.S. District Court, the Board gave Licensee the benefit of the doubt and entered an order placing the matter on indefinite hold pending his appeal to the Fifth Circuit Court of Appeals. After his incarceration, the Board gave Licensee, through his attorney, adequate notice of the new hearing date. On June 16, 2004, only one (1) day prior to the scheduled hearing, Licensee corresponded with the Board's Executive Director, W. Joseph Burnett, M.D., setting forth the terms of his defense and requesting the Board not to take disciplinary action. In his letter, Licensee makes no reference to a continuance, but did request an opportunity to "personally" appear before the Board. Even if this were interpreted as a request for continuance, Licensee failed to make such a request in a proper and timely manner. The

Board's disciplinary rules of procedure provide that any request for continuance must be filed with the Board at least fifteen (15) days prior to the scheduled hearing date.

Based upon the Findings of Fact as enumerated above, Licensee is guilty of violation of Subsections (6) and (8)(d) of Section 73-25-29 and Section 73-25-83(a), Miss. Code (1972) Annotated, as amended; as a result of Licensee having been convicted of a felony or misdemeanor involving moral turpitude, a certified copy of the conviction order or judgment rendered by the trial court being prima facie evidence thereof, notwithstanding the pendency of an appeal; and being guilty of unprofessional conduct, which includes, but is not limited to, any dishonorable or unethical conduct likely to deceive, defraud or harm the public.

Throughout the pendency of this matter, and as reflected in his answer and June 16, 2004, letter to the Board, Licensee has professed his innocence and attempts to place responsibility for his predicament on other parties. Notwithstanding, a review of the indictment, conviction order and judgment of the Fifth Circuit Court of Appeals clearly establishes Licensee's acts of fraud and misrepresentation relating to his 1998 application for crop disaster relief. The Board specifically finds that such conduct is a crime of moral turpitude. Equally persuasive, is Licensee's failure to acknowledge the indictment during the May 22, 2002, renewal of his Mississippi medical license. At the time Licensee executed the renewal form, he was aware of his indictment and arrest, yet chose to answer the inquiry in a false and fraudulent manner.

ORDER

IT IS HEREBY ORDERED, that to the extent Licensee has requested a continuance, such a request is denied;

IT IS FURTHER ORDERED, that based upon the Findings of Fact and Conclusions of Law enumerated above, Mississippi Medical License No. 10035, issued to Harold Wheeler, M.D., is hereby suspended for an indefinite period of time, provided further that upon Licensee's release from incarceration from the Federal Correctional Institution, Yazoo City, Mississippi, Licensee shall have the right to petition the Board for reinstatement of his license, notwithstanding the provisions of Miss. Code Ann. §73-25-32(2).

IT IS FURTHER ORDERED, that pursuant to Section 73-25-27, a copy of this Determination and Order shall be sent by registered mail, or personally served upon Harold Wheeler, M.D.

SO ORDERED, this the 17th day of June, 2004.

**MISSISSIPPI STATE BOARD
MEDICAL LICENSURE**

BY:



**DEWITT GREY CRAWFORD, M.D.
PRESIDENT**

RESOLUTION

WHEREAS, Frank Weston Bowen, M.D., Carthage, Mississippi, faithfully and conscientiously served the Mississippi State Board of Medical Licensure as a member for six years; and

WHEREAS, Dr. Bowen discharged his duties with firmness, dignity and compassion, always in keeping with the intent of the Medical Practice Act and Rules and Regulations of this Board, and thereby working to the great benefit of the Board and citizens of the State of Mississippi; and

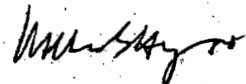
WHEREAS, during his years of service, Dr. Bowen continually and graciously gave his efforts, time and abilities toward maintaining the highest standard of medical practice for which the State of Mississippi is noted;

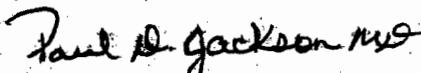
THEREFORE, BE IT RESOLVED, that the Mississippi State Board of Medical Licensure, on behalf of the Board and the people of the State of Mississippi, by means of this resolution, expresses to Dr. Bowen its gratitude and appreciation for his services during the years he devoted to the Board and the State of Mississippi; and

BE IT FURTHER RESOLVED, that a copy of this resolution be spread upon the minutes of the Board and a copy be given to Dr. Bowen expressing to him the highest esteem of the Board.

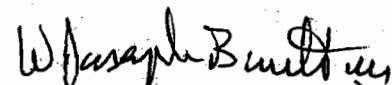
DATED, this the seventeenth day of June, 2004.

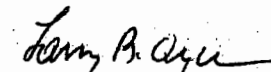

Dewitt G. Crawford, M.D., President


William B. Harper, D.O., Vice President

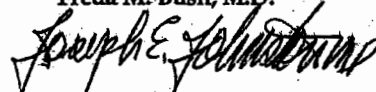

Paul D. Jackson, M.D., Secretary

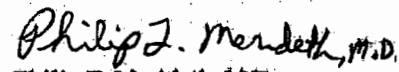
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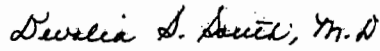

W. Joseph Burnett, M.D.
Executive Director


Larry B. Aycock, M.D.


Freda M. Bush, M.D.


Joseph E. Johnston, M.D.


Philip T. Merideth, M.D.


Dwalia S. South, M.D.

RESOLUTION

WHEREAS, Paul Douglas Jackson, M.D., Greenville, Mississippi, faithfully and conscientiously served the Mississippi State Board of Medical Licensure as a member for eight and one-half years; and

WHEREAS, Dr. Jackson discharged his duties with firmness, dignity and compassion, always in keeping with the intent of the Medical Practice Act and Rules and Regulations of this Board, and thereby working to the great benefit of the Board and citizens of the State of Mississippi; and

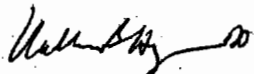
WHEREAS, during his years of service, Dr. Jackson continually and graciously gave his efforts, time and abilities toward maintaining the highest standard of medical practice for which the State of Mississippi is noted;

THEREFORE, BE IT RESOLVED, that the Mississippi State Board of Medical Licensure, on behalf of the Board and the people of the State of Mississippi, by means of this resolution, expresses to Dr. Jackson its gratitude and appreciation for his services during the years he devoted to the Board and the State of Mississippi; and

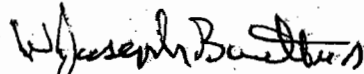
BE IT FURTHER RESOLVED, that a copy of this resolution be spread upon the minutes of the Board and a copy be given to Dr. Jackson expressing to him the highest esteem of the Board.

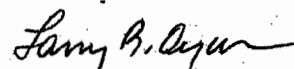
DATED, this the seventeenth day of June, 2004.


Dewitt G. Crawford, M.D., President

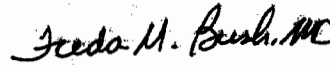

William B. Harper, D.O., Vice President

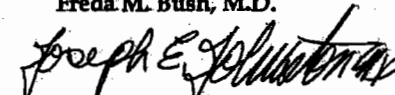
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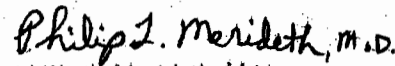

W. Joseph Burnett, M.D.
Executive Director

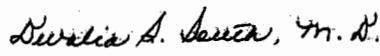

Larry B. Aycock, M.D.


Frank W. Bowen, M.D.


Freda M. Bush, M.D.


Joseph E. Johnston, M.D.


Philip T. Merideth, M.D.


Dwalia S. South, M.D.

ADMINISTRATIVE PROCEDURES FILING NOTICE

Agency Mississippi State Board of Medical Licensure
Address 1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216
Phone (601) 987-3079

Person to contact Rhonda Freeman
Address 1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216
Transmittal date June 21, 2004

Copy attached: Yes No

Name or number of rule(s) XXIX. Regulations Pertaining to Internet Prescribing

Terms or substance of the actions or description of the subject and issues:
Amends the previous filing. The amended filing will require a physician to obtain a physical or mental examination.

Printed name and title
of person authorized to file rules: Rhonda Freeman Division Director
Name Title
Rhonda Freeman
Signature

EMERGENCY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect _____ days Effective date: <input type="checkbox"/> Immediately on <input type="checkbox"/> Other (specify): _____	Action proposed: <input type="checkbox"/> New rule(s) <input checked="" type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed date of adoption: <input checked="" type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____	Action taken: <input type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn Date action taken _____ <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
<div style="border: 1px solid black; height: 150px; width: 100%;"></div>	<p>FILED JUN 21 2004 MISSISSIPPI SECRETARY OF STATE</p>	<div style="border: 1px solid black; height: 150px; width: 100%;"></div>

Accepted for filing by _____

Accepted for filing by [Signature]

Accepted for filing by _____

XXIX.**REGULATIONS PERTAINING TO INTERNET PRESCRIBING**

Essential components of proper prescribing and legitimate medical practice requires that the physician obtains a thorough medical history and conducts an appropriate physical ~~and/or mental~~ examination before prescribing any medication for the first time.

Exceptions to this circumstance that would be permissible may include, but not be limited to: admission orders for a newly hospitalized patient, prescribing for a patient of another physician for whom the prescriber is taking call, or continuing medication on a short term basis for a new patient prior to the patient's first appointment. Established patients may not require a new history and physical examination for each new prescription, depending on good medical practice.

Prescribing drugs to individuals that the physician has never met and based solely on answers to a set of questions, as is found in Internet or toll-free telephone prescribing is inappropriate, fails to meet a basic standard of care that potentially places patients health at risk and could constitute unprofessional conduct punishable by disciplinary action.

COPY

ADMINISTRATIVE PROCEDURES FILING NOTICE

Agency Mississippi State Board of Medical Licensure
Address 1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216
Phone (601) 987-3079

Person to contact Rhonda Freeman
Address 1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216
Transmittal date June 21, 2004

Copy attached: Yes No

Name or number of rule(s) XXIII. Regulations Pertaining to Prescribing, Administering and Dispensing of Medication, I. Prescription Guidelines - Controlled Substances

Terms or substance of the actions or description of the subject and issues:
Amends the previous filing. The amended filing will allow physicians to fax prescriptions to pharmacies.

Printed name and title
of person authorized to file rules: Rhonda Freeman Division Director
Name Title
Rhonda Freeman
Signature

EMERGENCY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect _____ days Effective date: <input type="checkbox"/> Immediately on <input type="checkbox"/> Other (specify): _____	Action proposed: <input type="checkbox"/> New rule(s) <input checked="" type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed date of adoption: <input checked="" type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____	Action taken: <input type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn Date action taken _____ <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
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Accepted for filing by _____	Accepted for filing by <u>gld</u>	Accepted for filing by _____

XXIII. REGULATIONS PERTAINING TO PRESCRIBING, ADMINISTERING AND DISPENSING OF MEDICATION

AUTHORITY: Chapters 25 and 27, Title 73, and Chapter 29, Title 41, Mississippi Code (1972) Annotated.

A. SCOPE

These regulations apply to all individuals licensed to practice medicine, osteopathic medicine or podiatric medicine in the State of Mississippi.

B. DEFINITIONS

For the purpose of Article I only, the following terms have the meanings indicated:

1. "Administer", "Controlled Substances", and "Ultimate User" shall have the same meaning as set forth in Mississippi Code (1972) Annotated, Section 41-29-105, unless the context otherwise requires.
2. "Physician" means any person licensed to practice medicine, osteopathic medicine or podiatric medicine in the State of Mississippi.
3. "Prescribe" means to designate or order by means of either a written or oral prescription the delivery of a controlled substance or legend drug to an ultimate user.
4. "Dispense" means to deliver a controlled substance or legend drug other than by administering or prescribing to an ultimate user or research subject including the packaging, labeling, or compounding necessary to prepare the substance for that delivery.
5. For the purpose of enforcement of the labeling requirements set forth in Article G of these regulations, "Dispensing Physician" means any physician who shall dispense to a patient for the patient's use any controlled substance, legend drug or other medication where such medication is purchased by the physician for resale to a patient whether or not a separate charge is made.
6. "Prescription Drug" or "Legend Drug" means a drug required under federal law to be labeled with the following statement prior to being dispensed or delivered; "Caution: Federal law prohibits dispensing without prescription," or a drug which is required by any applicable federal or state law or regulation to be dispensed on prescription only or is restricted to use by physicians only.
7. Masculine terms wheresoever used in these regulations shall also be deemed to include the feminine.
8. "Article" wheresoever used in these regulations shall mean "regulation."

C. REGISTRATION FOR CONTROLLED SUBSTANCES CERTIFICATE

1. Every physician licensed to practice in Mississippi who prescribes, administers or dispenses any controlled substance within Mississippi or who proposes to engage in the prescribing, administering or dispensing of any controlled substance within Mississippi must be registered with the U.S. Drug Enforcement Administration in compliance with Title 21 CFR Part 1301 Food and Drugs.
2. Pursuant to authority granted in Mississippi Code (1972) Annotated, Section 41-29-125, the Mississippi State Board of Medical Licensure hereby adopts, in lieu of a separate registration with the Board, the registration with the U.S. Drug Enforcement Administration as required in Sub-paragraph 1 above. In the event, however, a physician has had limitations or other restrictions placed upon his license wherein he is prohibited from handling controlled substances in any or all schedules, said physician shall be prohibited from registering with the U.S. Drug Enforcement Administration for a Uniform Controlled Substances Registration Certificate without first being expressly authorized to do so by order of the Mississippi State Board of Medical Licensure.
3. Persons registered to prescribe, administer, dispense or conduct research with controlled substances may order, possess, prescribe, administer, dispense or conduct research with those substances to the extent authorized by their registration and in conformity with the other provisions of these regulations and in conformity with provisions of the Mississippi Uniform Controlled Substances Law, Mississippi Code (1972) Annotated, Section 41-29-101 et seq.
4. The registration requirement set forth in these regulations does not apply to the distribution and manufacture of controlled substances. Any physician who engages in the manufacture or distribution of controlled substances or legend drugs shall register with the Mississippi State Board of Pharmacy pursuant to Mississippi Code (1972) Annotated, Section 73-21-105. For the purposes herein, "distribute" shall mean the delivery of a drug other than by administering, prescribing or dispensing. The word "manufacture" shall have the same meaning as set forth in Mississippi Code (1972) Annotated, Section 41-29-105(q).

D. MAINTENANCE OF RECORDS AND INVENTORIES

1. Every physician licensed to practice medicine, osteopathic medicine or podiatric medicine in the State of Mississippi shall maintain inventories, logs, and records prescribed in this article.
2. **CONTROLLED SUBSTANCES INVENTORY RECORD.** All controlled substances classified under Schedules II, IIN, III, IIIN, IV and V which are purchased by the physician must be inventoried at least every two (2) years. All inventory records for controlled substances in Schedules II and IIN must

be maintained separately from the inventory records for Schedules III, IIIN, IV and V controlled substances. To insure the reliability of an inventory, the physician shall maintain a readily retrievable record of controlled substances purchased, including a copy of all purchase invoices identifying the name, quantity and strength/dose of the controlled substance purchased, the supplier and the date purchased.

3. **CONTROLLED SUBSTANCES DISPENSATION/ADMINISTRATION RECORD.** Every physician who shall dispense or administer Schedules II, IIN, III, IIIN, IV and V controlled substances shall maintain a separate readily retrievable record of all such substances dispensed or administered. This requirement shall not apply to Schedules III, IIIN, IV and V prepackaged samples and starter packs. All dispensation/administration records for controlled substances in Schedules II and IIN must be maintained separately from the dispensation/administration records for Schedules III, IIIN, IV and V controlled substances. The record shall contain the following information:
 - a. The date the controlled substance was dispensed or administered;
 - b. The name, quantity and strength/dose of the controlled substance dispensed or administered;
 - c. The method of administration of the controlled substance, i.e. oral, IV or subcutaneous;
 - d. The name and address of the patient to whom the controlled substance was dispensed or administered;
 - e. For all Schedules II and III amphetamines, amphetamine-like anorectic drugs, or sympathomimetic amine drugs dispensed in the treatment of narcolepsy, hyperkinesis, brain dysfunction, epilepsy, or depression, the dispensing or administration records shall include the diagnosis and the reason for use of the Schedules II and III controlled substances.
4. Within thirty (30) days after the effective date of this rule the Mississippi State Board of Medical Licensure shall cause a notice to be mailed to every physician whose practice location is in the State of Mississippi notifying them of the Controlled Substance Inventory and separate Dispensation/Administration Record. Every physician shall within ninety (90) days of the effective date of this rule, prepare an initial inventory of controlled substances. An example combination Controlled Substances Inventory Record and Controlled Substances Dispensation/Administration Record are hereby incorporated as Appendix "A" and "B" to these regulations.
5. **PATIENT RECORD.** A physician who prescribes, dispenses or administers a controlled substance shall maintain a complete record of his examination, evaluation and treatment of the patient which must include documentation

of the diagnosis and reason for prescribing, dispensing or administering any controlled substance; the name, dose, strength, quantity of the controlled substance and the date that the controlled substance was prescribed, dispensed or administered. The record required by this subsection shall be maintained in the patient's medical records, provided that such medical records are maintained at the office of the physician and are available for inspection by the representatives of the Mississippi State Board of Medical Licensure pursuant to authority granted in Mississippi Code (1972) Annotated, Section 41-29-125 (Supp. 1986).

6. No physician shall prescribe, administer or dispense any controlled substance or other drug having addiction-forming or addiction-sustaining liability without a good faith prior examination and medical indication therefore.¹
7. A physician shall not sell or trade any medication which he receives as prepackaged samples or starter packs, whether or not said samples are controlled substances, legend drugs or other medication.
8. The Controlled Substances Inventory, Controlled Substance Dispensation/Administration Record, and Patient Record required by these regulations shall be maintained in the office of the physician for a period of seven (7) years from the date that the record is completed or the controlled substances, legend drugs or other medications are prescribed, administered or dispensed and shall be made available for inspection by representatives of the Mississippi State Board of Medical Licensure pursuant to authority granted in Mississippi Code (1972) Annotated, Section 41-29-125 (Supp. 1986).

¹ COMMENT: A determination as to whether a "good faith prior examination and medical indication therefore" exists depends upon the facts and circumstances in each case. One of the primary roles of a physician is to elicit detailed information about the signs and symptoms which a patient presents in order that he may recommend a course of treatment to relieve the symptoms and cure the patient of his ailment or maintain him in an apparent state of good health. In order for a physician to achieve a proper diagnosis and treatment plan, a history and physical examination consistent with the nature and complaint are necessary. The importance of these aspects of proper medical practice cannot be over emphasized. The paramount importance of a complete medical history in establishing a correct diagnosis is well established. Standards of proper medical practice require that, upon any encounter with a patient, in order to establish proper diagnosis and regimen of treatment, a physician must take three steps: (a) take and record an appropriate medical history, (b) carry out an appropriate physical examination, and (c) record the results. The observance of these principles as a function of the "course of legitimate professional practice" is particularly of importance in cases in which controlled substances are to play a part in the course of treatment. It is the responsibility of the physician to dispense, prescribe or administer such drugs with proper regard for the actual and potential dangers. This fact has been established in a number of closely related administrative and criminal cases, *United States v. Bartee*, 479 F.2d 484 (10th Cir. 1973) (No physical examination prior to issuance of prescriptions for controlled substances); *United States v. Greene*, 511 F.2d 1062 (7th Cir. 1975); *Arthur v. Board of Registration of Medicine*, 418 N.E. 2d 1236 (MA 1981) (failure to record in patient file prescriptions for controlled substances issued or failure to record patient visit); *Brainard v. State Board of Medical Examiners*, 157 P.2d 7 (Ca. 1945); *Dannerberg v. Board of Regents*, 430 N.Y.2d 700 (1980) (issuance of three prescriptions for sleeping pills to an undercover agent without a physical examination); *Widlitz v. Board of Regents of New York*, 429 N.Y. 2d 794 (1980) (issuance of Deoxyn to patients whom physician knew were drug addicts without conducting physical examination); *United States v. Rosenberg*, 515 F.2d 190 (9th Cir. 1975) (no physical examination, evidences that prescriptions were not in course of professional practice); and *United States v. Hooker*, 541 F.2d 300 (1st Cir. 1976), (little more than cursory physical examination, frequent neglect to inquire as to past medical history, little or no exploration of the type of problem the patient allegedly had "indicates that the minimal professional procedures followed were designed only to give an appearance of propriety to appellant's unlawful distributions").

A determination of proper "medical indication" also requires a careful examination of the nature of the drug and all circumstances surrounding dispensation. Caselaw developed by the courts in connection with controlled substances criminal violations and administrative decisions further illustrates several indications of lack of good faith. See *United States v. Greene*, 511 F.2d 1062 (7th Cir. 1975) and *United States v. Rosenberg*, 515 F.2d 190 (9th Cir. 1975). One of primary importance is the failure to follow at least the minimal professional procedures. Some of the factors used in determining the existence of "good faith" may include, but are not limited to: (a) the physician's permitting the patient to name the drug desired; (b) a physician dispensing drugs to patients having no medical need, when the physician knew or should have known that the patients were addicts; (c) repeated refills over relatively short periods of time or the issuance of prescriptions at a time when the patient should not have been finished taking the same medication from a prior prescription had the prescription directions been properly followed or the correct dosage taken; (d) general remarks of the physician indicating his experience with non-therapeutic uses of the drug; (e) a physician prescribing contraindicated medication such as amphetamines and depressants in a manner which results in therapeutic conflicts.

9. A physician may use a data processing system or a manual record keeping system for the storage and retrieval of Controlled Substances Dispensation/Administration Records. If a physician utilizes a data processing system it must provide immediate retrieval (via CRT display and hard-copy printout) of all dispensation/administration records of controlled substances.

Whether maintained manually or in a data processing system, all records of dispensation/administration of controlled substances must be readily retrievable. If a data processing system is utilized, a hard-copy printout of the records of dispensation/administration shall be made at regular intervals, not to exceed seven (7) days. Such hard-copy printouts shall be maintained for a period of five (5) years and shall be made available for inspection and copying by investigators of the Mississippi State Board of Medical Licensure.

E. USE OF DIET MEDICATION

1. Pursuant to Mississippi Code (1972) Annotated, Section 41-29-139(e), it is unlawful for any physician in this state to prescribe, dispense or administer any amphetamine or amphetamine-like anorectic and/or central nervous system stimulant classified as Schedule II, pursuant to Section 41-29-115, for the exclusive treatment of obesity, weight control, or weight loss.
2. As to the administration, dispensation or prescription of controlled substance anorectics in Schedules III, IV and V, use of said medications in the treatment of obesity or weight loss should be done with caution. A physician may administer, dispense or prescribe said medications for the purpose of weight loss in the treatment of obesity only as an adjunct to a regimen of weight reduction based on caloric restriction, provided, that all of the following conditions are met:
 - a. Before initiating treatment utilizing a Schedules III, IV or V controlled substance, the physician determines through review of his own records of prior treatment, or thorough review of the records of prior treatment which another treating physician or weight-loss program has provided to the physician, that the patient has made a substantial good-faith effort to lose weight in a treatment program utilizing a regimen of weight reduction based on caloric restriction, nutritional counseling, behavior modification, and exercise, without the utilization of controlled substances, and that said treatment has been ineffective.
 - b. Before initiating treatment utilizing a Schedules III, IV or V controlled substance, the physician obtains a thorough history, performs a thorough physical examination of the patient, and rules out the existence of any recognized contraindications to the use of the controlled substance to be utilized. "Recognized

contraindication" means any contraindication to the use of a drug which is listed in the United States Food and Drug Administration (hereinafter, "F.D.A.") approved labeling for the drug.

- c. The physician shall not utilize any Schedules III, IV or V controlled substance when he knows or has reason to believe that a recognized contraindication to its use exists.
- d. The physician shall not utilize any Schedules III, IV or V controlled substance in the treatment of a patient whom he knows or should know is pregnant.
- e. As to those controlled substances in Schedules III, IV or V which are classified as amphetamine or amphetamine-like anorectics and/or central nervous system stimulants, hereinafter referred to as "stimulant", the physician shall not initiate or shall discontinue utilizing said controlled substance stimulant immediately upon ascertaining or having reason to believe:
 - (1) That the patient has failed to lose weight while under treatment with said stimulant over a period of thirty (30) days, which determination shall be made by weighing the patient at least every thirtieth (30th) day, except that a patient who has never before received treatment for obesity utilizing a stimulant, and who fails to lose weight during his first such treatment attempt may be treated with a different controlled substance for an additional thirty (30) days, or
 - (2) That the patient has developed tolerance (a decreasing contribution of the drug toward further weight loss) to the anorectic effects of said stimulant being utilized, or
 - (3) That the patient has a history of or shows a propensity for alcohol or drug abuse, or
 - (4) That the patient has consumed or disposed of any controlled substance other than in strict compliance with the treating physician's directions.

In addition to the above the physician shall not issue a prescription or dispense a stimulant for any greater than a thirty-day supply; and a patient's use of stimulants, whether by dispensation or prescription shall be limited to no more than six (6) thirty-day supplies during any twelve-month period of time. In any case, the total amount of medication shall not exceed a six (6) month supply in the twelve month time period. For the purposes of this paragraph, a twelve (12) month time period is considered to begin on the day of the initial dispensation or prescription issuance.

- f. As to all other legend drugs or controlled substances in Schedules

III, IV and V which are not considered stimulants but which have received FDA approved indication for long term use for weight loss, the physician shall administer, dispense or prescribe said medications in strict compliance with the FDA-approved labeling. In addition to the requirements enumerated at sub-paragraphs a-d above, each prescription shall be issued for no more than a total of three months supply (including refills) and further, before subsequent new prescriptions can be issued the patient shall receive a thorough reevaluation of the effectiveness of the medication, including a physical examination to document any potential harmful side effects.

3. A physician shall not utilize a Schedules III, IV or V controlled substance or legend drug for purposes of weight loss unless it has an FDA approved indication for this purpose and then only in accordance with all of the above enumerated conditions. The purpose of this rule is to prohibit the use of such drugs as diuretics and thyroid medications for the sole purpose of weight loss.

F. USE OF CONTROLLED SUBSTANCES FOR CHRONIC (NON-TERMINAL) PAIN

1. DEFINITIONS

For the purpose of Article F only, the following terms have the meanings indicated:

- a. "Chronic Pain" is a pain state in which the cause of the pain cannot be removed or otherwise treated and which in the generally accepted course of medical practice, no relief or cure of the cause of the pain is possible or none has been found after reasonable efforts including, but not limited to, evaluation by the attending physician and one or more physicians specializing in the treatment of the area, system, or organ of the body perceived as the source of the pain. Further, if a patient is receiving controlled substances for the treatment of pain for a prolonged period of time (more than six months), then they will be considered for the purposes of this regulation to have "de facto" chronic pain and subject to the same requirements of this regulation. "Terminal Disease Pain" should not be confused with "Chronic Pain." For the purpose of this Section, "Terminal Disease Pain" is pain arising from a medical condition for which there is no possible cure and the patient is expected to live no more than six (6) months.
- b. "Acute Pain" is the normal, predicted physiological response to an adverse chemical, thermal, or mechanical stimulus and is associated with surgery, trauma and acute illness. It is generally time limited and is responsive to therapies, including controlled substances as defined by the U.S. Drug Enforcement Administration. Title 21 CFR Part 1301 Food and Drugs.

- c. "Addiction" is a neurobehavioral syndrome with genetic and environmental influences that results in psychological dependence on the use of substances for their psychic effects and is characterized by compulsive use despite harm. Physical dependence and tolerance are normal physiological consequences of extended opioid therapy for pain and should not be considered addiction.
 - d. "Physical Dependence" is a physiological state of neuroadaptation to a substance which is characterized by the emergence of a withdrawal syndrome if the use of the substance is stopped or decreased abruptly, or if an antagonist is administered. Withdrawal may be relieved by re-administration of the substance. Physical dependence is a normal physiological consequence of extended opioid therapy for pain and should not be considered addiction.
 - e. "Substance Abuse" is the use of any substance(s) for non-therapeutic purposes; or use of medication for purposes other than those for which it is prescribed.
 - f. "Tolerance" is a physiological state resulting from regular use of a drug in which an increased dosage is needed to produce the same effect or a reduced effect is observed with a constant dose. Tolerance occurs to different degrees for various drug effects, including sedation, analgesia and constipation. Analgesic tolerance is the need to increase the dose of opioid to achieve the same level of analgesia. Such tolerance may or may not be evident during treatment and does not equate with addiction.
2. Notwithstanding any other provisions of these rules and regulations, a physician may prescribe, administer, or dispense controlled substances in Schedules II, IIN, III, IIIN, IV and V, or other drugs having addiction-forming and addiction-sustaining liability to a person in the usual course of treatment of that person for a diagnosed condition causing chronic pain.
3. Notwithstanding any other provisions of these rules and regulations, as to the prescribing, administration, or dispensation of controlled substances in Schedules II, IIN, III, IIIN, IV and V, or other drugs having addiction-forming and addiction-sustaining liability, use of said medications in the treatment of chronic pain should be done with caution. A physician may administer, dispense or prescribe said medications for the purpose of relieving chronic pain, provided that the following conditions are met:
- a. Before initiating treatment utilizing a Schedules II, IIN, III, IIIN, IV or V controlled substance, or any other drug having addiction-forming

and addiction-sustaining liability, the physician shall conduct an appropriate risk/benefit analysis by reviewing his own records of prior treatment, or review the records of prior treatment which another treating physician has provided to the physician, that there is an indicated need for long term controlled substance therapy. Such a determination shall take into account the specifics of each patient's diagnosis, past treatments and suitability for long term controlled substance use either alone or in combination with other indicated modalities for the treatment of chronic pain. This shall be clearly entered into the patient medical record, and shall include consultation/referral reports to determine the underlying pathology or cause of the chronic pain.

- b. Documentation in the patient record shall include a complete medical history and physical examination that indicates the presence of one or more recognized medical indications for the use of controlled substances.
 - c. Documentation of a written treatment plan which shall contain stated objectives as a measure of successful treatment and planned diagnostic evaluations, e.g., psychiatric evaluation or other treatments. The plan should also contain an informed consent agreement for treatment that details relative risks and benefits of the treatment course. This should also include specific requirements of the patient, such as using one physician and pharmacy if possible, and urine/serum medication level monitoring when requested.
 - d. Periodic review and documentation of the treatment course is conducted at reasonable intervals (no more than every six months) with modification of therapy dependent on the physician's evaluation of progress toward the stated treatment objectives. This should include referrals and consultations as necessary to achieve those objectives.
4. No physician shall administer, dispense or prescribe a controlled substance or other drug having addiction-forming and addiction-sustaining liability that is nontherapeutic in nature or non-therapeutic in the manner the controlled substance or other drug is administered, dispensed or prescribed.
5. No physician shall administer, dispense or prescribe a controlled substance for treatment of chronic pain to any patient who has consumed or disposed of any controlled substance or other drug having addiction-forming and addiction-sustaining liability other than in strict compliance with the treating physician's directions. These circumstances include those patients obtaining controlled substances or other abusable drugs from more than one physician and those patients who have obtained or attempted to obtain new prescriptions for controlled substances or other abusable drugs before a prior prescription should

have been consumed according to the treating physician's directions. This requirement will not be enforced in cases where a patient has legitimately temporarily escalated a dose of their pain medication due to an acute exacerbation of their condition but have maintained a therapeutic dose level, however it will be required of the treating physician to document in the patient record that such increase in dose level was due to a recognized indication and was within appropriate therapeutic dose ranges. Repetitive or continuing escalations should be a reason for concern and a re-evaluation of the present treatment plan shall be undertaken by the physician.

6. No physician shall prescribe any controlled substance or other drug having addiction-forming or addiction-sustaining liability to a patient who is a drug addict for the purpose of "detoxification treatment", or "maintenance treatment", and no physician shall administer or dispense any narcotic controlled substance for the purpose of "detoxification treatment" or "maintenance treatment" unless they are properly registered in accordance with Section 303(g) 21 U.S.C. 823(g). Nothing in this paragraph shall prohibit a physician from administering narcotic drugs to a person for the purpose of relieving acute withdrawal symptoms when necessary while arrangements are being made for referral for treatment. Not more than one (1) day's medication may be administered to the person or for the person's use at one time. Such emergency treatment may be carried out for not more than three (3) days. Nothing in this paragraph shall prohibit a physician from administering or dispensing narcotic controlled substances in a hospital to maintain or detoxify a person as an incidental adjunct to medical or surgical treatment of conditions other than addiction.

G. DRUG MAINTENANCE REQUIREMENTS

1. All drug products which are maintained/stored in the office of a physician shall be maintained/stored in the manufacturer's or repackager's original container. The label of any container in which drugs are maintained must bear the drug name, strength, the manufacturer's control lot number and the expiration date. Drugs which are precounted and prepackaged for purposes of dispensing shall be identifiable as to expiration date and manufacturer's control lot number. The containers in which drug products are maintained shall not be labeled in any false or misleading manner. The labeling requirements of this Article are in addition to, and not in lieu of, other labeling requirements of the laws of the State of Mississippi, Rules and Regulations of the Mississippi State Board of Medical Licensure, and laws of the United States or Federal Regulations.
2. A physician shall not dispense out-of-date drugs or store out-of-date drugs intermixed with the stock of current drugs. Out-of-date drugs shall be promptly removed from current stock and stored separately until proper disposal shall be made. A physician, when dispensing a product in a manufacturer's original package or container, the labeling of which bears an expiration date, a manufacturer's control lot number or other

information which may be of value to the patient, shall dispense the product with this information intact.

3. The drug storage and dispensing area shall be maintained in a sanitary fashion.
4. A physician shall not accept the return for subsequent resale or exchange any drugs after such items have been taken from the premises where sold, distributed or dispensed and from the control of the physician.
5. All drug products shall be maintained, stored and dispensed in such a manner as to maintain the integrity of the product.

H. LABELING REQUIREMENTS FOR DISPENSING PHYSICIANS

1. For the purposes of this rule, a "dispensing physician" shall mean any physician who shall dispense to a patient for the patient's use any controlled substance, legend drug or other medication where such medication is purchased by the physician for resale to a patient whether or not a separate charge is made.
2. Every dispensing physician, as defined above, who shall dispense a controlled substance, legend drug or any other medication shall insure that all such substances dispensed be labeled containing the following information:
 - a. the name of the patient to whom the medication was dispensed;
 - b. the date that the medication was dispensed;
 - c. the name, strength and quantity of the medication;
 - d. direction for taking or administering the medication;
 - e. the name and address of the physician dispensing the medication.

The label required by this subsection shall be written in legible handwriting or typed and shall be permanently affixed to the package or container in which the medication is dispensed. This labeling requirement shall not apply to prepackaged samples or starter packs in their original packages or containers.

3. No physician may delegate dispensing authority to another person. A physician must personally dispense the medication. For the purpose of this regulation, "personally dispense" shall mean the physician must actually obtain the medication, prepare, count, place the same into the appropriate container and affix the appropriate label to the container.

I. PRESCRIPTION GUIDELINES - CONTROLLED SUBSTANCES

1. It is the ultimate responsibility of the physician to determine the type, dosage form, frequency of application and number of refills of any controlled substances prescribed to a patient. This responsibility must never be delegated to non-physician personnel. Certified nurse midwives, certified nurse practitioners, nurses, and other non-physician personnel may, when such activity is within the scope of their license, protocol and qualifications, make a preliminary or tentative determination and recommendation to the physician based on assessments and evaluations carried out by the non-physician personnel, but in all such cases the recommendation of the non-physician must be reviewed and approved by a physician, who must personally issue the prescription. The following requirements apply to all prescriptions for controlled substances:
 - a. All prescriptions for controlled substances must be written in strict compliance with Mississippi Code (1972) Annotated, Sections 41-29-101 through 41-29-311, as amended, and Title 21 of U.S. Code of Federal Regulations, Part 1306.
 - b. On all prescriptions of controlled substances wherein refills are permitted, physicians shall indicate the appropriate refills, not to exceed five (5), or mark "none."
 - c. Each physician shall insure that the complete name and address of the patient to whom the physician is prescribing the controlled substance appears on the prescription.
 - d. A physician shall not permit any prescription for controlled substances to be signed by any non-physician in the place of or on behalf of the physician.
 - e. A physician shall not pre-sign blank prescription pads or order forms under any circumstances.
 - f. A physician shall not utilize blank prescription pads or order forms upon which the signature of the physician or controlled substance prescribed ~~have~~ has been electronically, mechanically or photostatically reproduced. This prohibition includes the ~~telefaxing or e-mailing~~ of any controlled substance prescription, ~~except that a fax prescription may be sent only under the following circumstances-~~ A hard copy prescription generated from an electronic prescription system must contain a manual signature, however if it is printed on security paper that ensures it is not subject to copying or alteration, an electronic or digital signature may be substituted. Electronic transmission of controlled substance prescription information is generally allowed (except Schedule II which is addressed below), however, for the purposes of this regulation, electronic transmission of controlled substance prescription data is limited to computer to facsimile (fax)

~~transmissions or traditional fax to fax transmissions.~~
~~Requirements for fax prescription orders and systems utilized for~~
~~faxing prescriptions are as follows:~~

- (1) ~~The prescription order shall contain the date, time,~~
~~telephone number and location of the transmitting device.~~
Prescription blanks utilized in this manner shall bear a pre-printed heading that indicates the blank is a "Fax Prescription Form." ~~Fax prescription orders must contain a manual or authenticated electronic/digital signature of the prescriber.~~ ~~When a prescription is written for a~~ ~~As to~~ ~~Schedule II drugs, only~~ Schedule II narcotic substances ~~that are~~ to be prepared or compounded for the direct administration to a patient by parenteral, intravenous, intramuscular, subcutaneous or intra spinal infusion, ~~such a prescription may be transmitted by the physician or the physician's agent to a pharmacy of the patient's choice by facsimile.~~ ~~The~~ All ~~original hardcopy faxed~~ prescriptions shall immediately be voided after successfully completing the fax transmission by writing across the face of the prescription from corner to corner the notation "faxed." The original prescription ~~(or copy)~~ shall be retained in the physician's patient file with additional information included on the back of the prescription as to the date it was faxed, the name or initials of the person faxing the prescription and the name/location of the pharmacy receiving the fax transmission.

It is also required, that in addition to filing the original prescription ~~(or copy)~~ in the patient file, a perpetual, chronological logbook of fax transactions be established and maintained. Such a logbook would serve to protect the prescribing physician in the event the original prescription is somehow lost or misfiled. The information contained in such a logbook shall include the patient's name and address, date of issuance, name, strength and quantity of the drug prescribed and the name and fax number of the receiving pharmacy and the initials or name of the person faxing the prescription. Such logs shall be maintained in the physician's clinic in a readily retrievable manner, and kept for at least seven (7) years after the original record is established. The requirements set forth in this subsection are in addition to, and not in lieu of documentation required in D5.

- (2) When a prescription is prepared and written for any controlled substance for a resident of a Long Term Care Facility (LTCF)(as defined in Section 1301.01(25), Code of Federal Regulations), such prescription may be transmitted by the practitioner or the practitioner's agent to

the dispensing pharmacy by facsimile. The physician or the physician's agent will note on the prescription that the patient is a resident of a LTCF. The original prescription (or copy) and fax transaction log will be prepared and maintained in the same manner as described in Subsection 1 above.

- (3) When a prescription is written for any controlled substance for a patient residing in a hospice certified by Medicare under Title XVIII or licensed by the state, such prescription may be transmitted by the practitioner or the practitioner's agent to the dispensing pharmacy by facsimile. The physician or the physician's agent will note on the prescription that the patient is a hospice patient. The original prescription (or copy) and fax transmission log will be maintained in the same manner as described in Subsection 1 above.

(4) Each system shall have policies and procedures that address the following:

(a) The patient shall not be restricted from access to the pharmacy of their choice.

(b) The system shall have security and system safeguards designed to prevent and detect unauthorized access, modification, or manipulation of prescription information, as well as physical safeguards to protect computer systems and other pertinent equipment from intrusion.

(c) Processes to protect, control and audit access to confidential patient information, including the prevention of unauthorized access to data when transmitted over communication networks or when data physically moves from one location to another using media such as magnetic tape, removable drives or other media used to store downloaded information.

- g. No more than one (1) controlled substance shall be issued on a single prescription blank.

J. PRESCRIPTION GUIDELINES - ALL MEDICATIONS

1. In addition to any other requirements set forth in these regulations pertaining to the issuance of prescriptions of controlled substances, the following additional requirements apply to all prescriptions, whether or not

said prescriptions are for controlled substances, legend drugs or any other medication:

- a. Every written prescription delivered to a patient, or delivered to any other person on behalf of a patient, must be manually signed on the date of issuance by the physician. This does not prohibit, however, the transmission of electronically telefaxed (but not e-mail) prescriptions for non-controlled drugs to the pharmacy of the patient's choice. Such telefaxed prescriptions shall bear the signature of the prescribing physician and shall be issued in accordance with all other provisions of this section. No prescriptions for brand name or generic equivalents of Nalbuphine Hcl, Carisoprodol, Butalbital compounds, or Tramadol Hcl shall be telefaxed.

COPY

ADMINISTRATIVE PROCEDURES FILING NOTICE

Agency Mississippi State Board of Medical Licensure
Address 1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216
Phone (601) 987-3079

Person to contact Rhonda Freeman
Address 1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216
Transmittal date June 21, 2004

Copy attached: Yes No

Name or number of rule(s) XXII. Regulations Governing the Practice of Physician Assistants

Terms or substance of the actions or description of the subject and issues:
Amends the previous filing. The amended filing will allow physician assistants to prescribe controlled substances.

Printed name and title
of person authorized to file rules: Rhonda Freeman Division Director
Name Title
Rhonda Freeman
Signature

EMERGENCY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect _____ days Effective date: <input type="checkbox"/> Immediately on <input type="checkbox"/> Other (specify): _____	Action proposed: <input type="checkbox"/> New rule(s) <input checked="" type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed date of adoption: <input checked="" type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____	Action taken: <input type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn Date action taken _____ <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
<div style="border: 1px solid black; height: 150px; width: 100%;"></div>	<div style="border: 1px solid black; padding: 10px; text-align: center;"><p>FILED JUN 21 2004 MISSISSIPPI SECRETARY OF STATE</p></div>	<div style="border: 1px solid black; height: 150px; width: 100%;"></div>
Accepted for filing by _____	Accepted for filing by <u>YHO</u>	Accepted for filing by _____

XXII. REGULATIONS GOVERNING THE PRACTICE OF PHYSICIAN ASSISTANTS

A. SCOPE/GENERAL STATEMENT

1. The following regulations pertain to Physician Assistants practicing medicine with physician supervision. Physician Assistants may perform those duties and responsibilities, including diagnosing and the ordering, prescribing, dispensing of prepackaged drugs, and administration of drugs and medical devices as delegated by their supervising physician(s).
2. Physician Assistants may provide any medical service which is delegated by the supervising physician when the service is within the Physician Assistant's training and skills; forms a component of the physician's scope of practice; and is provided with supervision.
3. Physician Assistants shall be considered the agents of their supervising physicians in the performance of all practice-related activities including, but not limited to, the ordering of diagnostic, therapeutic, and other medical services.

B. DEFINITIONS

1. For the purpose of Article XXII only, the following terms have the meanings indicated:
 - a. "Board" means the Mississippi State Board of Medical Licensure.
 - b. "Physician Assistant" means a person who meets the Board's criteria for licensure as a Physician Assistant and is licensed as a Physician Assistant by the Board.
 - c. "Supervising Physician" means a doctor of medicine or a doctor of osteopathic medicine who holds an unrestricted license from the Board, who is in the full-time practice of medicine, and who has been approved by the Board to supervise Physician Assistants.
 - d. "Supervise" or "Supervision" means overseeing and accepting responsibility for the medical services rendered by a Physician Assistant.

- d. Presents a certified copy of birth certificate.
- e. Proof of legal change of name if applicable (notarized or certified copy of marriage or other legal proceeding).
- f. Provides information on registration or licensure in all other states where the applicant is or has been registered or licensed as a Physician Assistant.
- g. Must have favorable references from two (2) physicians licensed in the United States with whom the applicant has worked or trained.
- h. No basis or grounds exist for the denial of licensure as provided at Article N below.

Physician Assistants licensed under this subsection will be eligible for license renewal so long as they meet standard renewal requirements.

2. Before December 31, 2004, applicants for Physician Assistant licensure, except those licensed pursuant to the paragraph above, must be graduates of Physician Assistant educational programs accredited by the Commission on Accreditation of Allied Health Educational Programs or its predecessor or successor agency, have passed the certification examination administered by the National Commission on Certification of Physician Assistants (NCCPA), have current NCCPA certification, and possess a minimum of a baccalaureate degree, and meet the following additional requirements:

- a. Satisfies the Board that he is at least twenty-one (21) years of age and of good moral character.
- b. Submits an application for license on a form supplied by the Board, completed in every detail with a recent photograph (wallet-size/passport type) attached. A Polaroid or informal snapshot will not be accepted.
- c. Pays the appropriate fee as determined by the Board.
- d. Presents a certified copy of birth certificate.
- e. Proof of legal change of name if applicable (notarized or certified copy of marriage or other legal proceeding).

- i. Provides information on registration or licensure in all other states where the applicant is or has been registered or licensed as a Physician Assistant.
- j. Must have favorable references from two (2) physicians licensed in the United States with whom the applicant has worked or trained.
- k. No basis or grounds exist for the denial of licensure as provided at Article N below.

4. Temporary License

- a. The Board may grant a temporary license to an applicant who meets the qualifications for licensure except that the applicant has not yet taken the national certifying examination administered by the NCCPA or the applicant has taken the national certifying examination and is awaiting the results.
- b. A temporary license is valid:
 - i. for one hundred eighty (180) days from the date of issuance;
 - ii. until the results of an applicant's examination are available; or
 - iii. until the Board makes a final decision on the applicant's request for licensure, whichever comes first. The Board may extend a temporary license, upon a majority vote of the Board members, for a period not to exceed one hundred eighty (180) days. Under no circumstances may the Board grant more than one extension of a temporary license.

D. REQUIREMENT OF PROTOCOL - PRESCRIBING/DISPENSING

- 1. Physician Assistants shall practice according to a Board-approved protocol which has been mutually agreed upon by the Physician Assistant and the supervising physician. Each protocol shall be prepared taking into consideration the specialty of the supervising physician, and must outline diagnostic and therapeutic procedures and categories of pharmacologic agents which may be ordered, administered, dispensed and/or prescribed for patients with diagnoses identified by the Physician Assistant. Each protocol shall contain a detailed description of back-up coverage if the supervising physician is away from the primary office.

Although licensed, no Physician Assistant shall practice until a duly executed protocol has been approved by the Board.

2. Except as hereinafter provided in Paragraph 3 below: Physician Assistants may not write prescriptions for or dispense controlled substances or any other drug having addiction-forming or addiction-sustaining liability. A Physician Assistant may, however, administer such medications pursuant to an order by the supervising physician according to the protocol worked out with the physician.

B. Prescribing Controlled Substances and Medications by Physician Assistants.

a. Scope.

Pursuant to these regulations, authorized Physician Assistants may prescribe controlled substances in Schedules II through V.

b. Application for Authority to Prescribe Controlled Substances

(1) In order to obtain the authority to prescribe controlled substances in any schedule, the Physician Assistant shall submit an application to the Board on an application form duly designated and amended from time to time by the Board.

(2) Physician Assistant applicants applying for controlled substance prescriptive authority must complete a Board approved educational program prior to making application.

c. Incorporation of Physician Regulations Pertaining to Prescribing, Administering and Dispensing of Medication.

For the purpose of directing the manner in which Physician Assistants may prescribe controlled substances, the Board incorporates herein Article XXIII of the Board's Regulations *Pertaining to Prescribing, Administering and Dispensing of Medication* as applied to Physicians, including but not limited to all Definitions, Maintenance of Records and Inventories, Use of Diet Medication, Use of Controlled Substances for Chronic (Non-Terminal) Pain, and Prescription Guidelines. All Physician Assistants hereinafter authorized to prescribe controlled substances shall fully comply with said regulations.

d. Registration for Controlled Substances Certificate Prescriptive Authority.

(1) Every Physician Assistant authorized to practice in Mississippi who prescribes any controlled substance within Mississippi or who proposes to engage in the prescribing of any controlled substance within Mississippi must be registered with the U. S. Drug Enforcement Administration in compliance with title 21 CFR Part 1301 Food and Drugs.

(2) Pursuant to authority granted in Miss. Code Ann. §41-29-125, the Board hereby adopts, in lieu of a separate registration with the Board, the registration with the U.S. Drug Enforcement Administration as required in Sub-paragraph (1) above, provided, however, where a Physician Assistant already possesses a controlled substances registration certificate for a practice location in another state or jurisdiction, the Physician Assistant may not transfer or otherwise use the same registration until such time as he meets the training requirements set forth in Sub-paragraph 3(b)(2). In the event, however, a Physician Assistant has had limitations or other restrictions placed upon his license wherein he is prohibited from handling controlled substances in any or all schedules, said Physician Assistant shall be prohibited from registering with the U. S. Drug Enforcement Administration for a Uniform Controlled Substances Registration Certificate without first being expressly authorized to do so by order of the Board.

(3) Persons registered to prescribe controlled substances may order, possess, prescribe, administer, distribute or conduct research with those substances to the extent authorized by their registration and in conformity with the other provisions of these regulations and in conformity with provisions of the Mississippi Uniform Controlled Substances Law, Miss. Code Ann. §41-29-101 et. seq.

(4) The registration requirement set forth in these regulations does not apply to the distribution and manufacture of controlled substances. Any physician who engages in the manufacture or distribution of controlled substances or legend drugs shall register with the Mississippi State Board of Pharmacy pursuant to Miss. Code Ann. Section 73-21-105. For the purposes herein, "distribute" shall mean the delivery of a drug other than by administering, prescribing, or dispensing. The word "manufacture" shall have the

E. SUPERVISION

1. Before any physician shall supervise a Physician Assistant, the physician must first (a) present to the Board's Executive Director, a duly executed protocol, (b) appear personally before the Board or its Executive Director, and (c) obtain written approval to act as a supervising physician. The facts and matters to be considered by the Board when approving or disapproving a protocol or supervision arrangement, shall include, but are not limited to, how the supervising physician and Physician Assistant plan to implement the protocol, the method and manner of supervision, consultation, referral and liability.
2. Where two or more physicians anticipate executing a protocol to supervise a Physician Assistant, it shall not be necessary that all of the physicians personally appear before the Board or Executive Director as required in Subsection 1 above. In this situation, the physician who will bear the primary responsibility for the supervision of the Physician Assistant shall make the required personal appearance.

F. SUPERVISING PHYSICIAN LIMITED

1. No physician shall be authorized to supervise a Physician Assistant unless that physician holds an unrestricted license to practice medicine in the State of Mississippi.
2. Supervision means overseeing activities of, and accepting responsibility for, all medical services rendered by the Physician Assistant. Except as described in Subsection 3, supervision must be continuous, but shall not be construed as necessarily requiring the physical presence of the supervising physician.
3. New graduate Physician Assistants and all Physician Assistants newly practicing in Mississippi, except those licensed under provision C1, require the on-site presence of a supervising physician for one hundred twenty (120) days.
4. The Physician Assistant's practice shall be confined to the primary office or clinic of the supervising physician or any hospital(s) or clinic or other health care facility within the same community where the primary office is located, wherein the supervising physician holds medical staff privileges. Exceptions to this requirement

may be granted on an individual basis, provided the location(s) of practice are thereafter set forth in the protocol.

5. The supervising physician must provide adequate means for communication with the Physician Assistant. Communication may occur through the use of technology which may include, but is not limited to, radio, telephone, fax, modem, or other telecommunication device.
6. The supervising physician shall, on at least a monthly basis, conduct a review of the records/charts of at least ten percent (10%) of the patients treated by the Physician Assistant, said records/charts selected on a random basis. During said review, the supervising physician shall note the medical and family histories taken, results of any and all examinations and tests, all diagnoses, orders given, medications prescribed, and treatments rendered. The review shall be evidenced by the supervising physician placing his signature or initials next to each of the above areas of review, and shall submit proof of said review to the Board upon request.

G. NUMBER OF PHYSICIAN ASSISTANTS SUPERVISED

No physician shall supervise more than two (2) Physician Assistants at any one time. A physician supervising two (2) nurse practitioners may not supervise a Physician Assistant.

H. TERMINATION

The Physician Assistant and supervising physician shall notify the Board in writing immediately upon the Physician Assistant's termination; physician retirement; withdrawal from active practice; or any other change in employment, functions or activities. Failure to notify can result in disciplinary action.

I. DUTY TO NOTIFY BOARD OF CHANGE OF ADDRESS

Any Physician Assistant who is licensed or receives a license to practice as a Physician Assistant in this state and thereafter changes his practice location from what was noted in the application upon which he received a license, shall immediately notify the Board in writing of the change of location. Failure to notify within 30 days could result in disciplinary action.

J. CONTINUING EDUCATION

Each licensed Physician Assistant must show proof of completing 50 hours of CME each year, 20 hours of which must be Category I, as defined by the Accreditation Council for

Continuing Medical Education (ACCME). Physician Assistants who are certified by the NCCPA may meet this requirement by providing evidence of current NCCPA certification.

K. IDENTIFICATION

1. The supervising physician shall be responsible to ensure that any Physician Assistant under his supervision does not advertise or otherwise hold himself out in any manner which would tend to mislead the general public or patients. Physician Assistants shall at all times when on duty wear a name tag, placard or plate identifying themselves as Physician Assistants.
2. Physician Assistants may not advertise in any manner which implies that the Physician Assistant is an independent practitioner.
3. A person not licensed as a Physician Assistant by the Board who holds himself out as a Physician Assistant is subject to the penalties applicable to the unlicensed practice of medicine.

L. PHYSICIAN LIABILITY

Prior to the supervision of a Physician Assistant, the physician's and/or Physician Assistant's insurance carrier must forward to the Board a Certificate of Insurance.

M. RENEWAL SCHEDULE

1. The license of every person licensed to practice as a Physician Assistant in the State of Mississippi shall be renewed annually.
2. On or before May 1 of each year, the State Board of Medical Licensure shall mail an application for renewal of license to every Physician Assistant to whom a license was issued or renewed during the current licensing year. The applicant shall complete the application and return it to the Board before June 30 with documentation of completing each year 50 hours of CME, 20 hours of which must be Category I, or current NCCPA certification and the renewal fee of an amount established by the Board. The payment of the annual license renewal fee shall be optional with all Physician Assistants over the age of seventy (70) years. Upon receipt of the application and fee, the Board shall verify the accuracy of the application and issue to applicant a certificate of renewal for the ensuing year, beginning July 1 and expiring June 30 of the succeeding calendar year. Such

renewal shall render the holder thereof a licensed Physician Assistant as stated on the renewal form.

3. A Physician Assistant practicing in Mississippi who allows his license to lapse by failing to renew the license as provided in Subsection 2 may be reinstated by the Board on satisfactory explanation for such failure to renew, by completion of a reinstatement form, and upon payment of the renewal fee for the current year, and shall be assessed a fine of Twenty-five Dollars (\$25.00) plus an additional fine of Five Dollars (\$5.00) for each month thereafter that the license renewal remains delinquent.
4. Any Physician Assistant not practicing in Mississippi who allows his license to lapse by failing to renew the license as provided in Subsection 2 may be reinstated by the Board on satisfactory explanation for such failure to renew, by completion of a reinstatement form, and upon payment of the arrearage for the previous five (5) years and the renewal fee for the current year.
5. Any Physician Assistant who allows his license to lapse shall be notified by the Board within thirty (30) days of such lapse.
6. Any person practicing as a Physician Assistant during the time his license has lapsed shall be considered an illegal practitioner and shall be subject to the same penalties as provided at Mississippi Code (1972) Annotated, Section 73-25-14.

N. DISCIPLINARY PROCEEDINGS

1. GROUNDS FOR DISCIPLINARY ACTION AGAINST PHYSICIAN ASSISTANTS

For the purpose of conducting disciplinary actions against individuals licensed to practice as Physician Assistants, the Board hereby incorporates those grounds for the non-issuance, suspension, revocation, or restriction of a license or the denial of reinstatement or renewal of a license, as set forth in Mississippi Code (1972) Annotated, Sections 73-25-29 and 73-25-83. As a basis for denial, suspension, revocation or other restriction, the Board may initiate disciplinary proceedings based upon any one or more of those grounds as set forth in Sections 73-25-29 and 73-25-83, and may make provision for the assessment of costs as provided therein.

2. HEARING PROCEDURE AND APPEALS

No individual shall be denied a license or have his license suspended, revoked or restriction placed thereon, unless the individual licensed as a Physician Assistant has been given notice and opportunity to be heard. For the purpose of notice, disciplinary hearings and appeals, the Board hereby adopts and incorporates by reference all provisions of the "Rules of Procedure" now utilized by the Board for those individuals licensed to practice medicine, osteopathic medicine, and podiatric medicine in the State of Mississippi.

3. REINSTATEMENT OF LICENSE

a. A person whose license to practice as a Physician Assistant has been revoked, suspended, or otherwise restricted may petition the Mississippi State Board of Medical Licensure to reinstate his license after a period of not less than one (1) year has elapsed from the date of the revocation or suspension. The procedure for the reinstatement of a license that is suspended for being out of compliance with an order for support, as defined in Section 93-11-153, shall be governed by Sections 93-11-157 or 93-11-163, as the case may be.

b. The petition shall be accompanied by two (2) or more verified recommendations from physicians or osteopaths licensed by the Board of Medical Licensure to which the petition is addressed and by two (2) or more recommendations from citizens each having personal knowledge of the activities of the petitioner since the disciplinary penalty was imposed and such facts as may be required by the Board of Medical Licensure.

The petition may be heard at the next regular meeting of the Board of Medical Licensure but not earlier than thirty (30) days after the petition was filed. No petition shall be considered while the petitioner is under sentence for any criminal offense, including any period during which he is under probation or parole. The hearing may be continued from time to time as the Board of Medical Licensure finds necessary.

c. In determining whether the disciplinary penalty should be set aside and the terms and conditions, if any, which should be imposed if the disciplinary penalty is set aside, the Board of Medical Licensure may investigate and consider all activities of the petitioner since the disciplinary action was taken against him, the offense for which he was disciplined, his activity during the time his certificate was in good standing, his general reputation for truth, professional ability and good character, and it may require the petitioner to pass an oral examination.

O. IMPAIRED PHYSICIAN ASSISTANTS

1. For the purpose of the Mississippi Disabled Physician Law, Mississippi Code (1972) Annotated, Sections 73-25-51 to 73-25-67, any individual licensed to practice as a Physicians Assistant, shall be subject to restriction, suspension, or revocation, in the case of disability by reason of one or more of the following:
 - a. mental illness;
 - b. physical illness, including but not limited to deterioration through the aging process, or loss of motor skills; and/or
 - c. excessive use or abuse of drugs, including alcohol.
2. If the Board has reasonable cause to believe that a Physician Assistant is unable to practice with reasonable skill and safety to patients because of one or more of the conditions described above, referral of the Physician Assistant shall be made, and action taken, if any, in the manner as provided in Sections 73-25-55 through 73-25-65, including referral to the Mississippi Recovering Physicians Program, sponsored by the Mississippi State Medical Association.

P. EFFECTIVE DATE OF REGULATIONS

The above rules and regulations pertaining to the Practice of Physician Assistants shall become effective September 1, 2000, as amended June 17, 2004.

XII. POLICY STATEMENT REGARDING MEDICAL ASSISTANTS

- (1) It is ethical for a physician to work in consultation with or employ allied health professionals, as long as they are appropriately trained to perform the activities being requested.
- (2) Physicians have an ethical obligation to the patients for whom they are responsible to insure that medical and surgical conditions are appropriately evaluated and treated.
- (3) Physicians may teach in recognized schools for the allied health professionals for the purpose of improving the quality of their education. The scope of teaching may embrace subjects which are within the legitimate scope of the allied health profession and which are designed to prepare students to engage in the practice of the profession within the limits prescribed by law.
- (4) It is inappropriate to substitute the services of an allied health professional for those of a physician when the allied health professional is not appropriately trained to provide the medical services being requested.

The physician is the one ultimately responsible for all care given and should adhere to the following:

- (1) The physician should never delegate a task beyond the education and training of the medical assistant;
- (b) Direct and proper supervision should be provided at all times, which means that the physician should be in the clinic at all times during which the medical assistant is providing care;
- (c) The physician should advise his insurance carrier of the fact that he utilizes a medical assistant; and
- (d) The medical assistant should never hold him/herself out as either a physician, physician assistant, or nurse. When on duty, medical assistants shall at all times wear a name tag, placard or plate identifying themselves as medical assistants.

Adopted June 17, 2004.

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE OF

WILLIAM STEPHEN LONG, M.D.

CONSENT ORDER

WHEREAS, WILLIAM STEPHEN LONG, M.D., hereinafter referred to as "Licensee," is the current holder of License No. 10713 for the practice of medicine in the State of Mississippi;

WHEREAS, on April 21, 2004, Licensee's certificate to practice medicine in the State of Tennessee was summarily suspended by the Tennessee Board of Medical Examiners;

WHEREAS, such conduct is in violation of the Mississippi Medical Practice Act for which the Mississippi State Board of Medical Licensure may revoke the medical license of Licensee, suspend it for a time deemed proper by the Board or take any other action the Board may deem proper under the circumstances;

WHEREAS, pursuant to authority set forth in Mississippi Code Annotated, Section 73-25-59, of the Mississippi Disabled Physicians Law, Licensee wishes to avoid a hearing before the Mississippi State Board of Medical Licensure and in lieu thereof has consented to certain restrictions on his license to practice medicine in the State of Mississippi;

NOW THEREFORE, the Mississippi State Board of Medical Licensure with consent of Licensee as signified by his joinder herein, does hereby indefinitely suspend Licensee's Certificate No. 10713 to practice medicine in the State of Mississippi.

Licensee shall have the right, but not the obligation, to petition the Board at such time as he (1) has successfully completed all recommended psychiatric or any other treatment as required by the Tennessee Board of Medical Examiners, and (2) obtained affiliation and advocacy with the Mississippi

Physicians Health Program or a physicians health program in another state recognized by the Mississippi Physicians Health Program .

During the period of no practice, Licensee will abide by all treatment recommendations made by his treatment center, any treating physician or staff member and the approved physician's health program. At such time as the Board elects to authorize Licensee to return to the practice of medicine, the Board reserves the right, at it's sole and absolute discretion, to utilize any information or reports from his treatment center(s), the appropriate physician's health program, or any other source to impose any other restrictions it deems necessary to protect the public.

This Consent Order shall be subject to approval by the Board. If the Board fails to approve this Consent Order, in whole or in part, it shall have no force or effect on the parties. It is further understood and agreed that the purpose of this Consent Order is to avoid a hearing before the Board. In this regard, Licensee authorizes the Board to review and examine any documentary evidence or material concerning the Licensee prior to or in conjunction with its consideration of this Consent Order. Should this Consent Order not be accepted by the Board, it is agreed that presentation to and consideration of this Consent Order and other documents and matters pertaining thereto by the Board shall not unfairly or illegally prejudice the Board or any of its members from participation in any further proceedings.

Licensee understands and expressly acknowledges that this Consent Order, if approved and executed by the Mississippi State Board of Medical Licensure, shall constitute a public record of the State of Mississippi. Licensee further acknowledges that the Board shall provide a copy of this Order to, among others, the U.S. Drug Enforcement Administration, and the Board makes no representation as to action, if any, which the U. S. Drug Enforcement Administration may take in response to this Order.

Pursuant to Mississippi Code Annotated, Section 73-25-63(5), this Consent Order shall not be used against Licensee in any other legal proceedings nor does execution of this Consent Order constitutes any acknowledgment of wrongful misconduct or malpractice by Licensee.


Recognizing his right to notice of charges specified against him, to have such charges adjudicated pursuant to Miss. Code Ann. Section 73-25-27 (1972), to be represented therein by legal counsel of his choice, and to a final decision rendered upon written findings of fact and conclusions of law, WILLIAM STEPHEN LONG, M.D., nonetheless, hereby waives his right to notice and a formal adjudication of charges and authorizes the Board to enter an order accepting this Consent Order, thereby indefinitely suspending his license to practice medicine in the State of Mississippi, subject to those terms and conditions enumerated above.

Signed this the 27th day of May, 2004.

Witness


WILLIAM STEPHEN LONG, M.D.

ACCEPTED AND APPROVED, This the 17th day of June, 2004, by the Mississippi State Board Of Medical Licensure.


DEWITT G. CRAWFORD, M.D.
PRESIDENT

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

JAMES R. ZIMMERMAN, M.D.

CONSENT ORDER

WHEREAS, JAMES R. ZIMMERMAN, M.D., hereinafter referred to as "Licensee," currently holds Mississippi Medical License Number 12898, said number valid until June 30, 2004;

and

WHEREAS, on or about April 18, 2003, the Florida Board of Medicine entered an Order of Notice of Intent to Approve Licensure With Conditions, in the matter of Licensee's then-pending application for a Florida Medical License. Licensee was found guilty of violating Section 458.331(1), Florida Statutes, giving the Florida Board of Medicine grounds (Sections 458.331(2) and 456.072(2)) to take action in the pending matter, by refusing to certify Licensee's application for licensure, restrict the practice of Licensee or impose a penalty. It was ordered that Licensee submit a corrected application and a new fee and in addition, pay a five thousand dollar (\$5,000.00) fine. A copy of the aforementioned Order was provided to Licensee by certified mail on or about April 22, 2003;

and

WHEREAS, on May 9, 2003, Licensee signed his annual "Application for Renewal of Mississippi License for Doctor of Medicine, Doctor of Osteopathy and Doctor of Podiatric Medicine for the period July 1, 2003, to June 30, 2004." The first question on said form reads: *"During the period July 1, 2002 - June 30, 2003, were you the subject of any*

disciplinary action or investigation by any licensing authority, hospital, institution, or society?
If yes, please explain on separate sheet of paper.” Notwithstanding the aforementioned action and notice by the Florida Medical Board, Licensee chose to answer “NO” to this question;

and

WHEREAS, pursuant to Subsections (8)(d),(8)(f),(9), and (13) of Section 73-25-29 and Section 73-25-83(a), Miss. Code Ann. (1972), the aforementioned acts constitute unprofessional conduct, including being guilty of any dishonorable or unethical conduct likely to deceive, defraud or harm the public, use of any false, fraudulent or forged statement or document, or the use of any fraudulent, deceitful, dishonest or immoral practice in connection with any of the licensing requirements, including the signing in his professional capacity any certificate that is known to be false at the time he makes or signs such certificate, and having been disciplined by the licensing authority of another jurisdiction, for which the Mississippi State Board of Medical Licensure may revoke the Mississippi medical license of Licensee, suspend his right to practice for a time deemed proper by the Board, place his license on probation the terms of which may be set by the Board, or take any other action in relation to his license as the Board may deem proper under the circumstances;

and

WHEREAS, it is the desire of Licensee to avoid a hearing before the Mississippi State Board of Medical Licensure and in lieu thereof requests that certain restrictions be placed on his license to practice medicine in the State of Mississippi.

NOW, THEREFORE, the Mississippi State Board of Medical Licensure, with consent of Licensee as signified by his joinder herein, does hereby impose the following conditions on Licensee's certificate to practice medicine in the State of Mississippi:

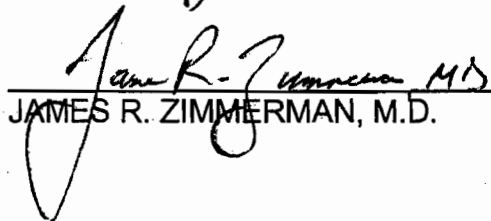
1. Licensee shall report in writing to the Mississippi State Board of Medical Licensure within fifteen (15) days should his medical license in any state or privileges at any hospital in any state be subject to investigation or disciplinary action. Further, Licensee shall report in the same manner, any claims or settlements for medical malpractice.
2. Licensee shall obey all federal, state and local laws, and all rules and regulations governing the practice of medicine.
3. Pursuant to Miss. Code Ann. Section 73-25-30, Licensee shall pay all investigative costs as are allowed by law, attributable to the current investigation and matter, not to exceed \$3,000.00. Licensee shall be advised of the total assessment by separate written notification, and shall have a certified check or money order made payable to the Mississippi State Board of Medical Licensure on or before forty (40) days from the day of acceptance and approval of this Consent Order by the Board.

This Consent Order shall be subject to approval by the Mississippi State Board of Medical Licensure. If the Board fails to approve the Consent Order, in whole or in part, it shall have no force or effect on the parties. It is further understood and agreed that the purpose of this Consent Order is to avoid a hearing before the Board. In this regard, Licensee authorizes the Board to review and examine any documentary evidence or materials concerning Licensee prior to or in conjunction with its consideration of the Consent Order. Should the Consent Order not be accepted by the Board, it is agreed that presentation to and consideration of the Consent Order, and other documents and matters pertaining thereto by the Board, shall not unfairly or illegally prejudice the Board or any of its members from further participation or consideration of the resolution of the proceedings.

Licensee understands and expressly acknowledges that this Consent Order, if approved and executed by the Mississippi State Board of Medical Licensure, shall constitute a public record of the State of Mississippi.

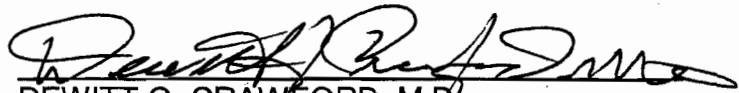
JAMES R. ZIMMERMAN, M.D., hereby authorizes the Mississippi State Board of Medical Licensure to enter an Order accepting this Consent Order, thereby indefinitely suspending Licensee's certificate to practice medicine in the State of Mississippi, with the suspension stayed, subject to the conditions enumerated above.

EXECUTED, this the 30th day of May, 2004.



JAMES R. ZIMMERMAN, M.D.

ACCEPTED AND APPROVED, this the 17th day of June, 2004,
by the Mississippi State Board of Medical Licensure.



DEWITT G. CRAWFORD, M.D.
PRESIDENT

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE OF

JOHN CRAIG CRAWFORD, M.D.

CONSENT ORDER

WHEREAS, JOHN CRAIG CRAWFORD, M.D., hereinafter referred to as "Licensee," is the current holder of License No. 08187 for the practice of medicine in the State of Mississippi;

WHEREAS, on March 5, 2004, Licensee's license to practice medicine in the State of Louisiana was suspended by the Louisiana State Board of Medical Examiners;

WHEREAS, such conduct is in violation of the Mississippi Medical Practice Act for which the Mississippi State Board of Medical Licensure may revoke the medical license of Licensee, suspend it for a time deemed proper by the Board or take any other action the Board may deem proper under the circumstances;

WHEREAS, pursuant to authority set forth in Mississippi Code Annotated, Section 73-25-59, of the Mississippi Disabled Physicians Law, Licensee wishes to avoid a hearing before the Mississippi State Board of Medial Licensure and in lieu thereof has consented to certain restrictions on his license to practice medicine in the State of Mississippi;

NOW THEREFORE, the Mississippi State Board of Medical Licensure with consent of Licensee as signified by his joinder herein, does hereby indefinitely suspend Licensee's Certificate No. 08187 to practice medicine in the State of Mississippi.

Licensee shall have the right, but not the obligation, to petition the Board at such time as he (1) has successfully completed all recommended psychiatric or any other treatment as required by the Louisiana State Board of Medical Examiners, and (2) obtained affiliation and

advocacy with the Mississippi Professionals Health Program or a physicians health program in another state recognized by the Mississippi Professional Health Program.

During the period of no practice, Licensee will abide by all treatment recommendations made by his treatment center, any treating physician or staff member, and the approved physicians health program. At such time as the Board elects to authorize Licensee to return to the practice of medicine, the Board reserves the right, in its sole and absolute discretion, to utilize any information or reports from his treatment center(s), the approved physicians health program or any other source, to impose any other restrictions it deems necessary to protect the public.

This Consent Order shall be subject to approval by the Board. If the Board fails to approve this Consent Order in whole or in part, it shall have no force or effect on the parties. It is further understood and agreed that the purpose of this Consent Order is to avoid a hearing before the Board. In this regard, Licensee authorizes the Board to review and examine any documentary evidence or material concerning the Licensee prior to or in conjunction with its consideration of this Consent Order. Should this Consent Order not be accepted by the Board, it is agreed that presentation to and consideration of this Consent Order and other documents and matters pertaining thereto by the Board shall not unfairly or illegally prejudice the Board or any of its members from participation in any further proceedings.

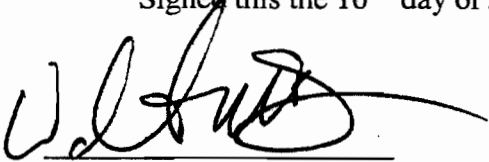
Licensee understands and expressly acknowledges that this Consent Order, if approved and executed by the Mississippi State Board of Medical Licensure, shall constitute a public record of the State of Mississippi. Licensee further acknowledges that the Board shall provide a copy of this Order to, among other, the U.S. Drug Enforcement Administration, and the Board

makes no representation as to action, if any, which the U. S. Drug Enforcement Administration may take in response to this Order.

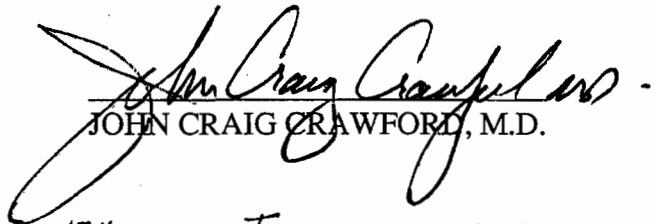
Pursuant to Mississippi Code Annotated, Section 73-25-63(5), this Consent Order shall not be used against Licensee in any other legal proceedings nor does execution of this Consent Order constitute any acknowledgment of wrongful misconduct or malpractice by Licensee.

Recognizing his right to notice of charges specified against him, to have such charges adjudicated pursuant to Miss. Code Ann. Section 73-25-27 (1972), to be represented therein by legal counsel of his choice, and to a final decision rendered upon written findings of fact and conclusions of law, JOHN CRAIG CRAWFORD, M.D., nonetheless, hereby waives his right to notice and a formal adjudication of charges and authorizes the Board to enter an order accepting this Consent Order, thereby indefinitely suspending his license to practice medicine in the State of Mississippi, subject to those terms and conditions enumerated above.


Signed this the 16th day of June, 2004.



Witness


JOHN CRAIG CRAWFORD, M.D.

ACCEPTED AND APPROVED, This the 17th day of June, 2004, by the
Mississippi State Board of Medical Licensure.


DEWITT G. CRAWFORD, M.D.
PRESIDENT

JULY 2004

**MINUTES
EXECUTIVE COMMITTEE MEETING
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
JULY 14, 2004**

MEMBERS PRESENT:

Dewitt G. Crawford, M.D., Louisville, President
William B. Harper, D.O., Greenwood, Vice President
Philip T. Merideth, M.D., J.D., Jackson, Secretary
W. Joseph Burnett, M.D., Director

ALSO PRESENT:

Charles Moses, Division Director II, Investigative Division
Rhonda Freeman, Division Director II, Licensure Division
Kathy Fortenberry, Administrative Assistant
Frances Scott, Special Projects Officer, Investigative Division

The Executive Committee of the Mississippi State Board of Medical Licensure met on Wednesday, July 14, 2004, at 4:00 p.m. in the Executive Conference Room of the Office of the Board located at 1867 Crane Ridge Drive, Jackson, Mississippi.

HEATHER WAGNER, SPECIAL ASSISTANT ATTORNEY GENERAL

Ms. Wagner addressed the Executive Committee regarding procedural and evidentiary issues pertaining to the hearing scheduled for Thursday. The Board's *Rules of Procedure* allows the presiding officer to delegate ruling on procedural and evidentiary issues to the Attorney General or his designee. In order to expedite the hearing, Dr. Crawford on Thursday will delegate this responsibility to Ms. Wagner.

DEPARTMENT OF MENTAL HEALTH

Representatives from the Department of Mental Health met with the Executive Committee to discuss their proposal of telepsychiatry, which would allow nurse practitioners in collaboration with the Department of Mental Health psychiatrists to staff their Crisis Intervention Centers, which would be free-standing clinics. These Crisis Intervention Centers are located in Cleveland and Grenada, with Mississippi State Hospital as their managing facility; Corinth and Batesville, with North Mississippi State Hospital as their managing facility; Laurel, with South Mississippi State Hospital as their managing facility; and Newton, with Central Mississippi Residential Center as their managing facility.

After discussion and questioning, it was the consensus of the Executive Committee members to proceed with this arrangement and to begin developing regulations pertaining to this, which must be jointly promulgated with the Board of Nursing.

PERSONAL APPEARANCE BY JAMES D. POLK, M.D., RICHLAND, MISSISSIPPI MEDICAL LICENSE NUMBER 06229, AND RODERICK A. SHIELDS, M.D., RICHLAND, MISSISSIPPI MEDICAL LICENSE NUMBER 12884, TO DISCUSS THEIR SUPERVISION OF A NURSE PRACTITIONER

Dr. Polk, Dr. Shields, and Donna Foster, Family Nurse Practitioner, joined the meeting. Dr. Polk and Dr. Shields executed written agreements for this informal meeting, copies of which are attached hereto and incorporated by reference. Dr. Burnett advised that Ms. Foster had been operating a free-standing clinic in Pelahatchie without prior approval from the Board and that Dr. Polk and Dr. Shields have now made application as her supervising physicians. Following questioning by the Executive Committee members, it was their consensus to approve their request.

PROPOSED AMENDMENT TO XII. *RELEASE OF MEDICAL RECORDS, F. DUPLICATION AND ADMINISTRATIVE FEES*

Dr. Burnett reviewed Senate Bill 2004 of the 2004 First Extraordinary Session of the legislature, which establishes the cost for copying patient's records. The Board's regulation, therefore, has been changed to coincide with the statute. Dr. Burnett distributed copies of the proposed amendment to the ***Release of Medical Records, F. Duplication and Administrative Fees***. It was the consensus of the Executive Committee members to present to the full Board on Thursday with their recommendation for adoption.

CORRESPONDENCE FROM BETTY DICKSON, EXECUTIVE DIRECTOR, MISSISSIPPI NURSES ASSOCIATION, REGARDING AMENDMENTS TO *REGULATIONS GOVERNING THE PRACTICE OF PHYSICIAN ASSISTANTS*

Dr. Burnett distributed copies of a letter from Betty Dickson requesting that the final adoption of the amendments to ***Regulations Governing the Practice of Physician Assistants*** be delayed until she had more time to review them. The Executive Committee members agreed to delay until the September Board meeting.

EXECUTIVE COMMITTEE MINUTES

July 14, 2004

Page 3

RECOVERING PHYSICIANS PROGRAM MEMORANDUM OF UNDERSTANDING

Dr. Burnett advised that the Impaired Physicians Program Ad Hoc Committee would present their recommendations on the Memorandum of Understanding at the September Board meeting. It was recommended that a provision allowing for only one year be included for the changes in the program and that it would be reevaluated at the end of one year.

OTHER BUSINESS

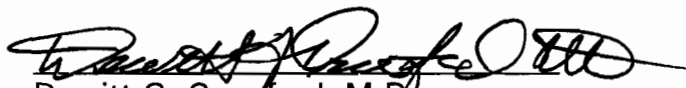
Dr. Crawford reported on the need for a regulation that would require the physician's name and DEA number to be printed on the prescription form. This will be referred to one of the Ad Hoc Committees for development.

REVIEW OF JULY 15 BOARD AGENDA

Dr. Burnett briefly reviewed the agenda for Thursday's Board meeting.

ADJOURNMENT

There being no further business, the meeting adjourned at 5:30 p.m.


Dewitt G. Crawford, M.D.
President

Minutes taken and transcribed
by Kathy Fortenberry
Administrative Assistant
July 14, 2004

AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE

I, **James D. Polk, M.D.**, have requested an opportunity to appear informally before the Executive Committee of the Mississippi State Board of Medical Licensure (hereinafter "Board") to discuss possible resolution of a pending disciplinary matter/investigation or to respond to a complaint duly received by the Board. It is the purpose of the informal meeting to discuss the facts of the case, to give me an opportunity to ask questions of the Committee or its staff, and to give the Committee or its staff an opportunity to ask questions of me. Because the meeting is informal, no disciplinary action will be taken without my express written consent. In so doing, I have been advised and understand the following:

1. During the meeting, the Executive Committee may or may not be represented by legal counsel. Notwithstanding, I understand that I have a right, if I so choose, to employ legal counsel and have counsel present during the informal meeting.
2. I authorize the Committee Members to review and examine any statements, documentary evidence, or materials concerning the allegations during my informal appearance.
3. Because the purpose of my appearance is to avoid a hearing before the Board, I agree that presentation to and consideration by the Committee of any facts, matters, and documents pertaining to my case shall not unfairly or illegally prejudice the Committee members from further participation or consideration in the event a formal disciplinary hearing is later conducted. Stated differently, in the event the pending matter is not resolved following my appearance before the Committee, I will not object to any of the Committee members from further participating in subsequent meetings or hearings that may be conducted in relation to this matter.
4. By signing my name in the space provided below, I hereby authorize the Executive Committee to proceed with the informal appearance, subject to the stipulations and understandings as noted above. I have elected to proceed:

___ with legal counsel present (name of counsel: _____)

without legal counsel present

EXECUTED, this the 9 day of June, 2004.

James D. Polk

Witness: Debra Shorter

AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE

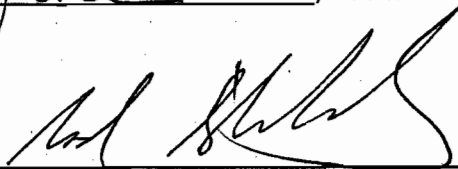
I, **Roderick A. Shields, M.D.**, have requested an opportunity to appear informally before the Executive Committee of the Mississippi State Board of Medical Licensure (hereinafter "Board") to discuss possible resolution of a pending disciplinary matter/investigation or to respond to a complaint duly received by the Board. It is the purpose of the informal meeting to discuss the facts of the case, to give me an opportunity to ask questions of the Committee or its staff, and to give the Committee or its staff an opportunity to ask questions of me. Because the meeting is informal, no disciplinary action will be taken without my express written consent. In so doing, I have been advised and understand the following:

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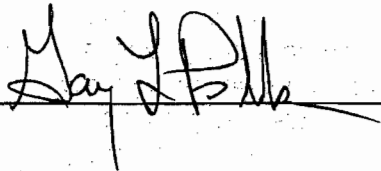
___ with legal counsel present (name of counsel: _____)

without legal counsel present

EXECUTED, this the 9 day of June, 2004.



Witness:



**BOARD MINUTES
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
JULY 15 AND 16, 2004**

The regularly scheduled meeting of the Mississippi State Board of Medical Licensure was held on Thursday and Friday, July 15 and 16, 2004, in the Executive Conference Room of the Office of the Board located at 1867 Crane Ridge Drive, Jackson, Mississippi.

The following members were present:

Dewitt G. Crawford, M.D., Louisville, President
Philip T. Merideth, M.D., J.D., Jackson, Secretary
Larry B. Aycock, M.D., McComb
Freda M. Bush, M.D., Jackson
A. Wallace Conerly, M.D., Jackson
Joseph E. Johnston, M.D., Mount Olive
W. Joseph Burnett, M.D., Director

Also present:

Stan T. Ingram, Attorney for the Board
Heather Wagner, Special Assistant Attorney General
Rhonda Freeman, Division Director, Licensure Division
Charles Moses, Division Director, Investigative Division
Kathy Fortenberry, Administrative Assistant

Not present:

William B. Harper, D.O., Greenwood, Vice President
Dwalia S. South, M.D., Ripley

The meeting was called to order at 9:15 a.m. by Dr. Crawford, President. The invocation was given by Dr. Bush. Dr. Crawford welcomed Britney Emmons, Court Reporter.

OATH OF OFFICE - ALBERT WALLACE CONERLY, M.D., JACKSON, AND DEWITT GREY CRAWFORD, M.D., LOUISVILLE

Albert Wallace Conerly, M.D., Jackson, and Dewitt Grey Crawford, M.D., Louisville, were administered the Oath of Office by Britney Emmons, Court Reporter, copies of which are attached hereto and incorporated by reference.

Dr. Conerly was appointed to represent the First Supreme Court District for a term ending on June 30, 2010. Dr. Crawford was appointed to represent the Third Supreme Court District for a term ending on June 30, 2010.

APPROVAL OF CERTIFICATION OF MISSISSIPPI LICENSES TO OTHER ENTITIES FOR THE PERIOD JUNE 1, 2004, TO JUNE 30, 2004

Forty-seven (47) licenses were certified to other entities for the period June 1, 2004, to June 30, 2004. Motion was made by Dr. Johnston, seconded by Dr. Merideth, and carried unanimously to approve these certifications.

APPROVAL OF LICENSES ISSUED FOR THE PERIOD JUNE 1, 2004, TO JUNE 30, 2004

Fifty-two (52) licenses were issued for the period June 1, 2004, to June 30, 2004. Motion was made by Dr. Johnston, seconded by Dr. Merideth, and carried unanimously to approve these licenses.

Copies of a list of physicians who have not renewed were distributed to the Board for their review. Motion was made by Dr. Johnston, seconded by Dr. Bush, and carried unanimously to report the list to the Attorney General's Office and other entities. A copy of the list is attached hereto and incorporated by reference.

REVIEW OF MINUTES OF THE EXECUTIVE COMMITTEE MEETING DATED JUNE 16, 2004, AND MINUTES OF THE BOARD MEETING DATED JUNE 17, 2004

Minutes of the Executive Committee Meeting dated June 16, 2004, and Minutes of the Board Meeting dated June 17, 2004, were reviewed. Dr. Johnston moved for approval of the minutes as submitted. Dr. Merideth seconded the motion, and it carried unanimously.

REPORT OF JULY 14, 2004, EXECUTIVE COMMITTEE MEETING

Dr. Burnett reported on Wednesday's Executive Committee meeting. He reported on meeting with representatives from the Department of Mental Health to discuss their proposal of telepsychiatry. The Executive Committee recommended the adoption of a proposed amendment to ***Release of Medical Records, F. Duplication and Administrative Fees***, which is necessitated by Senate Bill 2004 of the 2004 First Extraordinary Session of the legislature. A copy of the

amendment is attached hereto and incorporated by reference. The Executive Committee met with James D. Polk, M.D., and Roderick A. Shields, M.D., Richland, and approved their request for a free-standing clinic in Pelahatchie. The Executive Committee members want a regulation developed that would require the physician's name and DEA number to be printed on the prescription form. Dr. Burnett presented other informational items, which are reflected in the Executive Committee Minutes. Motion was made by Dr. Johnston, seconded by Dr. Bush, and carried unanimously to approve the action of the Executive Committee. Dr. Johnston voiced his opposition to having the DEA number printed on the prescription form.

REPORTS FROM AD HOC COMMITTEES

Alternative Medicine - There was no new information to report.

Educational Development - There was no new information to report.

Impaired Physicians Program - At the September Board meeting, this committee will present their recommendations on the Memorandum of Understanding with the Recovering Physicians Program.

Telemedicine - Dr. Merideth reported on meeting with representatives from the Department of Mental Health to discuss their proposal of telepsychiatry. Their plan would allow nurse practitioners in collaboration with the Department of Mental Health psychiatrists to staff the Crisis Intervention Centers. Motion was made by Dr. Merideth, seconded by Dr. Johnston, and carried unanimously to approve the Executive Committee to work out details on this proposal with a report back to the full Board in September.

Legislative - This committee will be changed to ***Rules, Regulations and Legislative***. A regulation requiring that the physician's name and DEA number be printed on the prescription form will be developed by this committee and presented at the September Board meeting.

Nurse Practitioner and Expanded Role - There was no new information to report.

FINAL ADOPTION OF AMENDMENT TO *REGULATIONS PERTAINING TO INTERNET PRESCRIBING*

Dr. Burnett advised there had been no comments on the proposed amendment to *Regulations Pertaining to Internet Prescribing*. Motion was made by Dr. Johnston, seconded by Dr. Bush, and carried unanimously to final adopt the amended regulation, which will be filed with the Secretary of State under the Administrative Procedures Act. The amended regulation is attached hereto and incorporated by reference.

FINAL ADOPTION OF AMENDMENTS TO *PRESCRIPTION GUIDELINES - CONTROLLED SUBSTANCES*

Dr. Burnett advised there had been no comments on the proposed amendment to *Prescription Guidelines - Controlled Substances*. Motion was made by Dr. Bush, seconded by Dr. Merideth, and carried unanimously to final adopt the amended regulation, which will be filed with the Secretary of State under the Administrative Procedures Act. The amended regulation is attached hereto and incorporated by reference.

FINAL ADOPTION OF AMENDMENTS TO *REGULATIONS GOVERNING THE PRACTICE OF PHYSICIAN ASSISTANTS*

Correspondence from Betty Dickson, Executive Director, Mississippi Nurses Association, requesting a delay in the final adoption of the proposed amendments to *Regulations Governing the Practice of Physician Assistants* was reviewed on Wednesday night by the Executive Committee members. As recommended by the Executive Committee, the final adoption of these amendments will be delayed until the September Board meeting.

HEARING IN THE CASE OF THOMAS WEBBER GRAFTON, D.O., MEMPHIS, TENNESSEE, MISSISSIPPI MEDICAL LICENSE NUMBER 12613

Dr. Grafton was not present or represented by legal counsel. Dr. Burnett advised that Dr. Grafton would be entering into an evaluation for chemical dependency and was requesting a continuance. Motion was made by Dr. Johnston, seconded by Dr. Merideth, and carried unanimously to grant a continuance. The Order of Continuance is attached hereto and incorporated by reference.

A verbatim account of this proceeding was recorded by Britney Emmons, Court Reporter.

**HEARING IN THE CASE OF LANE CEDRIC ROLLING, D.P.M., JACKSON,
MISSISSIPPI MEDICAL PODIATRIC NUMBER 80122**

Dr. Rolling was present and represented by legal counsel, Chokwe Lumumba, Esq., Jackson.

Dr. Crawford delegated the responsibility of ruling on procedural and evidentiary issues to Ms. Wagner, Special Assistant Attorney General, as allowed in the Board's *Rules of Procedure, K. Formal Hearing, 3*.

Mr. Lumumba entered the following motions: (a) for dismissal because of the constitutional origin of the charges; (b) that the Board members recuse themselves because they were named in a civil suit filed by Dr. Rolling; and (c) for dismissal because of selective prosecution of the Board Director. Mr. Ingram responded against each motion with a rebuttal by Mr. Lumumba. Ms. Wagner advised that the motions for dismissal and for recusal of Board members were denied at the November meeting and would not be entertained again.

With regard to selective prosecution, Ms. Wagner asked for a decision from the full Board on this. Motion was made by Dr. Merideth, seconded by Dr. Johnston, and carried to deny the request. Mr. Lumumba requested a roll call, which was five for the motion with Dr. Bush abstaining.

Mr. Ingram presented his opening statements, followed by Mr. Lumumba's opening statements.

THE BOARD RECESSED AT 10:45 A.M. AND RECONVENED AT 11:00 A.M.

Neil Breeland, Investigator for the Board, was sworn in as a witness. Mr. Ingram entered a number of exhibits along with his questioning of Mr. Breeland.

THE BOARD RECESSED AT 12:20 P.M. FOR LUNCH AND RECONVENED AT 1:30 P.M.

MELISSA MAGEE, CSR/RPR, JOINED THE MEETING AS COURT REPORTER IN THE PLACE OF BRITNEY EMMONS.

Dr. Crawford requested that the hearing continue into the night in order to complete on Friday, and Mr. Lumumba advised that he had to leave at 5 o'clock. Mr. Lumumba stated that he did not agree with putting a time frame on the hearing. Dr. Crawford announced there would be a two-hour recess (11:30 a.m. to 1:30 p.m.) for lunch on Friday.

Mr. Lumumba asked that Dr. Burnett not be in the room since other witnesses are not allowed to stay. As Executive Director of the agency, Dr. Burnett was allowed to stay.

Mr. Lumumba cross examined Mr. Breeland and entered a number of exhibits.

THE BOARD RECESSED AT 2:55 P.M. AND RECONVENED AT 3:05 P.M.

Mr. Lumumba continued to question Mr. Breeland. Mr. Ingram questioned Mr. Breeland in redirect examination and entered additional exhibits.

THE BOARD RECESSED AT 4:05 P.M. AND RECONVENED AT 4:10 P.M.

Mr. Ingram continued to question Mr. Breeland. Motion was made by Dr. Merideth, seconded by Dr. Johnston and carried unanimously to recess the meeting in order for Mr. Breeland to search for certain complaints requested by Mr. Lumumba.

THE BOARD RECESSED AT 4:35 P.M. AND RECONVENED AT 4:50 P.M.

After the brief recess, Mr. Breeland returned with some of the requested information. Mr. Lumumba questioned Mr. Breeland concerning the complaints.

Mr. Lumumba announced that it was 5 o'clock and he had to go. Motion was made by Dr. Merideth, seconded by Dr. Johnston, and carried that the hearing continue. Dr. Aycock abstained.

Motion was made by Dr. Merideth, seconded by Dr. Johnston, and carried unanimously that the Board consider going into Executive Session. With a motion by Dr. Merideth, seconded by Dr. Bush, the Board went into Executive Session.

Upon motion by Dr. Aycock, seconded by Dr. Johnston, and carried unanimously, the Board came out of Executive Session at which time Dr. Crawford announced to recess the hearing until 9:00 a.m. on Friday, July 16, 2004.

THE BOARD RECESSED FOR THE DAY AT 5:20 P.M. TO RECONVENE AT 9:00 A.M. ON THE FOLLOWING DAY, JULY 16, 2004

The regularly scheduled meeting of the Mississippi State Board of Medical Licensure continued on Friday, July 16, 2004. The meeting was called to order at 9:10 a.m. by Dr. Crawford, President. The hearing in the case of Lane Cedric Rolling, D.P.M., was resumed.

Ms. Wagner read from a summary transcript of Thursday's hearing to clarify exactly what information Mr. Lumumba was requesting on Thursday afternoon. Ms. Wagner asked that Mr. Lumumba limit his questioning of Mr. Breeland to the three documents. Following cross examination of Mr. Breeland by Mr. Lumumba, Mr. Breeland was excused, subject to recall.

THE BOARD RECESSED AT 9:45 A.M. AND RECONVENED AT 9:50 A.M.

Mr. Ingram called the next witness, David G. Morgan, D.P.M., Mississippi Band of Choctaw Indians Health Center, Choctaw, Mississippi. Dr. Morgan was sworn in and answered questions from Mr. Ingram.

Mr. Lumumba made a motion that Dr. Merideth be recused from the hearing since he felt Dr. Merideth was unable to listen to the proceedings without being extremely agitated.

Motion was made by Dr. Merideth, seconded by Dr. Bush, and carried unanimously that the Board consider going into Executive Session. With a motion by Dr. Johnston, seconded by Dr. Aycock, the Board went into Executive Session.

Upon motion by Dr. Bush, seconded by Dr. Aycock, and carried unanimously, the Board came out of Executive Session at which time Dr. Crawford announced to support Dr. Merideth's decision not to recuse himself from the hearing, as was requested by Mr. Lumumba.

Mr. Ingram continued his questioning of Dr. Morgan and entered records from Grenada County Court as an exhibit. Mr. Lumumba questioned Dr. Morgan.

THE BOARD RECESSED AT 11:30 A.M. FOR LUNCH AND RECONVENED AT 1:45 P.M.

Mr. Lumumba continued to question Dr. Morgan. Mr. Ingram questioned Dr. Morgan in redirect examination.

THE BOARD RECESSED AT 2:45 P.M. AND RECONVENED AT 2:50 P.M.

Mr. Ingram continued to question Dr. Morgan. Dr. Morgan was then dismissed as a witness, subject to recall.

Carey Craig Williams, D.P.M., Grenada, was sworn in as a witness and answered questions from Mr. Ingram.

Motion was made by Dr. Merideth, seconded by Dr. Bush, and carried unanimously that the Board consider going into Executive Session to discuss scheduling. With a motion by Dr. Bush, seconded by Dr. Johnston, the Board went into Executive Session.

Upon motion by Dr. Bush, seconded by Dr. Johnston, and carried unanimously, the Board came out of Executive Session at which time Dr. Crawford announced that at the recess of the hearing on Friday, the hearing on this matter shall reconvene at 8:00 a.m. on Thursday, August 19, 2004, and shall continue on that date until such time as the Board deems necessary, which may include conducting the hearing past 5:00 p.m. Further, it is expected that members of the Board not present today will have reviewed the transcript of these proceedings on July 15 and 16, 2004, and will be prepared to participate fully as a Board member at the hearing on August 19, 2004, and any future dates of the hearing of this matter. The Order of Continuance is attached hereto and incorporated by reference.

Mr. Lumumba objected to this date and stated he would not be available. He will file a motion for a continuance.

Mr. Lumumba continued to question Dr. Williams. Dr. Williams was then dismissed, subject to recall.

BOARD MINUTES

July 15 and 16, 2004

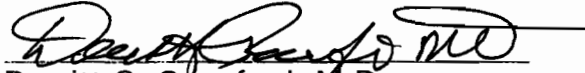
Page 9

Bobby L. Adams, D.P.M., Meridian, was sworn in as a witness, and Mr. Ingram stated he would only qualify Dr. Adams as an expert witness and not start his actual testimony until the hearing was reconvened. Dr. Adams answered questions regarding his education, training, etc. Mr. Lumumba questioned Dr. Adams, and Mr. Ingram offered him as an expert witness. Motion was made by Dr. Johnston, seconded by Dr. Bush, and carried unanimously to accept Dr. Adams as an expert witness. Mr. Lumumba opposed.

A verbatim account of this proceeding was recorded by Melissa Magee, CSR/RPR.

ADJOURNMENT

The meeting was adjourned at 5:00 p.m. with the next meeting scheduled for Thursday, August 19, 2004.



Dewitt G. Crawford, M.D.

President

Minutes taken and transcribed
by Kathy Fortenberry
Administrative Assistant
July 15 and 16, 2004

**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
JULY 15, 2004**

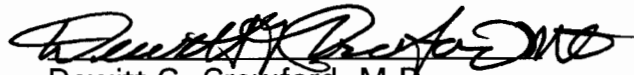
AGENDA ITEM XIV

**HEARING IN THE CASE OF LANE CEDRIC ROLLING, D.P.M., JACKSON,
MISSISSIPPI MEDICAL PODIATRIC NUMBER 80122**

Motion made by Dr. Aycock, seconded by Dr. Johnston, and carried to recess until 9:00 a.m. on Friday, July 16, 2004.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.	X			
Freda M. Bush, M.D.	X			
A. Wallace Conerly, M.D.	X			
Dewitt G. Crawford, M.D.	X			
William B. Harper, D.O.				X
Joseph E. Johnston, M.D.	X			
Philip T. Merideth, M.D., J.D.	X			
Dwalia S. South, M.D.				X

With a motion by Dr. Aycock, seconded by Dr. Johnston, the Board came out of Executive Session.


Dewitt G. Crawford, M.D.
President

**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
JULY 16, 2004**

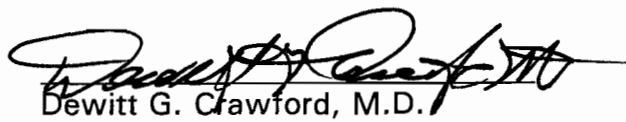
AGENDA ITEM XIV

**HEARING IN THE CASE OF LANE CEDRIC ROLLING, D.P.M., JACKSON,
MISSISSIPPI MEDICAL PODIATRIC NUMBER 80122**

Motion made by Dr. Bush, seconded by Dr. Aycock, and carried to support Dr. Merideth's decision not to recuse himself from the hearing, as was requested by Mr. Lumumba.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.	X			
Freda M. Bush, M.D.	X			
A. Wallace Conerly, M.D.	X			
Dewitt G. Crawford, M.D.	X			
William B. Harper, D.O.				X
Joseph E. Johnston, M.D.	X			
Philip T. Merideth, M.D., J.D.			X	
Dwalia S. South, M.D.				X

With a motion by Dr. Bush, seconded by Dr. Aycock, the Board came out of Executive Session.


Dewitt G. Crawford, M.D.
President

**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
JULY 16, 2004**

AGENDA ITEM XIV

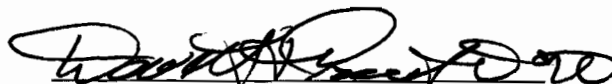
**HEARING IN THE CASE OF LANE CEDRIC ROLLING, D.P.M., JACKSON,
MISSISSIPPI MEDICAL PODIATRIC NUMBER 80122**

Motion made by Dr. Bush, seconded by Dr. Johnston, and carried that at the recess of the hearing on Friday, the hearing on this matter shall reconvene at 8:00 a.m. on Thursday, August 19, 2004, and shall continue on that date until such time as the Board deems necessary, which may include conducting the hearing past 5:00 p.m.

Further, it is expected that members of the Board not present today will have reviewed the transcript of these proceedings on July 15 and 16, 2004, and will be prepared to participate fully as a Board member at the hearing on August 19, 2004, and any future dates of the hearing of this matter.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.	X			
Freda M. Bush, M.D.	X			
A. Wallace Conerly, M.D.	X			
Dewitt G. Crawford, M.D.	X			
William B. Harper, D.O.				X
Joseph E. Johnston, M.D.	X			
Philip T. Merideth, M.D., J.D.	X			
Dwalia S. South, M.D.				X

With a motion by Dr. Bush, seconded by Dr. Johnston, the Board came out of Executive Session.


Dewitt G. Crawford, M.D.
President

OATH OF OFFICE

I, Albert Wallace Conerly, M.D. do solemnly swear (or affirm)

that I will faithfully support the Constitution of the United States and the Constitution of the State of Mississippi,
and obey the laws thereof; that I am not disqualified from holding the office of _____
Member, Mississippi State Board of Medical Licensure

that I will faithfully discharge the duties of the office upon which I am about to enter. So help me God.

Subscribed and sworn to before me at

Jackson

Mississippi, this 15th day

of July, 192004

Albert Wallace Conerly

By Khanda Freeman

Notary Public State of Mississippi At Large
My Commission Expires: October 11, 2007
Bonded Thru Heiken, Brooks & Garland, Inc.

OATH OF OFFICE

I, Dewitt Grey Crawford, M.D. do solemnly swear (or affirm)
that I will faithfully support the Constitution of the United States and the Constitution of the State of Mississippi,
and obey the laws thereof; that I am not disqualified from holding the office of _____

Member, Mississippi State Board of Medical Licensure

that I will faithfully discharge the duties of the office upon which I am about to enter. So help me God.

Subscribed and sworn to before me at

Jackson

Mississippi, this 15th day

of July, 192004

Dewitt Grey Crawford

By Shonda Freeman

Notary Public State of Mississippi At Large
My Commission Expires: October 11, 2007
Bonded Thru Heider, Brooks & Garland, Inc.

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
MISSISSIPPI PHYSICIANS - LICENSE EXPIRATION 08/30/2004
CURRENT MISSISSIPPI PHYSICIANS
 PRINTED: 7/13/2004

License	Issued	Reinstated	Disciplinary	Name	Address	City	State	Zip
17448	11/28/2001		NO	ABDUL-RAHMAN, OMAR ALI, MD	DEPT OF PEDIATRICS UMC 2500 N STATE ST	JACKSON	MS	39218
17288	07/09/2001		NO	ADAMS, JAMES FRANK, MD	BAPTIST MEMORIAL 6019 WALNUT GROVE	MEMPHIS	TN	38120
15170	01/06/1997	5/8/2000	NO	AHMED, KALIM, MD	UNIVERSITY OF MS MEDICAL CENTER 2500 NORTH STATE STREET	JACKSON	MS	39218-4505
18372	01/05/2004		NO	AHMED, SAFEER, MD	NO PRIMARY PRACTICE ADDRESS ON FILE.			
16274	04/05/1988	8/11/2000	NO	ALFEREZ, TLALOC SELWAY, MD	3600 PRYTANIA ST STE 65	NEW ORLEANS	LA	70115
13437	04/18/1983		NO	ALJABGAN, MOHAMAD B, MD	OFFICE G 8234 RICHFIELD RD	FLINT	MI	48508
15833	07/20/1986	6/8/2004	NO	ALMASRI, ABDELRAHMAN MOHAMEDALI, MD	NO PRIMARY PRACTICE ADDRESS ON FILE.			
13348	08/28/1982		NO	AMEDURI, CLIFFORD JAMES, MD	UNITY HEALTH SYSTEM DEPT P M E R 5TH FLOOR 88 GENESEE ST			
03704	08/27/1956		NO	ANDERSON, THOMAS JEFFERSON, MD	NO PRIMARY PRACTICE ADDRESS ON FILE.			
18214	08/25/2003		NO	ANTHONY, VINCENT LUVERN, MD	METHODIST HOSPITAL 2301 S. BROAD ST.			
18755	05/15/2000		NO	ARAOZ, CARLOS ADOLFO, MD	301 N FRIO			
18051	08/31/1988	8/8/2001	NO	ARIF, MUHAMMAD, MD	16800 HWY 84 SUITE 101	SAN ANTONIO	TX	78207
03588	08/27/1955		NO	ARRINGTON, MYRON LAMAR, SR, MD	RADIOLOGY ASSOCIATES OF MOBILE BLDG C SUITE 2 6578 AIRPORT BLVD	SOMERVILLE	TX	38088
17436	11/28/2001	11/4/2003	NO	ASHE, STEPHEN CHARLES, DO	THE ORTHOPAEDOC CLINIC 1088 CRESTHAVEN #400	PRENTISS	MS	39474
12937	07/23/1991		NO	AUSTIN, SUSAN M, MD	GASTROENTEROLOGY ASSOCIATES OF GAINESVILLE PC 683 LANIER PARK DR	MOBILE	AL	36608
18485	08/18/1989		NO	AYINALA, SRINIVASA RAO, MD	1203 MEDICAL DR SE	MEMPHIS	TN	38119
08154	08/11/1971		NO	BACKE, JOSEPH THOMAS, MD	MID-SOUTH IMAGING & THERAPEUTICS 6305 HUMPHREYS BLVD #205	DECATUR	AL	35601
14776	04/16/1986		NO	BADEN, JOHN GREGORY, MD	BAPTIST MEMORIAL 899 MADISON	MEMPHIS	TN	38120
17077	02/05/2001		NO	BAKER, TIMOTHY DARRELL, MD	MEDICAL CENTER OF PLANO EMERGENCY DEPT 3901 W 15TH ST	MEMPHIS	TN	38146
13558	07/01/1983	12/8/2003	NO	BALL, JAMES WILLIAM, JR, MD	DEPT OF RADIOLOGY UMC 2500 N STATE ST	PLANO	TX	75075
17322	02/04/2002	6/30/2004	NO	BARHAM, BROOKS Q, MD	NO PRIMARY PRACTICE ADDRESS ON FILE.	JACKSON	MS	39216
03448	08/21/1954		NO	BARKLEY, JARE LYONS, MD	NESHOMA COUNTY GENERAL HOSPITAL HWY 19 S	PHILADELPHIA	MS	39350
03302	06/22/1953		NO	BARLOW, JAMES BUREN, MD	2121 E 21 ST P O BOX 82588	TULSA	OK	74152
04639	06/20/1982		NO	BARRANCO, VINCENT PAUL, SR, MD	7061 W LEE HWY	RURAL RETREAT	VA	24388
18709	03/27/2000		NO	BASLER, BONNIE NEWMAN, MD	UMC DEPT OF MEDICINE 2500 N STATE ST	JACKSON	MS	39216
16634	11/28/1989	6/11/2000	NO	BATSON, HAROLD HENRY, MD	111 WEST HICKORY AVE	BASTROP	LA	71220
11191	09/03/1988	7/2/1987	NO	BATTLES, CAROLINE SUE, MD	NO PRIMARY PRACTICE ADDRESS ON FILE.			
15544	08/25/1987		NO	SAY, NICHOLAS WILLIAM, MD	13 EAST GALVEZ COURT	PENSACOLA BEACH	FL	32561
18852	01/24/2000		NO	BEGGS, DANIEL SCOTT, MD	DEPT OF EMERGENCY MEDICINE MORRISTOWN MEMORIAL HOSPITAL 100 MADISON AVE	MORRISTOWN	NJ	07860
17578	04/15/2002		NO	BEGUE, JASON ROBERT, MD	UAB, DEPT OF PATHOLOGY KB 532-A 619 19TH STREET S	BIRMINGHAM	AL	35294
16309	05/10/1989	8/28/2004	NO	BELL, WALTER CHARLES, MD	201 BLUE GABLE RD #808	HATTIESBURG	MS	39402
16247	03/08/1988		NO	BENITEZ, AMPARO BEATRIZ, DO	RIVER REGION MEDICAL CENTER 2100 HWY 61 NORTH	VICKSBURG	MS	39183
17194	05/14/2001		NO	BENNETT, LORI KAY, MD	WOMEN AND CHILDREN'S 4200 NELSON RD.	LAKE CHARLES	LA	70805
18123	08/30/2003		NO	BERRY, JENNIFER YVONNE, MD	10814 BURGOYNE RD	HOUSTON	TX	77042
14705	02/05/1996		NO	BIGGERS, WILLIAM ALAN, JR, MD	13004 WESTGLEN DR	LITTLE ROCK	AR	72211
08589	02/18/1979		NO	BIRD, EDWIN LOUIS, MD	124 NORTH WALSTON BRIDGE RD	JASPER	AL	35201
04315	08/22/1980		NO	BIRDSONG, WILLIAM EUGENE, MD	5653 FRIST BLVD STE 630	HERMITAGE	TN	38186
04841	08/20/1982		NO	BIRDWELL, BEN JASON, SR, MD	# 1 MEDICAL PLAZA DR	VICKSBURG	MS	39180
17845	01/27/2003		NO	BLAIR, SLOANE ROXANE, MD	7102 GERMANTOWN AVE	PHILADELPHIA	PA	19119
12581	07/02/1980		NO	BLAKE, JAMES STEVEN, DO	212 W MAIN ST P O BOX 75	RAYMOND	MS	39154
02750	08/30/1948	YES		BLAKEY, DURWARD LACEY, MD	DEPT OF ANESTHESIOLOGY UMC 2500 N STATE ST	JACKSON	MS	39218
17238	08/11/2001		NO	BLAKLEY, OLGA PAVLOVNA, MD	4444 GIDDINGS RD	AUBURN HILLS	MI	48326
10932	01/08/1988	8/28/2002	NO	BLOCK, WILLIAM ALEXANDER, MD	8005 PARK SUITE 430 B	MEMPHIS	TN	38119
05412	06/07/1987		NO	BOBO, ROBERT THOMPSON, MD	81 HSG9 /S003 301 FISHER STREET KEESLER AFB, MS	MEMPHIS	TN	38119
16983	10/30/2000		NO	BOMALASKI, JOHN JOSEPH, MD	NO PRIMARY PRACTICE ADDRESS ON FILE.	BILOXI	MS	39534
18124	08/30/2003		NO	BOONE, MARY JACKSON, MD	8005 PARK # 808			
08989	08/09/1973		NO	BOSWELL, JAMES LIONEL, MD	103 18TH ST E	MEMPHIS	TN	38119
11645	04/05/1988	7/11/1997	NO	BOSWELL, SCOTT HULL, MD		JASPER	AL	35201

License	Issued	Reinstated	Disciplinary Name	Address	City	State	Zip
16406	07/12/1999		NO	BOTSFORD, KENNETH BRUCE, MD	1400 URBAN CENTER DR STE 450	BIRMINGHAM	AL 35242
14683	01/08/1998		NO	BRADFIELD, JOSEPH JOHN, MD	40124 US HWY 27 N STE 204	DAVENPORT	FL 33837
15097	10/28/1998		NO	BREWERTON, CONWAY NELSON, MD	# 2075 DAMMAM ST. UDHAILYAH ARAMCO	SAUDI ARABIA	31311
13408	02/16/1993		NO	BROPHY, JOHN DAVID, MD	NEUROSURGICAL CLINIC 1325 E MORELAND STE 370	MEMPHIS	TN 38104-7518
05769	06/11/1989	9/18/2002	NO	BUCHANAN, BENJAMIN HAL, JR., MD	2123 BRIAR RIDGE RD	TUPELO	MS 38604
16745	05/08/2000		NO	BURIAN, DANIEL FRANCIS, MD	KEESLER MEDICAL CENTER KEESLER AIR FORCE BASE	MEMPHIS	MS 39534
08470	09/08/1978		NO	BUTCHER, LAWRENCE KING, MD	121 VIRGINIA AVE	PIKEVILLE	KY 40977
12437	05/14/1990		NO	BYRD, LEE ROY, III, MD	MISSISSIPPI FAMILY DOCTORS 804 HWY 51	MADISON	MS 39110
13985	07/01/1994		NO	BYRD, MARK ANDREW, MD	PULMONARY CARE CLINIC 1413 STRONG AVE	GREENWOOD	MS 39030
16954	01/24/2000		NO	CABANERO, JUAN JOSE A, MD	HEART CARE CENTER 1430 JEFFERSON ST	LAUREL	MS 39441-8366
12948	08/24/1990		NO	CAMERO, LUIS GABRIEL, MD	25810 KELLY RD STE 1	ROSEVILLE	MI 48068
16710	03/27/2000	9/2/2003	NO	CAMERON, ALAN BART, MD	NO PRIMARY PRACTICE ADDRESS ON FILE.		
12185	06/20/1989		NO	CAMANT, KENNETH EDWARD, MD	DEPT OF EMERGENCY MEDICINE 811 EAST PARRISH	OWENSBORO	KY 42303
05592	06/21/1988		YES	CARNEY, POMP TEMPLE, MD	1050 RIVERSIDE PLAZA	JACKSON	MS 39208
18441	03/08/2004		NO	CARTER, JOHN GARDERE, MD	ANESTHESIOLOGY GROUP ASSOC. 8212 SUMMA AVENUE	BATON ROUGE	LA 70809
18090	06/09/2003		NO	CASSELL, MICHAEL ARCHER, MD	VITREORETINAL FOUNDATION 825 RIDGE LAKE BLVD.	MEMPHIS	TN 38120
14229	01/09/1995		NO	CATTAU, EDWARD LEROY, JR, MD	NW MS REGIONAL MEDICAL CENTER 80 HUMPHREY'S CENTER STE. 220	MEMPHIS	TN 38120
18119	06/23/2003		NO	CAUDILL, JONATHAN SHEPHERD CROSS, MD	DEPT OF INTERNAL MEDICINE & PEDIATR U M C 2500 N STATE ST	JACKSON	MS 39218-4505
03716	08/27/1996		NO	CAUSEY, HARRY GENE, MD	4936 COUNTRY CLUB PL	MERIDIAN	MS 39305
18185	07/21/2003		NO	CENTER, BARBARA HERMAN, MD	PAUQUETTE CENTER P O BOX 301	PORTAGE	WI 53901
07104	12/12/1974		NO	CEPEDA, MANUEL LAWRENCE, MD	DEPT OF PSYCHIATRY 2461 FILLINGIM ST	MOBILE	AL 36617-2293
15111	11/04/1996		NO	CHEHARDY, CHARLES FRANK, MD	NO PRIMARY PRACTICE ADDRESS ON FILE.		
13828	05/23/1994		NO	CHEN, HAROLD, MD	DEPARTMENT OF PED ROOM 5-323 LSU MEDICAL CENTER 1501 KINGS HWY	SHREVEPORT	LA 71103
13921	07/01/1994		NO	CHRISSE, LISA LOUISE WEBER, MD	BATES & TRUCHELUT MD PA 1825 MIZELL AVE STE 302	WINTER PARK	FL 32782
16932	09/11/2000		NO	CHRISTOPHER, KAYE ROMAYNE, MD	NEPHROLOGY ASSOC OF HARTSVILLE PC 701 MEDICAL PARK DR STE 203	HARTSVILLE	NC 28550
15068	09/23/1996		NO	CLIFTON, JEFFREY JAMES, MD	RUSSELL HOSPITAL	ALEXANDER CITY	AL 35010
11519	07/01/1988		NO	COCHRANE, LEONARD JAMES, JR, MD	G'VILLE HOSP SYS-INT MED 701 GROVE ROAD	GREENVILLE	SC 29605
06536	12/07/1972		NO	COLE, REDMOND LAWRENCE, MD	107 WALNUT DR	PIKEVILLE	KY 41501-1916
16123	11/02/1998	12/9/2002	NO	COLE, CRIS WAYNE, MD	GRAND BAY MEDICAL CENTER 10075 GRAND BAY WILMER RD 9	GRAND BAY	AL 36541
06710	08/08/1973	4/28/2000	NO	COLE, FREDERICK LAWRENCE, MD	MEDICAL DIRECTOR EMCF 10841 HWY 80 WEST	MERIDIAN	MS 39307-9256
09554	04/08/1982		NO	COLLIER, MICHAEL EDWARD, MD	814 GRIFFITH AVE	TERRRELL	TX 75180
12432	04/23/1990		NO	COLLINS, CANDACE C, MD	2250 E GAUSE BLVD STE 200	SLIDELL	LA 70461
07282	08/04/1975		NO	CONNORS, JOHN JOSEPH, III, MD	BAPTIST HOSPITAL OF MIAMI 8900 N KENDALL AVE	MIAMI	FL 33078
11909	10/03/1988		NO	COOPER, JOHN ROSS, MD	BRYAN RADIOLOGY ASSOCIATES 2722 OSLER BLVD	BRYAN	TX 77802
17132	03/28/2001		NO	CORDAHI, GHASSAN JOSEPH, MD	VITREORETINAL FOUNDATION 825 RIDGE LAKE BLVD.	MEMPHIS	TN 38120
11179	08/20/1988	8/28/2003	NO	COX, DIETHRA DIANE, MD	METRO HEALTH CLEMENT CTR 2500 E 79TH ST	CLEVELAND	OH 44104
05254	06/15/1986	7/7/1997	NO	COY, JOHN R, MD	1359 SIXTH AVE.	SAFFORD	AZ 85546
09997	07/01/1982		NO	CRAWFORD, JAMES RALPH, JR, MD	SAINT CLAIR REGIONAL HOSPITAL 2805 DR JOHN HAYNES	PELL CITY	AL 35125
17731	07/29/2002		NO	CRAWFORD, GERALD LAMAR, JR., MD	HEPHTROLOGY ASSOCIATES 2401 5TH ST N	COLUMBUS	MS 39705
11204	09/10/1986		NO	CRAWFORD, JOHN THEODORE, DO	13101 N ORACLE RD #101	ORO VALLEY	AZ 85738
04483	08/21/1981		NO	CRENSHAW, CHARLES NAURICE, JR, MD	205 LEA ST.	NEWTON	MS 39345
05777	08/11/1989		NO	CRITZ, FRANK ARCHIBALD, IV, MD	RADIOTHERAPY CLS OF GA 2349 LAWRENCEVILLE HWY	DECATUR	GA 30033
13981	08/28/1994		NO	CROW, JOHN ALLEN, MD	499 CLOSTER CREEK VILLAGE #A-2	TUPELO	MS 38801
18125	06/30/2003		NO	CROWE, STEPHEN NATHANIEL, MD	DEPT OF PSYCHIATRY U M C 2500 N. STATE ST.	JACKSON	MS 39218-4505
11320	05/05/1987		NO	D'AMORE, RALPH DANIEL, MD	ABBEVILLE COUNTY MEMORIAL HOSPITAL ER 901 W GREENWOOD ST	ABBEVILLE	SC 29620
17895	12/09/2002		NO	DABBS, CLIFTON RILEY, DO	NO PRIMARY PRACTICE ADDRESS ON FILE.		
16472	08/08/1989	9/5/2003	NO	DAMLJI, NAMIR FAISAL, MD	591 CAMINO DE LA REINA SUITE 1020	SAN DIEGO	CA 92108
14069	08/08/1994	6/28/2000	YES	DARBY, ALVIN, MD	4540 SHEPARD SQUARE STE A	DIAMONDHEAD	MS 39525
15023	08/28/1996		NO	DAVIS, SHANNON PEYTON, MD	ENT-HEAD & NECK SURGERY OF HUNTSVILLE P.C. 201 WHITESPORT DRIVE	HUNTSVILLE	AL 35801
10816	07/01/1985		NO	DAWSON, JOHN ARLINGTON, MD	ST DOMINIC HOSPITAL 969 LAKELAND DR	JACKSON	MS 39216
17325	07/30/2001	4/9/2004	NO	DELGADO, MYRTLE ANN, MD	820 WARREN ST	PASCAGOULA	MS 39567
14256	02/13/1995		NO	DENNEY, JAMES B, MD	809 BROWNSWICH RD	SLIDELL	LA 70458
09101	08/04/1980	10/20/2003	NO	DENT, WILLIAM WARREN, MD	2202 STATE AVE STE 108	PANAMA CITY	FL 32406
18325	11/17/2003		NO	DESAI, SNEHAL, MD	WESLEY MEDICAL CENTER	HATTIESBURG	MS 39404-6796

License	Issued	Reinstated	Disciplinary Name	Address	City	State	Zip
16747	05/08/2000		NO DEWS, PETER, III, MD	WILLIAMS MEDICAL CLINIC 538 ACCESS RD.	HOLLY SPRINGS	MS	38634
05179	08/18/1985		NO DODSON, MARION LUTHER, MD	7828 MAJI CIRCLE	DIAMONDHEAD	MS	39525
18423	02/23/2004		NO DOSS, RAMY SAMIR, MD	SCOTTSDALE CARDIOVASCULAR CENTER 3099 CIVIC CENTER PLAZA	SCOTTSDALE	AZ	85258
12074	05/23/1989		NO DUDLEY, DAVID WATSON, MD	EASTERN STATE HOSPITAL 4801 IRONBOUND RD	WILLIAMSBURG	VA	23187
05263	06/15/1986	12/5/2000	NO DUGGAR, PERRY NEIL, MD	ONE EASTMONT PLACE	JACKSON	MS	39211
14672	12/18/1995		NO DUNGAN, SCOTT DAVIS, MD	FORREST GENERAL HOSPITAL 8051 US HWY 49	HATTIESBURG	MS	39401
05428	06/07/1967		NO EAKES, TIMOTHY LAWSON, JR., MD	P O BOX 408	TROY	AL	35081
13090	03/16/1990		NO EDWARDS, EUSTACE LOUIS, MD	WILLISKNIGHTON SOUTH 2510 BERT KOUNKS INDUSTRIAL LOOP	SHREVEPORT	LA	71118
12658	09/10/1990		NO EFIRD, WALTER GUY, III, MD	THE EFIRD CLINIC AESTHETIC PLASTIC SURGERY 1329 CORDOVA COVE	GERMANTOWN	TN	38138
12768	04/01/1991		NO EICHHORN, JOHN HENRY, MD	UNIVERSITY OF KENTUCKY MEDICAL CENTER N 202 800 ROSE ST	LEXINGTON	KY	40536-0293
18040	04/21/2003		NO EMERSON, AMY NISBETT, MD	DEPT OF PEDIATRICS UNIVERSITY OF MS MEDICAL CENTER 2500 N STATE ST	JACKSON	MS	39216-4505
14980	08/05/1998		NO EPPICH, IREL SCOTT, MD	769 MDOSAMMIN 2200 BERGQUIST DR.	LACKLAND AFB	TX	78236
14228	01/09/1995		NO EPPS, JESSE MILLER, MD	RUSH MEDICAL GROUP 1800 12TH ST	MERIDIAN	MS	39301
09023	11/29/1982		NO ERVIN, NORMAN DUANE, MD	101 BOB WALLACE AVE STE B	HUNTSVILLE	AL	35801
15743	02/23/1999		NO ESCOBAR, JOSE L, MD	2119 EAST SOUTH BLVD	MONTGOMERY	AL	36116-2409
08336	12/02/1971		NO EVANS, JOHN WESLEY, MD	NO PRIMARY PRACTICE ADDRESS ON FILE.			
17208	05/21/2001		NO FANG, DAVID P, MD	MEMPHIS RADIOLOGICAL, P.C. 220 S. CLAYBROOK ST.	MEMPHIS	TN	38104
14284	03/27/1995		NO FARMER, GUY ROBERT, JR., DO	THE SURGERY CLINIC PA 1300 SUNSET DR STE. R	GRENAHA	MS	38901
15534	08/19/1997		NO FAWAZ, FAWZI, MD	4413 HWY 331 SOUTH	DEFUNIAK	FL	32435
07412	09/18/1975		NO FERGUSON, CECIL BENONI, III, MD	NO PRIMARY PRACTICE ADDRESS ON FILE.			
16378	06/21/1999		NO FERGUSON, THOMAS CHARLES, MD	RALBIGH/CORDOVA MEDICAL GROUP 3809 COVINGTON PIKE	MEMPHIS	TN	38135
14571	09/11/1995		NO FIALLO, LUIS ARISTIDES, MD	SOUTHBAY PULMONARY MED GROUP 841 KUHN DRIVE SUITE 200	CHULA VISTA	CA	91814
17101	02/28/2001		NO FINNEN, NEIL PATRICK, MD	1200 WEST DEYOUNG	MARION	IL	62959
09730	06/07/1979		NO FLEMING, HENRY FORREST, JR., MD	2119 E SOUTH BLVD	MONTGOMERY	AL	36116-2409
07585	05/28/1976		NO FLORES, TOMAS RAYMUNDO, MD	610 NORTH BEACH BLVD	BAY ST LOUIS	MS	39520
04814	08/19/1983		NO FLYNN, EDWARD JOSEPH, JR., MD	540 S BURKE AVE	LONG BEACH	MS	39600
16624	11/22/1999	8/11/2003	NO FOPPE, MARK ANDREW, DO	LAKELAND REGIONAL MEDICAL CENTER 1324 HILLS BLVD	LAKELAND	FL	33804
14835	11/01/1995		NO FREEMAN, DIXON LEE, MD	1105 N 5TH AVE	ROME	GA	30185
12013	02/27/1989		NO FRIEDMAN, HARRY, MD	BAPTIST HOSPITAL 401 SOUTHCREST CIRCLE RTE 203	SOUTHAVEN	MS	38671
12336	11/14/1989		NO GAD, SARWAT MORSHED, MD	800 KALISTE SALOOM RD	LAFAYETTE	LA	70508
17758	08/19/2002		NO GALLANT, ELLEN MARIE, MD	DEPT OF EMERGENCY MEDICINE U M C 2500 N STATE ST.	JACKSON	MS	39216
07305	08/04/1975		NO GAMBRELL, DANIEL DEWITT, MD	331 N BROAD ST P O BOX 722	FOREST	MS	39074
16031	08/17/1998		NO GANARAJ, SWATHI POSAVANIKE, MD	DALLAS KIDNEY SPECIALISTS 5839 HARRY HINES BLVD	DALLAS	TX	75235
18017	03/31/2003		NO GARBUTT, MARK GREGORY, MD	DEPT OF INTERNAL MEDICINE U M C 2500 N. STATE ST	JACKSON	MS	39216
17803	05/06/2002		NO GARRETSON, BRET MALCOLM, MD	GASTROENTEROLOGY GROUP AMC 58515 PEARL ACRES RD	SLIDELL	LA	70461
17826	10/21/2002		NO GEHI, JANKI, MD	SCOTTSBORO PRIMARY HEALTH CENTER 70 FREEDOM DR	SCOTTSBORO	AL	35769
17326	07/30/2001		NO GEIER, CARL DAVID, JR., MD	CAMPBELL FOUNDATION ATTN: BARBARA JOYNER 1211 UNION AVENUE	MEMPHIS	TN	38104
05555	12/14/1987		NO GIBSON, LEO EIKE, JR., MD	517 5TH AVE	PICAYUNE	MS	39486
09705	07/01/1982		NO GILDER, DAVID MARK, MD	110 MERCER ST	TCHULA	MS	39189
03468	06/21/1954		NO GILL, PATRICK HENRY, JR., MD	MUNICIPAL AIRPORT RD.	MACON	MS	39341
18184	07/29/2003		NO GIST, CHRISTOPHER WILLIAM, MD	DEPT OF UROLOGY U M C 2500 N STATE ST.	JACKSON	MS	39216-4505
05611	06/21/1998		NO GLENN, JOHN BARRY, JR., MD	2901 E 20TH ST STE 101	BRYAN	TX	77802
05612	06/21/1998		NO GOLDBERGER, STEPHEN GILBERT, MD	7801 OLD BRANCH AVE	CLINTON	MD	20735
10276	07/01/1984		NO GORDON, RAYMOND ANTHONY, MD	JACKSON-HINDS COMM HEALTH 3502 W NORTHSIDE DR	JACKSON	MS	39213-4454
11360	07/01/1987		NO GRAEBER, ANGELA DICKSON, MD	NO PRIMARY PRACTICE ADDRESS ON FILE.			
15351	06/23/1997		NO GRAY, BRUCE FRANK, III, MD	8075 POPLAR AVENUE STE 405	MEMPHIS	TN	38119
17293	07/09/2001		NO GRIECO, ANTHONY MARION, MD	OCHSNER CLINIC FOUNDATION NSHORE SLIDELL CLINIC 2750 GAUSE BLVD	SLIDELL	LA	70461
16894	08/07/2000		NO GRIFFIN, MERVIN JASPER, MD	UNIVERSITY OF MS MEDICAL CENTER DEPT OF EMERGENCY MEDICINE 2500 N STATE ST	JACKSON	MS	39205
10486	07/12/1984	11/29/1999	NO GRIFFIS, KENNETH RAY, JR., MD	UROGYNECOLOGY ASSOCIATES 1633 N. CAPTIOL AVE. STE. 436	INDIANAPOLIS	IN	48202
14302	04/03/1995		NO GRIGSBY, BENSON A, MD	401 E. VAUGHN	RUSTON	LA	71270
11568	09/14/1987	7/7/1997	NO GJOTH, PAMELA RENATA H, MD	1415 7TH ST STE D	MAMOU	LA	70554
17070	01/22/2001		NO HACKMAN, ANNE MARIE, MD	CARDIOLOGY ASSOCIATES 1720 SPRINGHILL AVE STE 500	MOBILE	AL	36804
18206	08/18/2003		NO HAI, HAMID ABDUL, MD	JEFFERSON MEDICAL ASSOCIATES, P.A. 1203 JEFFERSON ST.	LAUREL	MS	39441

License	Issued	Reinstated	Disciplinary Name	Address	City	State	Zip
16345	05/25/1999	8/20/2001	NO	HAIDER, SYED NOMAN, MD	402 MORVEN ROAD	WADESBORO	NC 28170
16534	06/30/1999		NO	HAIQH, LINDA SANDERS, MD	UNIVERSITY FLORIDA SCIENCE CENTER 855 W 8TH ST	JACKSONVILLE	FL 32209
18459	07/28/1999		NO	HALEY, TIMOTHY MAYNARD, MD	DEPT OF ORTHOPAEDICS UMG 2500 N STATE ST	JACKSON	MS 39216
17571	04/08/2002		NO	HALKO, GREGORY EDWARD, MD	DEPT OF ORTHOPAEDIC UNIVERSITY OF TN-CAMPBELL CLINIC 910 MADISON, SUITE 500	MEMPHIS	TN 38103
18258	09/29/2003		NO	HANAKI, ROY, MD	VISTA STAFFING/ LOCUM TENENS 675 E 2100 SOUTH #39	SALT LAKE CITY	UT 84106
17546	03/04/2002	10/27/2003	NO	HARDWELL, JOHN KEVIN, MD	FLOYD MEDICAL CENTER-ER 304 TUMER-MCCALL BOULEVARD	ROME	GA 30165
17874	11/25/2002		NO	HARDWICK, JAMES CARLTON, III, MD	THE HEART GROUP, PC 8701 AIRPORT BLVD., #107	MOBILE	AL 36609
11362	07/01/1987	7/3/1987	NO	HARRIS, GEORGE CURTIS, JR, MD	VA CLINIC 200 MADISON AVE	ELMIRA	NY 14901
06191	06/11/1971	12/5/1997	NO	HARRIS, GEORGE MARION, JR, MD	222 W THOMAS RD STE 102	PHOENIX	AZ 85013
11493	07/01/1987	2/2/2004	NO	HARRIS, KENNETH WAYNE, MD	3960 KNIGHT ARNOLD RD STE #420	MEMPHIS	TN 38118
12386	02/05/1990	8/8/2001	NO	HARROLD, JAMES SAMMUEL, JR ; MO	1002 HIGHLAND AVE SUITE 200	SHREVEPORT	LA 71101
15610	09/22/1997		NO	HAUSMANN, JAMES STANFORD, MD	VANDERBILT UNIVERSITY MEDICAL CENTR GRADUATE MEDICAL EDUCATION 2801 THE VANDERBILT CLINIC	NASHVILLE	TN 37232-5283
17464	12/17/2001		NO	HAYNES, DAVID EDWARD, MD	CAMBELL FOUNDATION 1211 UNION AVENUE SUITE 510 ATTN: BARBARA JOYNER	MEMPHIS	TN 38104
15216	03/03/1997		NO	HERBERTSON, FLOYD JAMES, MD	4844 C R 156	BLUFF DALE	TX 76433
12457	06/05/1990	8/10/2001	NO	HERDEN, MARY JEAN, MD	OFFICER IN CHARGE NAVAL AMPHIBIOUS BASE FLEET SURGICAL TEAM 8	LITTLE CREEK	VA 09501
16919	08/21/2000		NO	HERNANDEZ, GIAN PAOLO, DO	BRANCH MEDICAL CLINIC PORT HYENEME	PORT HYENEME	CA 93043-4301
11360	07/01/1987		NO	HOLLIS, LEANNA LINDSEY, MD	BLUE SPRINGS CHRISTIAN MEDICAL CLINIC 1179 STATE HWY 8 S	BLUE SPRINGS	MS 38828
19081	06/02/2003		NO	HOPKINS, JOHN KEVIN, MD	UNIVERSITY OF MS MEDICAL CENTER 2500 NORTH STATE STREET	JACKSON	MS 39218
04375	06/22/1990		NO	HORNBY, LAWRENCE GENE, MD	NO PRIMARY PRACTICE ADDRESS ON FILE.		
13148	08/22/1992	12/2/2002	NO	HOWARD, MARTIN LEONARD, JR, MD	DEPARTMENT OF PATHOLOGY USA 2451 FILLINGIM ST	MOBILE	AL 36617
05828	08/21/1986		NO	HOWELL, JOHN BLANCH, III, MD	3 MOBILE INFIRMARY CIR STE 201	MOBILE	AL 36607
13257	07/01/1992		NO	HUGHES, STEPHEN LEE, MD	DEPT OF ANESTHESIA FLOWERS HOSPITAL HIGHWAY 84 W	DOTHAN	AL 36301
02247	12/15/1932	9/13/1999	NO	INMON, WANZA BYRON, MD	NO PRIMARY PRACTICE ADDRESS ON FILE.		
09885	04/13/1983		NO	IRELAND, THOMAS ASHBY, MD	2581 KENSWICK CIRCLE	LAWRENCEVILLE	GA 30044-5209
15818	05/04/1998		NO	ISHIKAWA, SUSAN NAOMI, MD	TRIPLER ARMY MEDICAL CENTER MSHK-DSO 1JARRETT WHITE RD	TRIPLER AMC	HI 96859
03854	06/29/1955		NO	JACHIMCZYK, JOSEPH ALEXANDER, MD	7915 GREENBUSH	HOUSTON	TX 77025-2613
17782	09/23/2002		NO	JACKSON, ALLEN THOMAS, MD	2351 HWY 1 SOUTH	GREENVILLE	MS 38703
18148	07/07/2003		NO	JACKSON, FABIOLA DUTES, MD	NO PRIMARY PRACTICE ADDRESS ON FILE.		
03335	06/22/1953		NO	JACKSON, JOHN FENWICK, MD	2024 SOUTHWOOD RD	JACKSON	MS 39211
18919	06/19/2000		NO	JACKSON, TANJELA MITSU, MD	HYPERTENSION & KIDNEY CONSULTANTS A 4850 JIMMY CARTER BLVE SUITE 113-A	NORCROSS	GA 30093
07189	01/27/1975		NO	JAMES, JAMES ELWYN, MD	100 MEDICAL CENTER DR	WOODRUFF	SC 29388
17477	01/07/2002		NO	JOHNSON, HERBERT EARL, MD	HEALTH AND WELLNESS CENTER TOUGALOO COLLEGE 500 W COUNTY LINE RD	TOUGALOO	MS 39174
10080	07/01/1983	8/8/2002	NO	JOHNSON, ROBERT JAMES, JR, MD	801 PRINCETON AVE STE 310	BIRMINGHAM	AL 35521
12513	07/01/1990	3/9/1998	NO	JOLLY, GENEVIA KENDALL, MD	JOLLY PSYCHIATRIC ASSOCIATES 320 WALNUT BEND STE 2	CORDOVA	TN 38018
16556	09/20/1999		NO	JONES, DERYK GERARD, MD	TULANE ORTHOPAEDICS 1051 GAUSE BLVD	SLIDELL	LA 70458
15501	08/18/1997		NO	JONES, DONALD RAY, III, MD	N.W. MEDICAL CTR. 2210 BARRON RD.	POPLAR BLUFF	MO 63901
08002	08/08/1977		NO	JONES, WILLIAM PATTERSON, III, MD	701 OAK	FRIENDSWOOD	TX 77546
17210	05/21/2001	12/18/2003	NO	KAZMI, SAMINA, MD	CHARLESTON NEUROLOGY CLINIC 415 MORRIS ST SUITE 403	CHARLESTON	WV 25301
15229	03/10/1997		NO	KENNEY, ANN FOSTER, MD	FAMILY MEDICINE RESIDENCY PROGRAM NORTH MISSISSIPPI MEDICAL CENTER 1695 S GREEN ST	TUPELO	MS 38804
08947	02/11/1990		NO	KEWALRAMANI, DROPADI LAXMAN, MD	3301 ST CHARLES AVE	NEW ORLEANS	LA 70115
16285	04/19/1999	9/18/2002	NO	KHAN, ABDUL MATEEN, MD	6030 BALLARD AVE STE 130	NEW ORLEANS	LA 70127
17688	07/01/2002		NO	KHAN, UZMA, MD	DEPT OF ENDOCRINOLOGY U M C 2500 N STATE ST	JACKSON	MS 39216-4505
10088	07/14/1983		NO	KHANDERKAR, SOFIA HAQUE, MD	GRACELAND INTERNAL MEDICINE GROUP SUITE 405 1284 WESLEY DR.	MEMPHIS	TN 38116
16428	07/19/1999		NO	KIM, KEITH CHAE, MD	SOUTH MISSISSIPPI SURGEONS, PA 2525 TELEPHONE RD	PASCAGOULA	MS 39567
17046	12/19/2000		NO	KLENOW, CHERYL MARIE, MD	FORT WALTON BEACH MEDICAL CENTER 1000 MARWALT DR	FORT WALTON BEACH	FL 32547
13038	08/11/1989		NO	KLESCH, WILLIAM FRANK, MD	WILLIAM FRANK KLESCH 8862 GARY ROAD	JACKSON	MS 39272
18268	10/03/2003		NO	KNOX, BRUCE RAMSAY, MD	NATCHEZ REGIONAL MEDICAL CENTER 54 SERGEANT S. PRENTISS DRIVE	NATCHEZ	MS 39120
17344	08/13/2001		NO	KOCH, DOUGLAS ALAN, MD	CAMBELL FOUNDATION ATTN: BARBARA JOYNER 1211 UNION AVENUE SUITE 510	MEMPHIS	TN 38104
12733	02/04/1991	1/12/2004	NO	KOCHANSKI, SANDRA CARTER, MD	HELENA REGIONAL MEDICAL CENTER 1801 MARTIN LUTHER KING DR.	HELENA	AR 72342
18427	02/23/2004		NO	KROODSMA, CHRISTOPHER TODD, MD	NO PRIMARY PRACTICE ADDRESS ON FILE.		

License	Issued	Reinstated	Disciplinary	Name	Address	City	State	Zip
07820	01/25/1977	1/14/1997	NO	KULIK, ALCIDES VICTORIA, MD	MS BAPTIST MEDICAL CENTER 1151 N STATE ST STE 210	JACKSON	MS	39202
07763	10/15/1976	1/14/1997	NO	KULIK, FRANK A, MD	MS BAPTIST MEDICAL CENTER 1151 N STATE ST STE 210	JACKSON	MS	39202
14130	09/19/1994	8/5/2003	NO	KULM-NJI, PHILIP, MD	CHILDREN'S HOSPITAL OF PITTSBURGH 3705 FIFTH AVENUE	PITTSBURGH	PA	15213
17526	02/11/2002		NO	KVAMME, PETER, MD	UNIVERSITY OF TENNESSEE MED CENTER 1024 ALCOA HWY	KNOXVILLE	TN	37920-6999
12962	08/20/1991		NO	LABIS, JOHN EDWARD, MD	KIMBERLY CLARK CORP 2100 WINCHESTER RD	NEENAH	WI	54950
17559	08/17/2002		NO	LABBE, MARC ROBERT, MD	1325 E FORTIFICATION ST ONE BAYLOR PLAZA	JACKSON	MS	39058
17616	12/04/2000		NO	LAFONTAINE, STEPHANIE, MD	DIGESTIVE HEALTH CENTER 3990 BIENVILLE BLVD.	OCEAN SPRINGS	MS	39564
11314	04/28/1987		NO	LAMARTINA, JOHN JOSEPH, MD	805 PLANTATION LN	MANDEVILLE	LA	70471-1525
17795	09/23/2002		NO	LANDRY, BERNARD ALDRICH, SR, MD	OPEN IMAGING OF THE SOUTH STE 100 3434 HOUMA BLVD.	METAIRE	LA	70006
13593	07/08/1993		NO	LANE, DANIEL RICHARD, MD	3 MOBILE INFIRMARY CIR STE 212	MOBILE	AL	36607
13783	03/28/1994	8/28/2003	NO	LANSDEN, FRANK TRUE, JR., MD	2029 N OCEAN BLVD #207	FORT LAUDERDALE	FL	33305
80080	08/01/1980		NO	LAROCHE, ROBERT ARTHUR, DPM	FEET FIRST PODIATRIC CARE 12534 AUTUM VISTA	SAN ANTONIO	TX	78249
15420	07/21/1997		NO	LAURO, FRANCIS JOSEPH, DO	950 HIGHWAY 28	JASPER	TN	37347
17314	07/23/2001		NO	LEE, JAMES KHAI, MD	WINTER HAVEN EMERGENCY DEPT 200 AVENUE F NE	WINTER HAVEN	FL	33881
08347	12/02/1971		NO	LEE, ROBERT CARNELL, MD	123 N GREENWOOD	LEBANON	TN	37087
15835	05/18/1998		NO	LEE-CHEE, TATIANA, DO	DEPT OF OPHTHALMOLOGY TULANE MEDICAL CENTER 1430 TULANE AVE	NEW ORLEANS	LA	70112
13774	03/08/1994		NO	LENAHAN, LELAND CORNELIUS, III, MD	108 BLUFF LANE	LAFAYETTE	LA	70506
13331	09/15/1992		NO	LENOX, VALERIE REED, MD	180-B DEBUYS RD STE 120	BILOXI	MS	39531
17008	11/27/2000		NO	LEONELLI, FABIO MASSIMO, MD	CARDIOLOGY ASSOCIATES 8701 AIRPORT BLVD STE D-330	MOBILE	AL	36606
14529	08/14/1995		NO	LEW, CHRISTOPHER YOUNG, MD	1850 GAUSE BLVD STE 201	SLIDELL	LA	70461
17373	09/10/2001		NO	LILLY, MICHAEL CHARLES, MD	KEEHLER AFB MEDICAL CENTER 301 FISHER STREET, SUITE 1A132	KEESLER AFB	MS	39531
09684	08/29/1982		NO	LITNER, JOSEPH S, MD	MEDICAL CENTER OF LOUISIANA	NEW ORLEANS	LA	70130
17875	11/25/2002		NO	LODEIRO, JORGE GABRIEL, MD	WEST PENN HOSPITAL 4800 FRIENDSHIP AVE STE 513 SW	PITTSBURGH	PA	15224
08010	08/06/1977		NO	LOPER, ROBERT MICHAEL, MD	1820 BARRS ST STE 322	JACKSONVILLE	FL	32204
15873	11/17/1997		NO	LOWE, STEVEN CRAIG, MD	6305 HUMPHREYS #205	MEMPHIS	TN	38120
14784	04/24/1996		NO	LUCAS, MICHAEL JAMES, MD	KALISPELL REGIONAL MEDICAL CENTER 310 SUNNYVIEW LANE	KALISPELL	MT	59901
16225	02/22/1999		NO	LUCKY, THOMAS LEE, MD	1216 CONSTITUTION AVE	MERIDIAN	MS	39301
05009	08/11/1998		NO	LYLE, RUSSELL RAY, MD	137 CHARLESTON LANE	MADISON	MS	39110
04387	08/22/1980		NO	MACHLER, THEODORE JOHN, JR, MD	8740 CROSSWINDS DR N STE B	ST PETERSBERG	FL	33710
10777	07/01/1985		NO	MAHAFFEY, EARL LESLIE, MD	MARION COUNTY HOSPITAL 1580 SUMRALL RD	COLUMBIA	MS	39429-2654
11296	03/23/1987		NO	MAHER, BRIAN DOYAL, MD	1800 BROAD AVE	GULFPORT	MS	39501-3603
11386	07/01/1987		NO	MAINOUS, MARK RICHARD, MD	2400 HOSPITAL DR STE 310	BOSSIER CITY	LA	71111
11051	07/01/1988		NO	MALLET, JERRY KENNETH, JR, MD	SOUTHWESTERN STATE HOSPITAL 400 S PINETREE BLVD	THOMASVILLE	GA	31799
14889	07/02/1998		NO	MANDYBUR, GEORGE TIMOTHY, MD	UNIV. OF CINCINNATI COLLEGE OF MED DEPT OF NEUROSURGERY PO BOX 670515	CINCINNATI	OH	45267
13838	05/31/1994		NO	MANEICE, DONNA KAYE, MD	242 WINTON BLOUNT LOOP	MONTGOMERY	AL	36117
07258	08/12/1975	11/9/2001	NO	MANIKTAHLA, KANWAL NAIN, MD	1133 POLO DR	COLLIERVILLE	TN	38017
04842	08/19/1983		NO	MARASCALCO, CHARLES ANTHONY, MD	NO PRIMARY PRACTICE ADDRESS ON FILE.			
12863	09/17/1990		NO	MARTIN, ANDREW WAYNE, MD	NO PRIMARY PRACTICE ADDRESS ON FILE.			
17281	07/02/2001		NO	MARX, ANN POMPE, MD	CPRS 5200 PARK AVENUE	MEMPHIS	TN	38119
17268	08/25/2001		NO	MASHING, GEORGE KENNETH, MD	THE HEART GROUP 1 MOBILE INFIRMARY CIRCLE	MOBILE	AL	36607
11387	07/01/1987		NO	MATHEWS, TIMOTHY EARL, MD	10016 BRITANNY DR	SHREVEPORT	LA	71106
17480	01/07/2002	9/8/2003	NO	MATTHEWS, SENDRA, MD	HOPE HEALING BEHAVIORIAL HEALTHCARE 19 NEWMAN DRIVE, SUITE C	HELENA	AR	72342
16937	09/11/2000		NO	MAYER, DAVID CHARLES, MD	1720 SPRINGHILL AVE STE 500	MOBILE	AL	36607
16885	07/31/2000		NO	MAYER, MAURICE ALUSTIN, MD	NORTHSHORE REG'L MED CNTR EMERGENCY DEPT 100 MEDICAL CENTER DR	SLIDELL	LA	70461
05297	08/15/1998		NO	MAYNOR, ROBERT CLAYTON, JR, MD	MAYNOR EYE CENTER 120 GOVERNORS DR STE 100	HUNTSVILLE	AL	35801
14103	09/08/1994	7/18/2003	YES	MAZUR, RICHARD ALFRED, MD	INSTANT CARE FAMILY MEDICAL 422 MEMORIAL BLVD	PICAYUNE	MS	39468
17315	07/23/2001		NO	MCCANN, RHONDEL JOYCE, MD	N MS NEUROSURGICAL SERVICES PA 4381 S BLVD STE 302	TUPELO	MS	38801
16513	09/23/1999		NO	MCCORD, STACIE LYN, MD	DEPT OF INTERNAL MEDICINE UMC 2500 N STATE ST	JACKSON	MS	39216
13784	03/28/1994		NO	MCCAUGH, RONALD CLAY, JR., MD	1803 6TH STREET	MERIDIAN	MS	39301
08382	08/08/1978		NO	MCGRAW, JOHN JAY, MD	LAUREL BONE & JOINT CL 424 S 13TH AVE	LAUREL	MS	39442
13193	07/01/1992		NO	MCKINNEY, DAVID WENDELL, MD	1105 EARL FRYE BLVD	AMORY	MS	38621
17860	08/17/2002		NO	MCLAUGHLIN, ROBERT EUGENE, II, MD	MISS SPORTS MEDICINE 1325 E FORTIFICATION ST	JACKSON	MS	39202
15984	07/29/1998		NO	MERCER, DAVID WAYNE, MD	DEPARTMENT OF ONCOLOGY UMC 2500 N STATE ST	JACKSON	MS	39216

License	Issued	Reinstated	Disciplinary Name	Address	City	State	Zip
12464	05/18/1990	8/5/2003	NO	METZINGER, STEPHEN E, MD	DEPT OF OTOLHNS LSU MEDICAL CENTER IN NEW ORLEANS 533 BOLIVAR STREET 5TH FLOOR	NEW ORLEANS	LA 70112
14310	04/10/1995		NO	MICHALSON, ARNE EDWARD, MD	NIIC SUITE 110 700 IRONWOOD DR	COEUR D'ALENE	ID 83814
04218	06/24/1959		NO	MIDDLETON, ROBERT HIRAM, JR, MD	NO PRIMARY PRACTICE ADDRESS ON FILE.		
17141	04/02/2001		NO	MIKULSKI, MAREK TADEUSZ, MD	BAY AREA HEART CNTR 5396 PARK ST N	ST PETERSBURG	FL 33709
10306	07/01/1984		NO	MILLER, MARK PAGE, MD	7655 POPLAR AVE STE 230	GERMANTOWN	TN 38801
15696	12/15/1987		NO	MINES, MARK HAROLD, MD	CARDIOLOGY ASSOCIATES OF N MS 499 GLOSTER CREEK VILLAGE STE A-2	TUPELO	MS 38801
08387	08/08/1978	12/12/1994	NO	MINOKADEH, SAID, MD	18 LAKEWOOD ESTATE DR	NEW ORLEANS	LA 70131-8358
04077	09/25/1958		NO	MOFFATT, ROBERT GARR, MD	MEDICAL CENTER BLDG 88 VICTORIA RD	ASHEVILLE	NC 28801
17574	04/09/2002		NO	MOISSIDIS, IOANNIS (JOHN) A, MD	LSU HEALTH SERV/ALLERGY/IMMUNOLOGY P O BOX 33832 1501 KINGS HWY	SHREVEPORT	LA 71130
06940	08/20/1974	8/1/2003	NO	MONGAYA, ROMEO BUAYA, MD	VETERANS ADMINISTRATION HOSPITAL	BAY PINES	FL 33744
15225	03/10/1997	8/19/2003	NO	MONGE, AGUSTIN A C, MD	USC NORRIS CANCER CENTER 1441 EASTLAKE AVE MS 34	LOS ANGELES	CA 90089
17575	04/08/2002		NO	MOOLCHANDANI, RAJENDRA, MD	MAA GROUP 6080 POPLAR AVE STE 364	MEMPHIS	TN 38117
80181	09/13/1999		NO	MOON, CHRISTOPHER AUSTIN, DPM	FOOT CLINIC OF TUPELO 1176 CROSSCREEK DR	SALTILLO	MS 38868
14378	08/12/1995		NO	MOORE, BLAKE HARRISON, MD	500 THURGOOD MARSHALL BLVD SUITE C	KINGSTREE	SC 29558
17395	09/27/2001		NO	MOORE, JUDSON BURKE, MD	UMC ORTHOPAEDIC SURGERY RESIDENCY 2500 N STATE ST	JACKSON	MS 39216
11393	07/01/1987	4/20/1998	NO	MOORE, MERWIN BLANCHARD, III, MD	HATTIESBURG CLINIC P A DEPARTMENT OF ORTHOPEDICS 415 S 28TH AVE	HATTIESBURG	MS 39401
03691	12/05/1955		NO	MORELAND, WENDY SIMMONS, MD	704 BROAD ST	COLUMBIA	MS 39429
17517	02/04/2002		NO	MORRIS, MICHAEL DALE, MD	BAPTIST HOSPITAL/DEPT OF PATHOLOGY 1000 W MORENO ST P O BOX 17500	PENSACOLA	FL 32522-7500
07891	05/09/1976		NO	MOSES, KEITH CORNELL, MD	DESTREHAN FAMILY HEALTH CENTER 158 LONGVIEW DR STE C	DESTREHAN	LA 70047
11454	05/29/1987		NO	MUEHLBERGER, GERALD LEE, MD	3712 EXECUTIVE CENTER DRIVE	MARTINEZ	GA 30907
16908	09/14/2000		NO	MUNN, BARRY GALE, MD	HUMANA MILITARY HEALTH CARE SERVICE 2130 PASS RD	BILOXI	MS 39531
15954	07/27/1998		NO	MUNOZ, OSCAR CARLOS, MD	871 LAKELAND DR. STE. 303	JACKSON	MS 39216
18001	03/17/2003		NO	MURSHED, FARID, MD	NATCHEZ COMMUNITY HOSPITAL 129 JEFFERSON DAVIS BLVD	NATCHEZ	MS 39120
17392	09/24/2001		NO	NADAR, VENKATESH K, MD	COASTAL FAMILY HEALTH CENTER SAUCIER CLINIC HWY 49	SAUCIER	MS 39574
17135	03/26/2001		NO	NELSON, RICHARD AUSTIN, DO	DOCTORS PLAZA 4211 HOSPITAL RD. STE.#101	PASCAGOULA	MS 39581
13486	08/28/1993		NO	NIAZ, MUHAMMED ARIF, MD	4410 GENTRICE DR	VALRICO	FL 33594
14993	08/05/1996		NO	NICHOLLS, RICHARD AURELIUS, MD	268 SOUTH COLLEGE AVE	NEWARK	DE 19711
07146	12/12/1974		NO	NICHOLSON, DOUGLAS JOHN, DO	1321 BAYOU DR	OCEAN SPRINGS	MS 39684
16850	07/10/2000		NO	NIX, JAMES ELMER, MD	FAMILY MEDICAL ASSOC 701 S HOLLY	COLLINS	MS 39428
03769	09/27/1956		NO	NORSWORTHY, THOMAS PHILIP, MD	3838 REDBUD RD	JACKSON	MS 39211
09489	07/01/1983		NO	NUGENT, LOYD EUGENE, MD	708 W FOREST AVE	JACKSON	TN 38301
14234	01/23/1995	8/25/2003	NO	OBRIEN, BARBARA CAPE, MD	702 N WALTON BLVD. #1	BENTONVILLE	AR 72712
07040	08/08/1974		YES	OBRIEN, EDWARD J., SR., MD	NEUROLOGY CLINIC PC 80 HUMPHREYS STE 320	MEMPHIS	TN 38120
17853	09/10/2002		NO	OMARA, PATRICK WRIGHT, MD	MEADOWCREST HOSPITAL 2500 BELLE CHASSE HWY	GRETNNA	LA 70053
12213	07/03/1999		NO	O'SULLIVAN, PATRICK JOSEPH, MD	UMC DEPT OF PEDIATRICS 2500 N STATE ST	JACKSON	MS 39216
04084	06/25/1958		NO	ODOM, GUY LEARY, JR, MD	80 HUMPHREYS CENTER STE 320	MEMPHIS	TN 38120
09922	09/21/1983		NO	OHSIEK, CATHERINE CAROL, MD	1113 WARRIOR DR	FRANKLIN	TN 37064
12006	02/13/1989		NO	OOSTWOUDE, PETER HENRY, MD	ODOM MED CLINIC HAWKINS ST	BASSFIELD	MS 39421
10817	07/02/1985		NO	OPPENHEIMER, JEFFREY HARRY, MD	BAMC FORT SAM	HOUSTON	TX 78234
16956	10/02/2000		NO	OSBORNE, REBECCA LYNN, MD	2400 COUNTY RD 415-A	SANFORD	FL 32771
17274	08/25/2001		NO	PACE, HARRELL SHANS, MD	1850 GAUSE BLVD E STE 304	SLIDELL	LA 70461
06591	12/07/1972		NO	PAGE, MATTHEW J, MD	MEDICINE/PEDIATRICS RESIDENCY PROG UMC 2500 N STATE ST	JACKSON	MS 39216
03771	08/27/1956		NO	PALADUGU, RAMESH, MD	180 B DEBUYS RD STE 201 P O BOX 8002	BILOXI	MS 39535
18099	05/19/2003		NO	PALMA, CLARO T, MD	239 N FLORIDA ST	GREENVILLE	MS 38701
13715	11/18/1993		NO	PARR, ROBERT JAY, MD	ONE BAYLOR PLAZA 404D	HOUSTON	TX 77030
16910	08/14/2000		NO	PASSYN, KATHERINE LIPSCOMB, MD	1753 W. RIDGEWAY AVE. STE 105	WATERLOO	IA 50701
14323	05/01/1995		NO	PATEL, MOHANLAL LADHABHAI, MD	FIRST HEALTH GROUP 3200 HIGHLAND AVE	DOWNERS GROVE	IL 60515
07837	01/31/1977		NO	PAZZAGLIA, PEGGY JO, MD	PENINSULA REGIONAL MEDICAL CENTER EMERGENCY SERVICES ASSOC 100 E CARROLL ST	SALISBURY	MO 21801
15968	09/08/1997		NO		SAINT FRANCIS HOSPITAL 5959 PARK AVE	MEMPHIS	TN 38119
14248	01/30/1995	8/22/2001	NO		PHILADELPHIA HEALTH CENTER 220 HOSPITAL RD E	PHILADELPHIA	MS 39350
					UNIV TX MED SCHOOL HOUSTON HCPC HCPC 3006 2800 S MACGREGOR WAY	HOUSTON	TX 77225-0249

License	Issued	Reinstated	Disciplinary Name	Address	City	State	Zip
02727	06/29/1948		NO	PEACE, ROBERT JOSEPH, MD	UNIVERSITY SC SCHOOL MEDICINE DEPT PATHOLOGY/MICROBIOLOGY BLDG 1 RM C13	COLUMBIA	SC 28297
15051	06/09/1986		NO	PENNISSON, ANNE MARIAN, MD	MEDICINE DEPT (111) VA MEDICAL CENTER 400 VETERANS AVE	BILOXI	MS 39531-2410
10728	07/01/1985		NO	PERRY, ELIZABETH HENDERSON, MD	357 TOWNE CENTER BLVD STE 400	RIDGELAND	MS 39157
17425	10/22/2001		NO	PESLIT, TRACY ANNE, MD	DEPT OF ORTHOPEDIC SURGERY UMC 2500 N STATE ST	JACKSON	MS 39216
05485	06/07/1987		NO	PHILLIPS, CYRIL, MD	200 NORTHRIDGE RD STE 500	ATLANTA	GA 30350
05683	06/21/1988		NO	PLATT, LUCAS OLIVER, MD	UROLOGY PA 830 SO GLOSTER ST EAST TOWER 4TH FLOOR	TUPELO	MS 38801
08407	08/08/1978		NO	POLK, OCTAVIUS DOUGLAS, JR., MD	18116 LLEWELLYN MANOR WAY	SILVER SPRING	MD 20905
08761	08/09/1973		NO	PORTERA, LOUIS ANTHONY, MD	BUMC ED 3500 GASTON AVE	DALLAS	TX 75246
14335	05/15/1985		NO	POSEY, ROBERT ALLEN, MD	806 UNIVERSITY BLVD. STE. G	TUSCALOOSA	AL 35408
05535	06/07/1987		NO	POWELL, ALAN EDWARD, MD	17221 E 23RD ST STE 210	INDEPENDENCE	MO 64057
10856	05/14/1985		NO	PREAU, WILLIAM JOSEPH, III, MD	#9 CLAUDIA DR	COVINGTON	LA 70433
07352	08/04/1975		NO	PRICHARD, WALDEMAR LANDRY, JR., MD	122 E BAKER	INDIANOLA	MS 38751
16554	09/13/1999		NO	PRIDY, JOHN FRANKLIN, MD	CAMPBELL FOUNDATION 1211 UNION AVE STE 510	MEMPHIS	TN 38104
12899	11/19/1980		YES	PULLIAM, KATHY A, MD	4080 NA AHTEE TRAIL	SNELLVILLE	GA 30039
17034	12/18/2000		NO	PULUSAM, DEEPIKA REDDY, MD	8005 PARK AVE. STE 511	MEMPHIS	TN 38118-5221
15817	09/29/1997		NO	QUESNEL, GEORGES, MD	2449 RAVENA BLVD #101	NAPLES	FL 34109
11201	09/10/1986	6/16/2003	NO	QUILLEN, TIMOTHY JOSEPH, MD	394 SINGLETON RIDGE RD P O BOX 1809	CONWAY	SC 29528
14086	08/15/1994		NO	RAHMAN, SHAHIDUR, MD	12712 BURMAH COURT	ODESSA	FL 33558
11857	04/19/1988	4/8/2004	NO	RAILA, FRANK ARTHUR, MD	UMC DEPT RADIOLOGY 2500 N STATE ST	JACKSON	MS 39216
10835	07/08/1985		NO	RANDOLPH, BRUCE WENDELL, MD	RANDOLPH MEDICAL CLINIC DELTA MEDICAL PROFESSIONAL BUILDING 3960 KNIGHT ARNOLD RD STE 103	MEMPHIS	TN 38118
13502	06/29/1993		NO	RAVEL, RICHARD, MD	1300 ENISWOOD PARKWAY	PALM HARBOR	FL 34683
03501	06/21/1954		NO	RAWLS, JOHN ELDRIDGE, MD	100 W 12TH ST 4E	NEW YORK	NY 10011-8242
16147	11/23/1998		NO	REDDY, VARDHAN JONNALA, MD	UNIV OF MS MED CENTER DEPT OF CARDIOTHORACIC 2500 N STATE ST	JACKSON	MS 39216-9976
03622	06/27/1985	9/16/2003	NO	REES, TERRY TAYLOR, MD	NO PRIMARY PRACTICE ADDRESS ON FILE.		
05940	12/04/1989		NO	REID, MAY VIRGINIA, MD	8882 GARY RD	JACKSON	MS 39272
14240	01/24/1985		NO	REMKUS, JAMES EDWARD, MD	5 SANCTUARY	SAN ANTONIO	TX 78248
13037	12/30/1991		NO	RENAUDIN, WILLIAM S, MD	102 FAIRWAY DR.	NEW ORLEANS	LA 70124
10734	07/01/1985		NO	REYNOLDS, TIMOTHY JAMES, MD	RUSH MEDICAL GROUP PA 1800 12TH STREET	MERIDIAN	MS 39301
17188	05/07/2001		NO	RIAZ, SHAHID, MD	40124 US HWY 27 STE 204	DAVENPORT	FL 33837
11411	07/01/1987		NO	RICHARDSON, JOHN DAVID, MD	STE 234 HIGHLAND VILLAGE 4500 I-55N	JACKSON	MS 39211
17504	01/28/2002		NO	ROBERTS, GREGORY JOSEPH, MD	CAMPBELL FOUNDATION 1211 UNION AVE STE 510	MEMPHIS	TN 38104
14148	10/08/1994		NO	ROBERTSON, CHARLES HAYNE, MD	1150 PAYNE AVE	CASPER	WY 82609
06870	08/15/1973	7/7/1997	NO	ROBICHAUX, MICHAEL RICHARD, MD	4425 HWY 1	RACELAND	LA 70384
12442	05/14/1990		NO	RODRIGUEZ, GONZALO JOSE, JR, MD	BRONSON MEDICAL OFFIC PAVILLION 801 JOHN STREET, SUITE M-351	KALAMAZOO	MI 49007
16832	06/28/2000		NO	RODTS-PALENK, SHERYL ELAINE, MD	OBIGYN DEPT UMMC 2500 N STATE ST	JACKSON	MS 39216
16132	11/18/1998		NO	ROOP, KIMBERLY ANN, MD	MALCOLM GROW MEDICAL CENTER 1050 W PERIMETER RD	ANDREWS AFB	MD 20782
18856	01/24/2000		NO	ROSE, AMY TWIFORD, MD	NO PRIMARY PRACTICE ADDRESS ON FILE.		
17021	12/04/2000		NO	ROSE, DAVID MICHAEL, MD	NO PRIMARY PRACTICE ADDRESS ON FILE.		
16284	04/19/1999		NO	ROSENFELD, DAVID JOHN, MD	3800 ST CHARLES AVE	NEW ORLEANS	LA 70112
07198	12/12/1974		NO	ROY, JOSEPH AARON, MD	12 OAK ALLEY	BATON ROUGE	LA 70806
10787	07/01/1985		NO	RUSSELL, WILLIAM EVANS, MD	MED DIR-RADIATION ONCOLOGY CENTER 3800 FLORIDA BLVD	BATON ROUGE	LA 70821-2511
14928	10/23/1995		NO	SAMI, MUHAMMAD KHALID, MD	ALL PEDIATRICS 10441 QUALITY DR. STE 107	SPRING HILL	FL 34609
17813	05/13/2002		NO	SAMS, JOSEPH OZBURN, MD	OB-GYN ASSOCIATES LTD 800 S CHURCH ST STE 302	JONESBORO	AR 72401
08541	01/04/1979		YES	SAVAGE, PATRICK JOSEPH, MD	311 EAST MATTHEWS	JONESBORO	AR 72401
16913	09/14/2000		NO	SAVATEL, ANGELA M, MD	RIVER REGION HEALTHCARE 2100 HWY 61 N	VICKSBURG	MS 39153
15978	07/29/1998		NO	SCOTT, STEPHEN SHERROD, MD	MORGANTON EYE PHYSICIANS 335 EAST PARKER ROAD	MORGANTON	NC 28655
14300	04/03/1995		NO	SEDRISH, PHILLIP PAUL, MD	1011 HWY 90	BAY ST LOUIS	MS 39520
18322	11/10/2003		NO	SHAH, SANJAY BACHUBHAI, MD	CAPE FEAR VALLEY MED. CENTER OWEN DRIVE	FAYETTEVILLE	NC 28303
13452	05/17/1993		NO	SHARP, RICHARD BRIAN, MD	COLLON & CARNEY CLINIC ASSOC 5002 COWHORN CREEK RD	TEXARKANA	TX 75703
14150	10/10/1994		NO	SHEA, DANIEL FRANCIS, JR, MD	121 MULBERRY HILL LN	EDENTON	NC 27832
15755	03/09/1998		NO	SHERROD, JOHN DENTON, MD	DEEP SOUTH DERMATOLOGY 27825 B HWY 88	DAPHNE	AL 36526
12313	09/26/1988		YES	SHIPKEY, FREDRICK, MD	UMC DEPT PATHOLOGY 2500 N STATE ST	JACKSON	MS 39216

License	Issued	Reinstated	Disciplinary Name	Address	City	State	Zip
15976	07/29/1998		NO	SIMMONS, EDITH MARIE, MD	DEPT OF NEPHROLOGY VANDERBILT UNIVERSITY MEDICAL CTR S-3223 MCN	NASHVILLE	TN 37232
07714	08/09/1978		NO	SIMMONS, GREGORY ELLIS, MD	DEPT OF PATHOLOGY ST FRANCIS MEDICAL CENTER 530 NE GLEN OAK	PEORIA	IL 61637
11425	07/01/1987	7/14/1997	NO	SIMON, STUART BEN, MD	STE 854 WADLEY TOWER 3800 GASTON AVE	DALLAS	TX 75246
03785	06/27/1958		NO	SMITH, GEORGE FAUSON, MD	V A HOSPITAL PATH & LAB MED SER	JACKSON	MS 39216
18072	05/19/2003		NO	SMITH, LESLIE W., DO	DELTA REGIONAL MEDICAL CTR. 1400 E. UNION ST.	GREENVILLE	MS 38704
02543	06/19/1948		NO	SMITH, MENDEL WALLACE, MD	478 POST LANE	BILOXI	MS 39531
15411	07/21/1997		NO	SPURRIER, DANIEL ROBERT, MD	GREENVILLE NEUROSURGICAL CLINIC 528 FAIRVIEW AVE	GREENVILLE	MS 38701
14449	07/05/1995		NO	SRINATH, GOWDAGERE THIMMAIAH, MD	UMC-PEDIATRIC EMERGENCY MEDICINE 200 N STATE ST	JACKSON	MS 39216
13430	03/29/1993		NO	STANLEY, FRANKIE EDWARD, MD	2497 WENDOVER DRIVE	BELDEN	MS 38826
14504	07/31/1995		NO	STANTON, PAUL ANDREW, MD	16850 BEAR VALLEY RD	VICTORVILLE	CA 92392
14114	09/12/1994		NO	STEGALL, AVA LYNN, DO	NO PRIMARY PRACTICE ADDRESS ON FILE.		
12014	02/27/1988	8/28/2004	NO	STEIN, LEE STUART, MD	THE NEUROLOGY CLINIC PC 80 HUMPHREYS CENTER SUITE 320	MEMPHIS	TN 38120
16834	09/26/2000		NO	STEVENS, AMY O'NEARA, MD	UMMC- DEPT OF OB GYN 2500 N STATE ST	JACKSON	MS 39211
15874	06/16/1998		NO	STEWART, JOHN ALAN, MD	STEWART FAMILY HEALTH 353 NEW SHACKLE ISLAND RD STE 107A	HENDERSONVILLE	TN 37075
11452	05/26/1987	5/12/2004	NO	STEWART, REGINALD WESLEY, DO	3702 JEFFERSON ST	PASCAGOULA	MS 39567
18673	02/07/2000	10/19/2000	NO	STOKES, DAVID ANDREW, MD	MS SPORTS MEDICINE 1325 E FORTIFICATION	JACKSON	MS 39206
17383	09/17/2001		NO	STOVER, STEPHANIE ANDREA, MD	UMC PLASTIC SURGERY RESIDENCY 2500 N STATE ST	JACKSON	MS 39216
07754	09/02/1978		NO	STROBLE, CHARLES PATRICK, MD	OCEAN SPRINGS HOSPITAL P O BOX 1627	OCEAN SPRINGS	MS 39556
10445	07/01/1984		NO	STUDDARD, HARRY E. II, MD	100 MEMORIAL HOSPITAL DR. SUITE 3A	MOBILE	AL 36608
08257	08/11/1971		NO	SUBER, BARRY DUVAL, MD	900 MAIN ST	NATCHEZ	MS 38120-3640
12244	07/17/1989		NO	SUTHERLAND, ARTHUR JOSEPH, III, MD	1325 EASTMORELAND STE 480	MEMPHIS	TN 38104
08259	06/11/1971		NO	SUTTLE, DAVID EARL, MD	DIR OFFICE OF FAMILY HEALTH SERV VIRGINIA DEPARTMENT OF HEALTH 1500 E MAIN ST RM 104	RICHMOND	VA 23219
13915	07/01/1994		NO	SWAYZE, ALAN RHOADES, MD	MCCOMB ORTHOPAEDIC CENTER, PC 300 MARION AVE., STE. A	MCCOMB	MS 39848
18032	04/14/2003		NO	SZABO, KATHERINE B, MD	DEPARTMENT OF ANESTHESIOLOGY UMC 2500 N STATE ST	JACKSON	MS 39218
14744	03/11/1998		NO	T HART, BARBARA JEAN, MD	NO PRIMARY PRACTICE ADDRESS ON FILE.		
09564	05/10/1982	YES	NO	TAKOS, ROBERT MICHAEL, MD	ATTICA CORRECTIONAL FACILITY P O BOX 149 EXCHANGE STREET	ATTICA	NY 14011
06503	12/07/1972		NO	TALLEY, DEAN BEAURY, MD	103 FAIRWAY DR	CARROLLTON	GA 30117
17830	10/21/2002		NO	TANNER, BENJAMIN D, MD	KEESLER MEDICAL CENTER 301 FISHER ST	KEESLER AFB	MS 39534
03631	08/27/1955		NO	TANNER, JAMES CARLOS, MD	1580 E 2ND ST	PASS CHRISTIAN	MS 39571
13568	07/01/1993		NO	TAYLOR, CLINTON HENDERSON, MD	BAPTIST MEM HOSPITAL UNION CO HWY 30 W	NEW ALBANY	MS 38852
08260	08/11/1971		NO	TAYLOR, JESSIE ROMA, MD	224A CR 506	SHANNON	MS 38868
07598	07/14/1978		NO	THOMPSON, BARRY HAMMOND, MD	NO PRIMARY PRACTICE ADDRESS ON FILE.		
08539	03/09/1982		NO	THORNTON, DANIEL RAYMOND, III, MD	8100 C POPLAR SPRINGS DR	MERIDIAN	MS 38305
18213	02/08/1990		NO	TOPOLCIC, DARIO MAZZOTTA, MD	WATSON CLINIC LLP 1800 LAKELAND HILLS BLVD	LAKELAND	FL 33805
07485	10/28/1975		NO	TRAITMAN, ROBERT JOSEPH, JR, MD	5005 PARK 1005 B	MEMPHIS	TN 38119
13804	07/12/1983		NO	TRAVIS, JO M, MD	154 FLAGG HILL RD	HEATH	MA 01348
18117	06/23/2003		NO	TSCHOI, MARY, MD	UMMC DEPT. OF PLASTIC SURGERY 2500 NORTH STATE ST.	JACKSON	MS 39216
07730	08/08/1978	8/15/2003	NO	TURNER, HARRY LELAND, JR, MD	WUESTHOFF HOSPITAL WICKHAM ROAD	JACKSON	MS 39216
05759	12/21/1988		NO	TURNER, THOMAS MURRAY, MD	1189 ANGELO DR	BEVERLY HILLS	CA 90210
13013	11/04/1991		NO	UGAJIN, KAZUO, MD	NO PRIMARY PRACTICE ADDRESS ON FILE.		
14368	08/12/1995		NO	UMOREN, AQUA DON EMMANUEL, MD	WOMEN'S FIRST CHOICE PC 500. 15TH STREET E	TUSCALOOSA	AL 35401
08698	07/01/1982		NO	VACEK, JAMES LADDIE, MD	MID AMERICA CARDIO ASSOC KU MED 3901 RAINBOW BLVD. G800	KANSAS CITY	KS 66109-7200
13569	07/01/1993		NO	VANCE, GREGORY ALAN, MD	UNIVERSITY MS MEDICAL CENTER DEPT OF OBSTETRICS/GYNECOLOGY 2500 NORTH ST STREET	JACKSON	MS 39216
13569	07/01/1993		NO	VANCE, LEIGH ANN, MD	3100 W SAHARA STE 200	LAS VEGAS	NV 89102
17112	02/26/2001		NO	VARNER, CHERYL LYNN, MD	DEPT. OF SURGERY DIV. OF OTOLARYNGOLOGY UMC 2500 N STATE ST	JACKSON	MS 39218
12829	07/30/1990	8/18/2002	NO	VITTOR, VIRGINIA JOYCE, MD	WAKENHUT CORRECTIONAL CGRP MARSHALL COUNTY CORRECTIONAL 833 WEST ST SUITE 21786	HOLLY SPRINGS	MS 38835-9552
11431	07/01/1987	8/22/2000	NO	WALKER, ARMIE W, MD	8 MEDICAL CENTER DR	JACKSON	TN 38301
05401	12/08/1986		NO	WALKER, GENE TALMADGE, MD	VICKSBURG OB-GYN ASSOC 1203 MISSION PARK DR P O BOX 728	VICKSBURG	MS 38181
11795	07/01/1988	8/17/2003	NO	WALTER, LAWRENCE EDWARD, III, MD	PRIMARY CARE CENTER BALBOA NAVAL MEDICAL CENTER 34800 BOB WILSON DR	SAN DIEGO	CA 92134-5000
17638	08/03/2002		NO	WALTERS, RONALD STEWART, MD	DEPT OF BREAST MEDICAL ONCOLOGY M D ANDERSON CANCER CENTER 1515 HOLCOMBE BOX 424	HOUSTON	TX 77030

License	Issued	Reinstated	Disciplinary	Name	Address	City	State	Zip
12027	03/20/1989		NO	WARDEN, CLARK GERARD, MD	SOUTH MS SURGEONS PA 2525 TELEPHONE RD.	PASCAGOULA	MS	39567
13680	10/04/1993	7/3/1997	NO	WARREN, EDITH ALEXANDRIA, MD	86TH MDSS/SG81 307 BOATNER RD STE 114	EGLIN AFB	FL	32542
13807	07/13/1993		NO	WASHBURN, LISA KATHERYN, MD	WAKE FOREST UNIVERSITY SCHOOL OF ME DEPT OF PEDIATRICS MEDICAL CENTER	WINSON -SALEM	NC	27157
13752	01/24/1994	9/4/2002	NO	WATSON, RICHARD BALDWIN, MD	2134 E 27TH ST	YUMA	AZ	85364
10958	02/28/1988		NO	WEATHERLY, MARK WILLARD, MD	4535 KINGS BROOK RD	MEMPHIS	TN	38117
17977	02/10/2003		NO	WELLS, DYLAN ROBERT, MD	UT DEPT OF OB/GYN 853 JEFFERSON AVE D-103	MEMPHIS	TN	38103
15893	08/29/1988		NO	WELLS, MARK STREETER, MD	PREFERRED WOMEN'S CARE 403 ALCORN DRIVE SUITE A	CORINTH	MS	38834
18312	11/03/2003		NO	WELT, SYDNEY, MD	MEMORIAL SLOAN KETTINGING 1275 YORK AVENUE	NEW YORK	NY	10021
12064	05/15/1989		NO	WEST, LARRY KETNER, MD	PIKEVILLE RADIOLOGY PIKEVILLE MEDICAL BUILDING	PIKEVILLE	KY	41501
13965	07/01/1994	3/11/2002	NO	WHITE, STEPHEN ANDREW, MD	7880 AIRWAYS BLVD	SOUTHAVEN	MS	38871
17406	10/08/2001		NO	WIEDENHOEFER, JAMES F, MD	67TH COMBAT SUPPORT HOSPITAL USA MEDDAC WUERZBURG, GERMANY	APO	AE	09244
17435	11/05/2001		NO	WILKAITIS, JOHN ELGIN, MD	NO PRIMARY PRACTICE ADDRESS ON FILE.			
03515	09/21/1954		NO	WILKERSON, BUFORD HAYES, MD	400 LOVERS LANE	OCEAN SPRINGS	MS	39564
17297	07/08/2001		NO	WILLIAMS, DRAKE BRENDAN, MD	UNIV OF SO ALABAMA 1000 FILGEM AVE	MOBILE	AL	36604
06144	12/03/1970		NO	WILLIAMS-NEAL, ETHELYN JUANITA, MD	1331 UNION AVE STE 900	MEMPHIS	TN	38104
13075	02/24/1992		NO	WILLIS, FRED SPENCER, JR, MD	NO PRIMARY PRACTICE ADDRESS ON FILE.			
06789	08/09/1973		NO	WILSON, GEORGE RICE, III, MD	655 W 8TH ST	JACKSONVILLE	FL	32208
04124	08/25/1958		NO	WISE, JAMES EDWIN, JR, MD	BOLIVAR COUNTY MEDICAL CENTER 901 E SUNFLOWER RD P O BOX 1380	CLEVELAND	MS	38732
03827	09/27/1958		NO	WOFFORD, JOHN DAVID, SR, MD	NO PRIMARY PRACTICE ADDRESS ON FILE.			
14532	09/14/1995		NO	WOODWORTH, CHRISTOPHER SCOTT, MD	1311 ASTON AVE	MCCOMB	MS	39648
17259	09/19/2001		NO	WRIGHT, ROSILIN, MD	FAMILY HEALTH CARE 899 E POPLAR	SELMEY	TN	38375
17898	09/17/2002		NO	YADAO, MELISSA ANN, MD	1325 E FORTIFICATION ST	JACKSON	MS	39202
17979	02/10/2003		NO	YATES, CLARENCE BURL, MD	RADIOLOGY DEPT KEESLER MEDICAL CENTER 301 FISHER ST RM 1A132	KEESLER AFB	MS	39534
15468	07/29/1997		NO	YATES, NORMAN LEE, III, MD	GENERAL SURGERY CENTER 5102 PAULSON ST # 2	SAVANNAH	GA	31405
11959	11/29/1996		NO	ZANDERS, MARY JOSEPHINE, MD	12121 RICHMOND AVE STE 104	HOUSTON	TX	77082
10075	07/09/1983	8/18/2002	NO	ZEPERNICK, RICHARD GUSTAV, MD	1111 MEDICAL CENTER BLVD SUITE S-450	MARRERO	LA	70072
10520	11/28/1985		YES	ZYLANOFF, PHILLIPA LOUISE, MD	17311 BEECHWOOD	BIRMINGHAM	MI	48025

I certify that the names appearing on this list have renewed their Mississippi licenses for the period July 1, 2003 thru June 30, 2004.


EXECUTIVE DIRECTOR

Total number of physicians : 438

COPY

ADMINISTRATIVE PROCEDURES FILING NOTICE

Agency Mississippi State Board of Medical Licensure
Address 1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216
Phone (601) 987-3079

Person to contact Rhonda Freeman
Address 1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216
Transmittal date July 19, 2004

Copy attached: Yes No

Name or number of rule(s) XII. Release of Medical Records; F. Duplication and Administrative Fees

Terms or substance of the actions or description of the subject and issues:
Amends the previous filing. The amended filing updates the Board's regulation to coincide with Senate Bill 2004 from the 2004 1st Extraordinary Session.

Printed name and title
of person authorized to file rules: Rhonda Freeman Division Director
Name Title
Rhonda Freeman
Signature

EMERGENCY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect _____ days Effective date: <input type="checkbox"/> Immediately on <input type="checkbox"/> Other (specify): _____	Action proposed: <input type="checkbox"/> New rule(s) <input checked="" type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed date of adoption: <input checked="" type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____	Action taken: <input type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn Date action taken _____ <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
<div style="border: 1px solid black; height: 150px; width: 100%;"></div>	<div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>FILED JUL 19 2004 MISSISSIPPI SECRETARY OF STATE</p> </div>	<div style="border: 1px solid black; height: 150px; width: 100%;"></div>

Accepted for filing by _____ Accepted for filing by [Signature] Accepted for filing by _____

XII. RELEASE OF MEDICAL RECORDS

F. DUPLICATION AND ADMINISTRATIVE FEES

Licensees have a right to be reimbursed for duplication and other expenses relating to requests for medical records. ~~The maximum copying charge is twenty dollars (\$20) for up to 20 pages and one dollar (\$1.00) per page for 21 or more pages. Except in those instances where the patient is requesting a copy of his/her medical record, the Board of Medical Licensure will not prohibit a Licensee from charging an additional administrative fee up to \$25.00 associated with retrieving records from storage or archives.~~ The copying charge is set by Senate Bill 2004 (Statute number to be assigned) of the 2004 First Extraordinary Session, effective July 1, 2004, as follows: Any medical provider or hospital or nursing home or other medical facility shall charge no more than the following amounts to patients or their representatives for photocopying any patient's records: Twenty Dollars (\$20.00) for pages one (1) through twenty (20); One Dollar (\$1.00) per page for the next eighty (80) pages; Fifty Cents (50¢) per page for all pages thereafter. Ten percent (10%) of the total charge may be added for postage and handling. Fifteen Dollars (\$15.00) may be recovered by the medical provider or hospital or nursing home or other medical facility for retrieving medical records in archives at a location off the premises where the facility/office is located. In addition, the actual costs of reproducing x-rays or other special records may be included. The duplication and administrative fees authorized herein are not intended to include or restrict any fees charged in relation to expert testimony.

COPY

ADMINISTRATIVE PROCEDURES FILING NOTICE

Agency Mississippi State Board of Medical Licensure
Address 1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216
Phone (601) 987-3079

Person to contact Rhonda Freeman
Address 1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216
Transmittal date July 19, 2004

Copy attached: Yes No

Name or number of rule(s) XXIX. Regulations Pertaining to Internet Prescribing

Terms or substance of the actions or description of the subject and issues:
Amends the previous filing. The amended filing will require a physician to obtain a physical or mental examination.

Printed name and title
of person authorized to file rules: Rhonda Freeman Division Director
Name Title
Rhonda Freeman
Signature

EMERGENCY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect _____ days Effective date: <input type="checkbox"/> Immediately on <input type="checkbox"/> Other (specify): _____	Action proposed: <input type="checkbox"/> New rule(s) <input type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed date of adoption: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____	Action taken: <input checked="" type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn Date action taken <u>July 15, 2004</u> <input checked="" type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
<div style="border: 1px solid black; height: 150px; width: 100%;"></div>	<div style="border: 1px solid black; height: 150px; width: 100%;"></div>	<div style="border: 1px solid black; padding: 10px; text-align: center;">FILED JUL 19 2004 MISSISSIPPI SECRETARY OF STATE</div>
Accepted for filing by _____	Accepted for filing by _____	Accepted for filing by <u>J. Clay</u>

XXIX.**REGULATIONS PERTAINING TO INTERNET PRESCRIBING**

Essential components of proper prescribing and legitimate medical practice requires that the physician obtains a thorough medical history and conducts an appropriate physical and/or mental examination before prescribing any medication for the first time.

Exceptions to this circumstance that would be permissible may include, but not be limited to: admission orders for a newly hospitalized patient, prescribing for a patient of another physician for whom the prescriber is taking call, or continuing medication on a short term basis for a new patient prior to the patient's first appointment. Established patients may not require a new history and physical examination for each new prescription, depending on good medical practice.

Prescribing drugs to individuals that the physician has never met and based solely on answers to a set of questions, as is found in Internet or toll-free telephone prescribing is inappropriate, fails to meet a basic standard of care that potentially places patients health at risk and could constitute unprofessional conduct punishable by disciplinary action.

COPY

ADMINISTRATIVE PROCEDURES FILING NOTICE

Agency Mississippi State Board of Medical Licensure
Address 1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216
Phone (601) 987-3079

Person to contact Rhonda Freeman
Address 1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216
Transmittal date July 19, 2004

Copy attached: Yes No

Name or number of rule(s) XXIII. Regulations Pertaining to Prescribing, Administering and Dispensing of Medication, I. Prescription Guidelines - Controlled Substances

Terms or substance of the actions or description of the subject and issues:
Amends the previous filing. The amended filing will allow physicians to fax prescriptions to pharmacies.

Printed name and title
of person authorized to file rules: Rhonda Freeman Division Director
Name Title
Rhonda Freeman
Signature

EMERGENCY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect _____ days Effective date: <input type="checkbox"/> Immediately on <input type="checkbox"/> Other (specify): _____	Action proposed: <input type="checkbox"/> New rule(s) <input type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed date of adoption: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____	Action taken: <input checked="" type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn Date action taken <u>July 15, 2004</u> <input checked="" type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____

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Accepted for filing by _____	Accepted for filing by _____	Accepted for filing by <i>[Signature]</i>

XXIII. REGULATIONS PERTAINING TO PRESCRIBING, ADMINISTERING AND DISPENSING OF MEDICATION

AUTHORITY: Chapters 25 and 27, Title 73, and Chapter 29, Title 41, Mississippi Code (1972) Annotated.

A. SCOPE

These regulations apply to all individuals licensed to practice medicine, osteopathic medicine or podiatric medicine in the State of Mississippi.

B. DEFINITIONS

For the purpose of Article I only, the following terms have the meanings indicated:

1. "Administer", "Controlled Substances", and "Ultimate User" shall have the same meaning as set forth in Mississippi Code (1972) Annotated, Section 41-29-105, unless the context otherwise requires.
2. "Physician" means any person licensed to practice medicine, osteopathic medicine or podiatric medicine in the State of Mississippi.
3. "Prescribe" means to designate or order by means of either a written or oral prescription the delivery of a controlled substance or legend drug to an ultimate user.
4. "Dispense" means to deliver a controlled substance or legend drug other than by administering or prescribing to an ultimate user or research subject including the packaging, labeling, or compounding necessary to prepare the substance for that delivery.
5. For the purpose of enforcement of the labeling requirements set forth in Article G of these regulations, "Dispensing Physician" means any physician who shall dispense to a patient for the patient's use any controlled substance, legend drug or other medication where such medication is purchased by the physician for resale to a patient whether or not a separate charge is made.
6. "Prescription Drug" or "Legend Drug" means a drug required under federal law to be labeled with the following statement prior to being dispensed or delivered; "Caution: Federal law prohibits dispensing without prescription," or a drug which is required by any applicable federal or state law or regulation to be dispensed on prescription only or is restricted to use by physicians only.
7. Masculine terms wheresoever used in these regulations shall also be deemed to include the feminine.
8. "Article" wheresoever used in these regulations shall mean "regulation."

C. REGISTRATION FOR CONTROLLED SUBSTANCES CERTIFICATE

1. Every physician licensed to practice in Mississippi who prescribes, administers or dispenses any controlled substance within Mississippi or who proposes to engage in the prescribing, administering or dispensing of any controlled substance within Mississippi must be registered with the U.S. Drug Enforcement Administration in compliance with Title 21 CFR Part 1301 Food and Drugs.
2. Pursuant to authority granted in Mississippi Code (1972) Annotated, Section 41-29-125, the Mississippi State Board of Medical Licensure hereby adopts, in lieu of a separate registration with the Board, the registration with the U.S. Drug Enforcement Administration as required in Sub-paragraph 1 above. In the event, however, a physician has had limitations or other restrictions placed upon his license wherein he is prohibited from handling controlled substances in any or all schedules, said physician shall be prohibited from registering with the U.S. Drug Enforcement Administration for a Uniform Controlled Substances Registration Certificate without first being expressly authorized to do so by order of the Mississippi State Board of Medical Licensure.
3. Persons registered to prescribe, administer, dispense or conduct research with controlled substances may order, possess, prescribe, administer, dispense or conduct research with those substances to the extent authorized by their registration and in conformity with the other provisions of these regulations and in conformity with provisions of the Mississippi Uniform Controlled Substances Law, Mississippi Code (1972) Annotated, Section 41-29-101 et seq.
4. The registration requirement set forth in these regulations does not apply to the distribution and manufacture of controlled substances. Any physician who engages in the manufacture or distribution of controlled substances or legend drugs shall register with the Mississippi State Board of Pharmacy pursuant to Mississippi Code (1972) Annotated, Section 73-21-105. For the purposes herein, "distribute" shall mean the delivery of a drug other than by administering, prescribing or dispensing. The word "manufacture" shall have the same meaning as set forth in Mississippi Code (1972) Annotated, Section 41-29-105(q).

D. MAINTENANCE OF RECORDS AND INVENTORIES

1. Every physician licensed to practice medicine, osteopathic medicine or podiatric medicine in the State of Mississippi shall maintain inventories, logs, and records prescribed in this article.
2. **CONTROLLED SUBSTANCES INVENTORY RECORD.** All controlled substances classified under Schedules II, IIN, III, IIIN, IV and V which are purchased by the physician must be inventoried at least every two (2) years. All inventory records for controlled substances in Schedules II and IIN must

be maintained separately from the inventory records for Schedules III, IIIN, IV and V controlled substances. To insure the reliability of an inventory, the physician shall maintain a readily retrievable record of controlled substances purchased, including a copy of all purchase invoices identifying the name, quantity and strength/dose of the controlled substance purchased, the supplier and the date purchased.

3. **CONTROLLED SUBSTANCES DISPENSATION/ADMINISTRATION RECORD.** Every physician who shall dispense or administer Schedules II, IIN, III, IIIN, IV and V controlled substances shall maintain a separate readily retrievable record of all such substances dispensed or administered. This requirement shall not apply to Schedules III, IIIN, IV and V prepackaged samples and starter packs. All dispensation/administration records for controlled substances in Schedules II and IIN must be maintained separately from the dispensation/administration records for Schedules III, IIIN, IV and V controlled substances. The record shall contain the following information:
 - a. The date the controlled substance was dispensed or administered;
 - b. The name, quantity and strength/dose of the controlled substance dispensed or administered;
 - c. The method of administration of the controlled substance, i.e. oral, IV or subcutaneous;
 - d. The name and address of the patient to whom the controlled substance was dispensed or administered;
 - e. For all Schedules II and III amphetamines, amphetamine-like anorectic drugs, or sympathomimetic amine drugs dispensed in the treatment of narcolepsy, hyperkinesis, brain dysfunction, epilepsy, or depression, the dispensing or administration records shall include the diagnosis and the reason for use of the Schedules II and III controlled substances.
4. Within thirty (30) days after the effective date of this rule the Mississippi State Board of Medical Licensure shall cause a notice to be mailed to every physician whose practice location is in the State of Mississippi notifying them of the Controlled Substance Inventory and separate Dispensation/Administration Record. Every physician shall within ninety (90) days of the effective date of this rule, prepare an initial inventory of controlled substances. An example combination Controlled Substances Inventory Record and Controlled Substances Dispensation/Administration Record are hereby incorporated as Appendix "A" and "B" to these regulations.
5. **PATIENT RECORD.** A physician who prescribes, dispenses or administers a controlled substance shall maintain a complete record of his examination, evaluation and treatment of the patient which must include documentation

of the diagnosis and reason for prescribing, dispensing or administering any controlled substance; the name, dose, strength, quantity of the controlled substance and the date that the controlled substance was prescribed, dispensed or administered. The record required by this subsection shall be maintained in the patient's medical records, provided that such medical records are maintained at the office of the physician and are available for inspection by the representatives of the Mississippi State Board of Medical Licensure pursuant to authority granted in Mississippi Code (1972) Annotated, Section 41-29-125 (Supp. 1986).

6. No physician shall prescribe, administer or dispense any controlled substance or other drug having addiction-forming or addiction-sustaining liability without a good faith prior examination and medical indication therefore.¹
7. A physician shall not sell or trade any medication which he receives as prepackaged samples or starter packs, whether or not said samples are controlled substances, legend drugs or other medication.
8. The Controlled Substances Inventory, Controlled Substance Dispensation/Administration Record, and Patient Record required by these regulations shall be maintained in the office of the physician for a period of seven (7) years from the date that the record is completed or the controlled substances, legend drugs or other medications are prescribed, administered or dispensed and shall be made available for inspection by representatives of the Mississippi State Board of Medical Licensure pursuant to authority granted in Mississippi Code (1972) Annotated, Section 41-29-125 (Supp. 1986).

¹ COMMENT: A determination as to whether a "good faith prior examination and medical indication therefore" exists depends upon the facts and circumstances in each case. One of the primary roles of a physician is to elicit detailed information about the signs and symptoms which a patient presents in order that he may recommend a course of treatment to relieve the symptoms and cure the patient of his ailment or maintain him in an apparent state of good health. In order for a physician to achieve a proper diagnosis and treatment plan, a history and physical examination consistent with the nature and complaint are necessary. The importance of these aspects of proper medical practice cannot be over emphasized. The paramount importance of a complete medical history in establishing a correct diagnosis is well established. Standards of proper medical practice require that, upon any encounter with a patient, in order to establish proper diagnosis and regimen of treatment, a physician must take three steps: (a) take and record an appropriate medical history, (b) carry out an appropriate physical examination, and (c) record the results. The observance of these principles as a function of the "course of legitimate professional practice" is particularly of importance in cases in which controlled substances are to play a part in the course of treatment. It is the responsibility of the physician to dispense, prescribe or administer such drugs with proper regard for the actual and potential dangers. This fact has been established in a number of closely related administrative and criminal cases, *United States v. Bartee*, 479 F.2d 484 (10th Cir. 1973) (No physical examination prior to issuance of prescriptions for controlled substances); *United States v. Greene*, 511 F.2d 1062 (7th Cir. 1975); *Arthurs v. Board of Registration of Medicine*, 418 N.E. 2d 1236 (MA 1981) (failure to record in patient file prescriptions for controlled substances issued or failure to record patient visit); *Brainard v. State Board of Medical Examiners*, 157 P.2d 7 (Ca. 1945); *Dannerberg v. Board of Regents*, 430 N.Y.2d 700 (1980) (issuance of three prescriptions for sleeping pills to an undercover agent without a physical examination); *Widlitz v. Board of Regents of New York*, 429 N.Y. 2d 794 (1980) (issuance of Desoxyn to patients whom physician knew were drug addicts without conducting physical examination); *United States v. Rosenberg*, 515 F.2d 190 (9th Cir. 1975) (no physical examination, evidences that prescriptions were not in course of professional practice); and *United States v. Hooker*, 541 F.2d 300 (1st Cir. 1976), (little more than cursory physical examination, frequent neglect to inquire as to past medical history, little or no exploration of the type of problem the patient allegedly had "indicates that the minimal professional procedures followed were designed only to give an appearance of propriety to appellant's unlawful distributions").

A determination of proper "medical indication" also requires a careful examination of the nature of the drug and all circumstances surrounding dispensation. Case law developed by the courts in connection with controlled substances criminal violations and administrative decisions further illustrates several indications of lack of good faith. See *United States v. Greene*, 511 F.2d 1062 (7th Cir. 1975) and *United States v. Rosenberg*, 515 F.2d 190 (9th Cir. 1975). One of primary importance is the failure to follow at least the minimal professional procedures. Some of the factors used in determining the existence of "good faith" may include, but are not limited to: (a) the physician's permitting the patient to name the drug desired; (b) a physician dispensing drugs to patients having no medical need, when the physician knew or should have known that the patients were addicts; (c) repeated refills over relatively short periods of time or the issuance of prescriptions at a time when the patient should not have been finished taking the same medication from a prior prescription had the prescription directions been properly followed or the correct dosage taken; (d) general remarks of the physician indicating his experience with non-therapeutic uses of the drug; (e) a physician prescribing contraindicated medication such as amphetamines and depressants in a manner which results in therapeutic conflicts.

9. A physician may use a data processing system or a manual record keeping system for the storage and retrieval of Controlled Substances Dispensation/Administration Records. If a physician utilizes a data processing system it must provide immediate retrieval (via CRT display and hard-copy printout) of all dispensation/administration records of controlled substances.

Whether maintained manually or in a data processing system, all records of dispensation/administration of controlled substances must be readily retrievable. If a data processing system is utilized, a hard-copy printout of the records of dispensation/administration shall be made at regular intervals, not to exceed seven (7) days. Such hard-copy printouts shall be maintained for a period of five (5) years and shall be made available for inspection and copying by investigators of the Mississippi State Board of Medical Licensure.

E. USE OF DIET MEDICATION

1. Pursuant to Mississippi Code (1972) Annotated, Section 41-29-139(e), it is unlawful for any physician in this state to prescribe, dispense or administer any amphetamine or amphetamine-like anorectic and/or central nervous system stimulant classified as Schedule II, pursuant to Section 41-29-115, for the exclusive treatment of obesity, weight control, or weight loss.
2. As to the administration, dispensation or prescription of controlled substance anorectics in Schedules III, IV and V, use of said medications in the treatment of obesity or weight loss should be done with caution. A physician may administer, dispense or prescribe said medications for the purpose of weight loss in the treatment of obesity only as an adjunct to a regimen of weight reduction based on caloric restriction, provided, that all of the following conditions are met:
 - a. Before initiating treatment utilizing a Schedules III, IV or V controlled substance, the physician determines through review of his own records of prior treatment, or thorough review of the records of prior treatment which another treating physician or weight-loss program has provided to the physician, that the patient has made a substantial good-faith effort to lose weight in a treatment program utilizing a regimen of weight reduction based on caloric restriction, nutritional counseling, behavior modification, and exercise, without the utilization of controlled substances, and that said treatment has been ineffective.
 - b. Before initiating treatment utilizing a Schedules III, IV or V controlled substance, the physician obtains a thorough history, performs a thorough physical examination of the patient, and rules out the existence of any recognized contraindications to the use of the controlled substance to be utilized. "Recognized

contraindication" means any contraindication to the use of a drug which is listed in the United States Food and Drug Administration (hereinafter, "F.D.A.") approved labeling for the drug.

- c. The physician shall not utilize any Schedules III, IV or V controlled substance when he knows or has reason to believe that a recognized contraindication to its use exists.
- d. The physician shall not utilize any Schedules III, IV or V controlled substance in the treatment of a patient whom he knows or should know is pregnant.
- e. As to those controlled substances in Schedules III, IV or V which are classified as amphetamine or amphetamine-like anorectics and/or central nervous system stimulants, hereinafter referred to as "stimulant", the physician shall not initiate or shall discontinue utilizing said controlled substance stimulant immediately upon ascertaining or having reason to believe:
 - (1) That the patient has failed to lose weight while under treatment with said stimulant over a period of thirty (30) days, which determination shall be made by weighing the patient at least every thirtieth (30th) day, except that a patient who has never before received treatment for obesity utilizing a stimulant, and who fails to lose weight during his first such treatment attempt may be treated with a different controlled substance for an additional thirty (30) days, or
 - (2) That the patient has developed tolerance (a decreasing contribution of the drug toward further weight loss) to the anorectic effects of said stimulant being utilized, or
 - (3) That the patient has a history of or shows a propensity for alcohol or drug abuse, or
 - (4) That the patient has consumed or disposed of any controlled substance other than in strict compliance with the treating physician's directions.

In addition to the above the physician shall not issue a prescription or dispense a stimulant for any greater than a thirty-day supply; and a patient's use of stimulants, whether by dispensation or prescription shall be limited to no more than six (6) thirty-day supplies during any twelve-month period of time. In any case, the total amount of medication shall not exceed a six (6) month supply in the twelve month time period. For the purposes of this paragraph, a twelve (12) month time period is considered to begin on the day of the initial dispensation or prescription issuance.

- f. As to all other legend drugs or controlled substances in Schedules

III, IV and V which are not considered stimulants but which have received FDA approved indication for long term use for weight loss, the physician shall administer, dispense or prescribe said medications in strict compliance with the FDA-approved labeling. In addition to the requirements enumerated at sub-paragraphs a-d above, each prescription shall be issued for no more than a total of three months supply (including refills) and further, before subsequent new prescriptions can be issued the patient shall receive a thorough reevaluation of the effectiveness of the medication, including a physical examination to document any potential harmful side effects.

3. A physician shall not utilize a Schedules III, IV or V controlled substance or legend drug for purposes of weight loss unless it has an FDA approved indication for this purpose and then only in accordance with all of the above enumerated conditions. The purpose of this rule is to prohibit the use of such drugs as diuretics and thyroid medications for the sole purpose of weight loss.

F. USE OF CONTROLLED SUBSTANCES FOR CHRONIC (NON-TERMINAL) PAIN

1. DEFINITIONS

For the purpose of Article F only, the following terms have the meanings indicated:

- a. "Chronic Pain" is a pain state in which the cause of the pain cannot be removed or otherwise treated and which in the generally accepted course of medical practice, no relief or cure of the cause of the pain is possible or none has been found after reasonable efforts including, but not limited to, evaluation by the attending physician and one or more physicians specializing in the treatment of the area, system, or organ of the body perceived as the source of the pain. Further, if a patient is receiving controlled substances for the treatment of pain for a prolonged period of time (more than six months), then they will be considered for the purposes of this regulation to have "de facto" chronic pain and subject to the same requirements of this regulation. "Terminal Disease Pain" should not be confused with "Chronic Pain." For the purpose of this Section, "Terminal Disease Pain" is pain arising from a medical condition for which there is no possible cure and the patient is expected to live no more than six (6) months.
- b. "Acute Pain" is the normal, predicted physiological response to an adverse chemical, thermal, or mechanical stimulus and is associated with surgery, trauma and acute illness. It is generally time limited and is responsive to therapies, including controlled substances as defined by the U.S. Drug Enforcement Administration. Title 21 CFR Part 1301 Food and Drugs.

- c. "Addiction" is a neurobehavioral syndrome with genetic and environmental influences that results in psychological dependence on the use of substances for their psychic effects and is characterized by compulsive use despite harm. Physical dependence and tolerance are normal physiological consequences of extended opioid therapy for pain and should not be considered addiction.
 - d. "Physical Dependence" is a physiological state of neuroadaptation to a substance which is characterized by the emergence of a withdrawal syndrome if the use of the substance is stopped or decreased abruptly, or if an antagonist is administered. Withdrawal may be relieved by re-administration of the substance. Physical dependence is a normal physiological consequence of extended opioid therapy for pain and should not be considered addiction.
 - e. "Substance Abuse" is the use of any substance(s) for non-therapeutic purposes; or use of medication for purposes other than those for which it is prescribed.
 - f. "Tolerance" is a physiological state resulting from regular use of a drug in which an increased dosage is needed to produce the same effect or a reduced effect is observed with a constant dose. Tolerance occurs to different degrees for various drug effects, including sedation, analgesia and constipation. Analgesic tolerance is the need to increase the dose of opioid to achieve the same level of analgesia. Such tolerance may or may not be evident during treatment and does not equate with addiction.
2. Notwithstanding any other provisions of these rules and regulations, a physician may prescribe, administer, or dispense controlled substances in Schedules II, IIN, III, IIIN, IV and V, or other drugs having addiction-forming and addiction-sustaining liability to a person in the usual course of treatment of that person for a diagnosed condition causing chronic pain.
3. Notwithstanding any other provisions of these rules and regulations, as to the prescribing, administration, or dispensation of controlled substances in Schedules II, IIN, III, IIIN, IV and V, or other drugs having addiction-forming and addiction-sustaining liability, use of said medications in the treatment of chronic pain should be done with caution. A physician may administer, dispense or prescribe said medications for the purpose of relieving chronic pain, provided that the following conditions are met:
- a. Before initiating treatment utilizing a Schedules II, IIN, III, IIIN, IV or V controlled substance, or any other drug having addiction-forming

and addiction-sustaining liability, the physician shall conduct an appropriate risk/benefit analysis by reviewing his own records of prior treatment, or review the records of prior treatment which another treating physician has provided to the physician, that there is an indicated need for long term controlled substance therapy. Such a determination shall take into account the specifics of each patient's diagnosis, past treatments and suitability for long term controlled substance use either alone or in combination with other indicated modalities for the treatment of chronic pain. This shall be clearly entered into the patient medical record, and shall include consultation/referral reports to determine the underlying pathology or cause of the chronic pain.

- b. Documentation in the patient record shall include a complete medical history and physical examination that indicates the presence of one or more recognized medical indications for the use of controlled substances.
 - c. Documentation of a written treatment plan which shall contain stated objectives as a measure of successful treatment and planned diagnostic evaluations, e.g., psychiatric evaluation or other treatments. The plan should also contain an informed consent agreement for treatment that details relative risks and benefits of the treatment course. This should also include specific requirements of the patient, such as using one physician and pharmacy if possible, and urine/serum medication level monitoring when requested.
 - d. Periodic review and documentation of the treatment course is conducted at reasonable intervals (no more than every six months) with modification of therapy dependent on the physician's evaluation of progress toward the stated treatment objectives. This should include referrals and consultations as necessary to achieve those objectives.
4. No physician shall administer, dispense or prescribe a controlled substance or other drug having addiction-forming and addiction-sustaining liability that is nontherapeutic in nature or non-therapeutic in the manner the controlled substance or other drug is administered, dispensed or prescribed.
5. No physician shall administer, dispense or prescribe a controlled substance for treatment of chronic pain to any patient who has consumed or disposed of any controlled substance or other drug having addiction-forming and addiction-sustaining liability other than in strict compliance with the treating physician's directions. These circumstances include those patients obtaining controlled substances or other abusable drugs from more than one physician and those patients who have obtained or attempted to obtain new prescriptions for controlled substances or other abusable drugs before a prior prescription should

have been consumed according to the treating physician's directions. This requirement will not be enforced in cases where a patient has legitimately temporarily escalated a dose of their pain medication due to an acute exacerbation of their condition but have maintained a therapeutic dose level, however it will be required of the treating physician to document in the patient record that such increase in dose level was due to a recognized indication and was within appropriate therapeutic dose ranges. Repetitive or continuing escalations should be a reason for concern and a re-evaluation of the present treatment plan shall be undertaken by the physician.

6. No physician shall prescribe any controlled substance or other drug having addiction-forming or addiction-sustaining liability to a patient who is a drug addict for the purpose of "detoxification treatment", or "maintenance treatment", and no physician shall administer or dispense any narcotic controlled substance for the purpose of "detoxification treatment" or "maintenance treatment" unless they are properly registered in accordance with Section 303(g) 21 U.S.C. 823(g). Nothing in this paragraph shall prohibit a physician from administering narcotic drugs to a person for the purpose of relieving acute withdrawal symptoms when necessary while arrangements are being made for referral for treatment. Not more than one (1) day's medication may be administered to the person or for the person's use at one time. Such emergency treatment may be carried out for not more than three (3) days. Nothing in this paragraph shall prohibit a physician from administering or dispensing narcotic controlled substances in a hospital to maintain or detoxify a person as an incidental adjunct to medical or surgical treatment of conditions other than addiction.

G. DRUG MAINTENANCE REQUIREMENTS

1. All drug products which are maintained/stored in the office of a physician shall be maintained/stored in the manufacturer's or repackager's original container. The label of any container in which drugs are maintained must bear the drug name, strength, the manufacturer's control lot number and the expiration date. Drugs which are precounted and prepackaged for purposes of dispensing shall be identifiable as to expiration date and manufacturer's control lot number. The containers in which drug products are maintained shall not be labeled in any false or misleading manner. The labeling requirements of this Article are in addition to, and not in lieu of, other labeling requirements of the laws of the State of Mississippi, Rules and Regulations of the Mississippi State Board of Medical Licensure, and laws of the United States or Federal Regulations.
2. A physician shall not dispense out-of-date drugs or store out-of-date drugs intermixed with the stock of current drugs. Out-of-date drugs shall be promptly removed from current stock and stored separately until proper disposal shall be made. A physician, when dispensing a product in a manufacturer's original package or container, the labeling of which bears an expiration date, a manufacturer's control lot number or other

information which may be of value to the patient, shall dispense the product with this information intact.

3. The drug storage and dispensing area shall be maintained in a sanitary fashion.
4. A physician shall not accept the return for subsequent resale or exchange any drugs after such items have been taken from the premises where sold, distributed or dispensed and from the control of the physician.
5. All drug products shall be maintained, stored and dispensed in such a manner as to maintain the integrity of the product.

H. LABELING REQUIREMENTS FOR DISPENSING PHYSICIANS

1. For the purposes of this rule, a "dispensing physician" shall mean any physician who shall dispense to a patient for the patient's use any controlled substance, legend drug or other medication where such medication is purchased by the physician for resale to a patient whether or not a separate charge is made.
2. Every dispensing physician, as defined above, who shall dispense a controlled substance, legend drug or any other medication shall insure that all such substances dispensed be labeled containing the following information:
 - a. the name of the patient to whom the medication was dispensed;
 - b. the date that the medication was dispensed;
 - c. the name, strength and quantity of the medication;
 - d. direction for taking or administering the medication;
 - e. the name and address of the physician dispensing the medication.

The label required by this subsection shall be written in legible handwriting or typed and shall be permanently affixed to the package or container in which the medication is dispensed. This labeling requirement shall not apply to prepackaged samples or starter packs in their original packages or containers.

3. No physician may delegate dispensing authority to another person. A physician must personally dispense the medication. For the purpose of this regulation, "personally dispense" shall mean the physician must actually obtain the medication, prepare, count, place the same into the appropriate container and affix the appropriate label to the container.

I. PRESCRIPTION GUIDELINES - CONTROLLED SUBSTANCES

1. It is the ultimate responsibility of the physician to determine the type, dosage form, frequency of application and number of refills of any controlled substances prescribed to a patient. This responsibility must never be delegated to non-physician personnel. Certified nurse midwives, certified nurse practitioners, nurses, and other non-physician personnel may, when such activity is within the scope of their license, protocol and qualifications, make a preliminary or tentative determination and recommendation to the physician based on assessments and evaluations carried out by the non-physician personnel, but in all such cases the recommendation of the non-physician must be reviewed and approved by a physician, who must personally issue the prescription. The following requirements apply to all prescriptions for controlled substances:
 - a. All prescriptions for controlled substances must be written in strict compliance with Mississippi Code (1972) Annotated, Sections 41-29-101 through 41-29-311, as amended, and Title 21 of U.S. Code of Federal Regulations, Part 1306.
 - b. On all prescriptions of controlled substances wherein refills are permitted, physicians shall indicate the appropriate refills, not to exceed five (5), or mark "none."
 - c. Each physician shall insure that the complete name and address of the patient to whom the physician is prescribing the controlled substance appears on the prescription.
 - d. A physician shall not permit any prescription for controlled substances to be signed by any non-physician in the place of or on behalf of the physician.
 - e. A physician shall not pre-sign blank prescription pads or order forms under any circumstances.
 - f. A physician shall not utilize blank prescription pads or order forms upon which the signature of the physician has been electronically, mechanically or photostatically reproduced. This prohibition includes the e-mailing of any controlled substance prescription. A hard copy prescription generated from an electronic prescription system must contain a manual signature, however if it is printed on security paper that ensures it is not subject to copying or alteration, an electronic or digital signature may be substituted. Electronic transmission of controlled substance prescription information is generally allowed (except Schedule II which is addressed below), however, for the purposes of this regulation, electronic transmission of controlled substance prescription data is limited to computer to facsimile (fax) transmissions or traditional fax to fax transmissions. Requirements for fax prescription orders and systems utilized for faxing prescriptions are as follows:

- (1) The prescription order shall contain the date, time, telephone number and location of the transmitting device. Prescription blanks utilized in this manner shall bear a pre-printed heading that indicates the blank is a "Fax Prescription Form." Fax prescription orders must contain a manual or authenticated electronic/digital signature of the prescriber. As to Schedule II drugs, only Schedule II narcotic substances that are to be prepared or compounded for the direct administration to a patient by parenteral, intravenous, intramuscular, subcutaneous or intra spinal infusion may be transmitted by the physician or the physician's agent to a pharmacy of the patient's choice by facsimile. All original hardcopy faxed prescriptions shall immediately be voided after successfully completing the fax transmission by writing across the face of the prescription from corner to corner the notation "faxed." The original prescription (or copy) shall be retained in the physician's patient file with additional information included on the back of the prescription as to the date it was faxed, the name or initials of the person faxing the prescription and the name/location of the pharmacy receiving the fax transmission.

It is also required, that in addition to filing the original prescription (or copy) in the patient file, a perpetual, chronological logbook of fax transactions be established and maintained. Such a logbook would serve to protect the prescribing physician in the event the original prescription is somehow lost or misfiled. The information contained in such a logbook shall include the patient's name and address, date of issuance, name, strength and quantity of the drug prescribed and the name and fax number of the receiving pharmacy and the initials or name of the person faxing the prescription. Such logs shall be maintained in the physician's clinic in a readily retrievable manner, and kept for at least seven (7) years after the original record is established. The requirements set forth in this subsection are in addition to, and not in lieu of documentation required in D5.

- (2) When a prescription is prepared and written for any controlled substance for a resident of a Long Term Care Facility (LTCF)(as defined in Section 1301.01(25), Code of Federal Regulations), such prescription may be transmitted by the practitioner or the practitioner's agent to the dispensing pharmacy by facsimile. The physician or the physician's agent will note on the prescription that the patient is a resident of a LTCF. The original prescription (or copy) and fax transaction log will be prepared and

maintained in the same manner as described in Subsection 1 above.

(3) When a prescription is written for any controlled substance for a patient residing in a hospice certified by Medicare under Title XVIII or licensed by the state, such prescription may be transmitted by the practitioner or the practitioner's agent to the dispensing pharmacy by facsimile. The physician or the physician's agent will note on the prescription that the patient is a hospice patient. The original prescription (or copy) and fax transmission log will be maintained in the same manner as described in Subsection 1 above.

(4) Each system shall have policies and procedures that address the following:

- (a) The patient shall not be restricted from access to the pharmacy of their choice.
- (b) The system shall have security and system safeguards designed to prevent and detect unauthorized access, modification, or manipulation of prescription information, as well as physical safeguards to protect computer systems and other pertinent equipment from intrusion.
- (c) Processes to protect, control and audit access to confidential patient information, including the prevention of unauthorized access to data when transmitted over communication networks or when data physically moves from one location to another using media such as magnetic tape, removable drives or other media used to store downloaded information.

g. No more than one (1) controlled substance shall be issued on a single prescription blank.

J. PRESCRIPTION GUIDELINES - ALL MEDICATIONS

1. In addition to any other requirements set forth in these regulations pertaining to the issuance of prescriptions of controlled substances, the following additional requirements apply to all prescriptions, whether or not said prescriptions are for controlled substances, legend drugs or any other medication:

a. Every written prescription delivered to a patient, or delivered to any

other person on behalf of a patient, must be manually signed on the date of issuance by the physician. This does not prohibit, however, the transmission of electronically telefaxed (but not e-mail) prescriptions for non-controlled drugs to the pharmacy of the patient's choice. Such telefaxed prescriptions shall bear the signature of the prescribing physician and shall be issued in accordance with all other provisions of this section. No prescriptions for brand name or generic equivalents of Nalbuphine Hcl, Carisoprodol, Butalbital compounds, or Tramadol Hcl shall be telefaxed.

BEFORE THE MISSISSIPPI MEDICAL LICENSURE BOARD

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

THOMAS W. GRAFTON, D.O.

ORDER OF CONTINUANCE

THIS MATTER came on regularly for hearing on July 15, 2004, before the Mississippi State Board of Medical Licensure, in response to a request for continuance of hearing set this date made by Thomas W. Grafton, D.O. (hereinafter "Licensee"). The Board was advised that Licensee was scheduled to enter into an evaluation for chemical dependency as requested by the Board and Mississippi Professionals Health Program (MPHP). A continuance would enable both parties to complete the evaluation process. After consideration of the matter, the Board finds Licensee's motion to be well taken.

IT IS, THEREFORE, ORDERED, that this matter is continued until August 19, 2004, at 9:00 a.m.

SO ORDERED, this the 15th day of July, 2004.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY:


**DEWITT GREY CRAWFORD, M.D.
PRESIDENT**

BEFORE THE MISSISSIPPI MEDICAL LICENSURE BOARD

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

LANE CEDRIC ROLLING, D.P.M.

ORDER TO ADJOURN AND RESCHEDULE CONTINUANCE OF HEARING

THIS MATTER came on regularly for hearing on July 15 and 16, 2004, before the Mississippi State Board of Medical Licensure. Upon the close of the second day of testimony, the Board on its own motion, called for the hearing to continue into the evening and through Saturday, July 17, 2004, in an effort to bring the hearing to a reasonable conclusion. In response, an objection was made by Chokwe Lumumba, Esq., attorney for Lane Cedric Rolling, D.P.M. (hereinafter "Licensee"). Upon further consideration, the Board agreed that the matter would not be concluded this date, thus necessitating an adjournment and rescheduling of the matter.

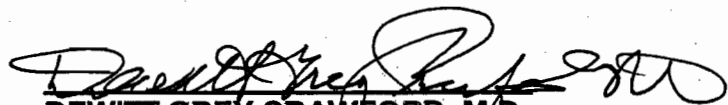
IT IS, THEREFORE, ORDERED, that the hearing on this matter is hereby adjourned at 5:00 p.m., this the 16th day of July, 2004.

IT IS, FURTHER ORDERED that the hearing shall resume promptly at 8:00 a.m. on August 19, 2004, and will continue from day to day until the hearing has been brought to a conclusion.

SO ORDERED, this the 16th day of July, 2004.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY:



**DEWITT GREY CRAWFORD, M.D.
PRESIDENT**

SEPTEMBER 2004

**MINUTES
EXECUTIVE COMMITTEE MEETING
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
SEPTEMBER 15, 2004**

MEMBERS PRESENT:

Dewitt G. Crawford, M.D., Louisville, President
William B. Harper, D.O., Greenwood, Vice President
Philip T. Merideth, M.D., J.D., Jackson, Secretary
W. Joseph Burnett, M.D., Director

ALSO PRESENT:

Charles Moses, Division Director, Investigative Division
Rhonda Freeman, Division Director, Licensure Division
Kathy Fortenberry, Administrative Assistant
Frances Scott, Special Projects Officer, Investigative Division

The Executive Committee of the Mississippi State Board of Medical Licensure met on Wednesday, September 15, 2004, at 4:00 p.m. in the Executive Conference Room of the Office of the Board located at 1867 Crane Ridge Drive, Jackson, Mississippi.

APPROVAL OF FREE-STANDING CLINIC APPLICATIONS

F. Henry Flautt, M.D., Greenwood, met with the Executive Committee and presented his application for a free-standing clinic. Dr. Burnett reviewed the Free-Standing Clinic Review Committee Topics. Dr. Flautt went over his plans and answered questions from the Executive Committee members. Dr. Flautt's specialty is internal medicine, while the nurse practitioner's specialty is family practice. The Executive Committee members approved his application; however, they did request that since Dr. Flautt's practice does not include patients under the age of twelve that coverage and chart review for children in the nurse practitioner's practice should be provided by the back-up physician, whose specialty is family practice.

Scott E. Nelson, M.D., Cleveland, met with the Executive Committee and presented his application for a free-standing clinic. Dr. Burnett reviewed the Free-Standing Clinic Review Committee Topics. Dr. Nelson went over his plans and answered questions from the Executive Committee members. Before further consideration of his application is given, the Executive Committee asked Dr. Nelson to provide a protocol for the Lula area clinic.

EXECUTIVE COMMITTEE MINUTES

September 15, 2004

Page 2

**JOHN ALLEN FRENZ, M.D., BRANDON, MISSISSIPPI MEDICAL LICENSE
NUMBER 10906**

Dr. Burnett reviewed correspondence from Gary D. Carr, M.D., Medical Director, Mississippi Professionals Health Program, and Andrew D. Parent, M.D., Chairman of Neurosurgery, University of Mississippi Medical Center, regarding Dr. Frenz, who is petitioning the Board for reinstatement of his medical license. It was noted that Dr. Frenz is aware of the recommendations of Dr. Carr as set forth in the correspondence and requested that the matter be considered by the Executive Committee. Dr. Burnett advised that Dr. Frenz was scheduled to voluntarily submit in October for an assessment at the Center for Personalized Education for Physicians, Aurora, Colorado.

It was the consensus of the Executive Committee members that Dr. Frenz should have this assessment prior to a hearing in order for the report to be available at the time of the hearing.

**CORRESPONDENCE FROM EDWIN C. LEGRAND, III, DEPUTY EXECUTIVE
DIRECTOR, DEPARTMENT OF MENTAL HEALTH**

Dr. Burnett presented correspondence from Mr. Legrand thanking the Board for their assistance with the Department of Mental Health's proposals for telepsychiatry. Dr. Burnett advised that representatives from the Department of Mental Health will be present on Thursday for the presentation of the proposed *Regulations Pertaining to the Practice of Telepsychiatry Within the Mississippi Department of Mental Health*.

**CORRESPONDENCE FROM FREDRICK A. MAY, M.D., MEDICAL DIRECTOR, BLUE
CROSS BLUE SHIELD OF MISSISSIPPI, REGARDING ACTIQ®**

In response to correspondence from Dr. May expressing concern about the misuse of Actiq® in the state, an alert letter to all licensees has been prepared and will be presented to the full Board on Thursday for their approval.

**CORRESPONDENCE FROM DELIA Y. OWENS, J.D., R.N., EXECUTIVE DIRECTOR,
MISSISSIPPI BOARD OF NURSING, AND LARRY E. CLARK, ESQ., ATTORNEY FOR
THE MISSISSIPPI NURSES ASSOCIATION**

Correspondence from Ms. Owens and Mr. Clark regarding nurse practitioners were distributed for the Executive Committee members to review.

EXECUTIVE COMMITTEE MINUTES

September 15, 2004

Page 3

INACTIVE MEDICAL LICENSE

Mrs. Freeman presented additional information to be included on the annual renewal form, which would give the Board more accurate statistics as to the practice of each licensee. The Executive Committee approved the addition of these questions to the renewal forms.

REVIEW OF SEPTEMBER 16 BOARD AGENDA


Dr. Burnett briefly reviewed the agenda for Thursday's Board meeting.

OTHER BUSINESS

Freda M. Bush, M.D., Chair of the Nurse Practitioner and Expanded Role Ad Hoc Committee, joined the meeting to discuss several nurse practitioner issues.

ADJOURNMENT

There being no further business, the meeting adjourned at 5:50 p.m.


Dewitt G. Crawford, M.D.
President

Minutes taken and transcribed
by Kathy Fortenberry
Administrative Assistant
September 15, 2004

**BOARD MINUTES
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
SEPTEMBER 16, 2004**

The regularly scheduled meeting of the Mississippi State Board of Medical Licensure was held on Thursday, September 16, 2004, in the Executive Conference Room of the Office of the Board located at 1867 Crane Ridge Drive, Jackson, Mississippi.

The following members were present:

Dewitt G. Crawford, M.D., Louisville, President
William B. Harper, D.O., Greenwood, Vice President
Philip T. Merideth, M.D., J.D., Jackson, Secretary
Larry B. Aycock, M.D., McComb
Freda M. Bush, M.D., Jackson
A. Wallace Conerly, M.D., Jackson
Joseph E. Johnston, M.D., Mount Olive
Dwalia S. South, M.D., Ripley
W. Joseph Burnett, M.D., Director

Also present:

Stan T. Ingram, Attorney for the Board
Heather Wagner, Special Assistant Attorney General
Rhonda Freeman, Division Director, Licensure Division
Charles Moses, Division Director, Investigative Division
Kathy Fortenberry, Administrative Assistant

The meeting was called to order at 9:00 a.m. by Dr. Crawford, President. The invocation was given by Dr. Johnston. Dr. Crawford welcomed Harvey J. Rayborn, Court Reporter.

**APPROVAL OF CERTIFICATION OF MISSISSIPPI LICENSES TO OTHER ENTITIES
FOR THE PERIOD JULY 1, 2004, TO AUGUST 31, 2004**

One hundred three (103) licenses were certified to other entities for the period July 1, 2004, to August 31, 2004. Motion was made by Dr. Johnston, seconded by Dr. Aycock, and carried unanimously to approve these certifications.

**APPROVAL OF LICENSES ISSUED FOR THE PERIOD JULY 1, 2004, TO
AUGUST 31, 2004**

Eighty-two (82) licenses were issued for the period July 1, 2004, to August 31, 2004. Motion was made by Dr. Johnston, seconded by Dr. Merideth, and carried unanimously to approve these licenses.

**REVIEW OF MINUTES OF THE EXECUTIVE COMMITTEE MEETING DATED
JULY 14, 2004, AND MINUTES OF THE BOARD MEETING DATED JULY 15
AND 16, 2004**

Minutes of the Board Meeting dated July 15 and 16, 2004, were reviewed. Dr. Johnston moved for approval of the minutes as submitted. Dr. South seconded the motion, and it carried unanimously.

Minutes of the Executive Committee Meeting dated July 14, 2004, were reviewed. Dr. Bush moved for approval of the minutes as submitted. Dr. Harper seconded the motion, and it carried unanimously.

REPORT OF SEPTEMBER 15, 2004, EXECUTIVE COMMITTEE MEETING

Dr. Burnett reported on Wednesday's Executive Committee meeting. F. Henry Flautt, M.D., Greenwood, and Scott E. Nelson, M.D., Cleveland, met with the Executive Committee and presented their applications for free-standing clinics. In response to correspondence from Fredrick A. May, M.D., Medical Director, Blue Cross Blue Shield of Mississippi, expressing concern about the misuse of Actiq® in the state, an alert letter to all licensees has been prepared. The Board members asked that the staff start preparing newsletters again and that this alert letter be included in the next edition. Dr. Burnett presented other informational items, which are reflected in the Executive Committee Minutes.

CONSUMER HEALTH AD HOC COMMITTEE

Because of Hurricane Ivan and a personal conflict of another committee member, the Consumer Health Ad Hoc Committee was not represented at the meeting. They will be advised of the next scheduled meeting.

REPORTS FROM AD HOC COMMITTEES

Alternative Medicine - There was no new information to report.

Educational Development - There was no new information to report.

Impaired Physicians Program - Dr. Merideth reviewed the latest draft of the Recovering Physicians Program Memorandum of Understanding. Motion was made by Dr. Johnston, seconded by Dr. Merideth, and carried unanimously to change the wording in the definition of "Licensee" in Section 1, Definitions, B. Motion was made by Dr. Johnston, seconded by Dr. Bush, and carried unanimously to remove questions inserted by Mr. Ingram on Page 5. Motion was made by Dr. Merideth, seconded by Dr. Johnston, and carried unanimously to add "Board's" prior to "Executive Director" in Section 5, Duties and Responsibilities of the Medical Director/MPHC, G (iii).

Motion was made by Dr. Johnston, seconded by Dr. Merideth, and carried unanimously to approved the Memorandum of Understanding with the individual changes previously approved. The approved Memorandum of Understanding is attached hereto and incorporated by reference.

Telemedicine - This committee referred to the presentation of Dr. Galli.

Rules, Regulations, and Legislative - There was no new information to report.

Nurse Practitioner and Expanded Role - Dr. Bush advised the committee was planning to meet soon to discuss some ongoing matters. There was no new information to report.

**TELEMERGENCY REPORT BY ROBERT GALLI, M.D., UNIVERSITY OF MISSISSIPPI
MEDICAL CENTER, DEPARTMENT OF EMERGENCY MEDICINE**

***ADOPTION OF AMENDMENT TO XXVII. REGULATIONS PERTAINING TO
EMERGENCY TELEMEDICINE WITHIN THE STATE***

Dr. Galli gave a report on the TelEmergency program at the University of Mississippi and answered questions from the Board members. Dr. Galli asked that the regulation be extended for another year to continue with the pilot program. Motion was made by Dr. Johnston, seconded by Dr. Merideth, and carried unanimously to adopt the amended ***Regulations Pertaining to Emergency Telemedicine within the State***, a copy of which is attached hereto and incorporated by reference. This will be filed with the Secretary of State under the Administrative Procedures Act as soon as the Board of Nursing approves it for joint promulgation.

THE BOARD RECESSED AT 10:25 A.M. AND RECONVENED AT 10:40 A.M.

**PRESENTATION BY DR. ELAYNE HAYES-ANTHONY, CONSULTANT,
CYBERNOSTIC HEALTHCARE SERVICES**

Dr. Hayes-Anthony gave a slide presentation on her program, Cybernostic Healthcare Services, and answered questions from the Board members. Dr. Crawford asked Dr. Hayes-Anthony to present a formal request in writing, including a practice plan, for the Board to review.

THE BOARD RECESSED AT 11:10 A.M. AND RECONVENED AT 11:20 A.M.

**ADOPTION OF *XXX. REGULATIONS PERTAINING TO THE PRACTICE OF
TELEPSYCHIATRY WITHIN THE MISSISSIPPI DEPARTMENT OF MENTAL HEALTH***

Dr. Merideth introduced Roger McMurty, Duncan Stone, D.D.S., and Richard Aubert, M.D., from the Department of Mental Health. Mr. McMurty presented their proposal of telepsychiatry, which would allow nurse practitioners in collaboration with the Department of Mental Health psychiatrists to staff their Crisis Intervention Centers, which would be free-standing clinics. Mr. McMurty answered questions from the Board members and stated there would be no detoxification or treatment of suicidal patients at these centers and that the nurse practitioners could only prescribe Schedule II. Dr. Merideth asked if this would be used as a springboard for psychologists to gain prescribing authority, and Mr. McMurty replied that they had no intention of allowing this.

There were several minor changes made to the proposed regulation. Motion was made by Dr. Johnston, seconded by Dr. South, and carried unanimously to adopt with the discussed changes the ***Regulations Pertaining to the Practice of Telepsychiatry within the Mississippi Department of Mental Health***, a copy of which is attached hereto and incorporated by reference. On August 13, 2004, the Board of Nursing voted to jointly promulgate the proposed regulations; however, because of the changes, this will be returned to the Board of Nursing for their approval. After receiving notice of approval from the Board of Nursing, this regulation will be filed with the Secretary of State under the Administrative Procedures Act.

Motion was made by Dr. Conerly, seconded by Dr. Johnston, and carried unanimously to accept the proposed Memorandum of Understanding, which will be executed by Dr. Burnett, and Albert Randel Hendrix, Ph.D., Executive Director,

Mississippi Department of Mental Health. A copy of the Memorandum of Understanding is attached hereto and incorporated by reference.

FINAL ADOPTION OF AMENDMENTS TO XXII. REGULATIONS GOVERNING THE PRACTICE OF PHYSICIAN ASSISTANTS

Betty Dickson and Ricki Garrett, Mississippi Nurses' Association, and Clare Hester, CLH Consulting, Inc., were present for the discussion of these regulations. Mr. Ingram reviewed proposed changes from the Mississippi Nurses' Association. Motion was made by Dr. Johnston, seconded by Dr. Bush, and carried with Dr. Aycock abstaining, to adopt the amendments to ***Regulations Governing the Practice of Physician Assistants***, a copy of which is attached hereto and incorporated by reference. This will be final filed with the Secretary of State under the Administrative Procedures Act.

Motion was made by Dr. Johnston, seconded by Dr. Harper, and carried unanimously to approve the Physician Assistant Controlled Substance Prescriptive Authority Application and the Physician Assistant Controlled Substance Prescriptive Authority Educational Program, as submitted by the Board's staff. Copies of both documents are attached hereto and incorporated by reference.

THE BOARD RECESSED AT 12:15 P.M. FOR LUNCH AND RECONVENED AT 1:00 P.M.

Mr. Ingram welcomed Marsha Lay, legal extern assigned to his firm.

PERSONAL APPEARANCE BY RONALD ELLZY WOODALL, M.D., MOSELLE, MISSISSIPPI MEDICAL LICENSE NUMBER 09208, TO REQUEST REMOVAL OF RESTRICTIONS

Dr. Woodall was present but not represented by legal counsel. He advised that his attorney, James R. Hayden, Esq., Petal, could not attend because of the approaching hurricane. Ms. Wagner questioned Dr. Woodall regarding legal representation, and Dr. Woodall stated he wished to waive his right to an attorney and proceed without legal counsel.

Mr. Ingram reviewed the chronological summary of Dr. Woodall and entered a number of exhibits. Dr. Woodall addressed the Board, requesting removal of all restrictions, and entered a compilation of CME earned as an exhibit.

Following questions by Mr. Ingram and the Board members, motion was made by Dr. Harper, seconded by Dr. Johnston, and carried unanimously that the Board consider going into Executive Session to consider entry of an order which may be appealable. With a motion by Dr. Johnston, seconded by Dr. Bush, the Board went into Executive Session.

Upon motion by Dr. Aycock, seconded by Dr. Johnston, and carried unanimously, the Board came out of Executive Session at which time Dr. Crawford announced to remove all restrictions. Dr. Crawford asked that Dr. Woodall provide the Board with a practice plan. The Order of the Board is attached hereto and incorporated by reference.

A verbatim account of this proceeding was recorded by Harvey J. Rayborn, Certified Court Reporter.

**PERSONAL APPEARANCE BY STEVE MORRIS, III, M.D., TAMPA, FLORIDA,
MISSISSIPPI MEDICAL LICENSE NUMBER 13836, TO REQUEST REINSTATEMENT
OF LICENSE**

Dr. Burnett advised Dr. Morris was unable to get a flight because of Hurricane Ivan and will be rescheduled at a later date.

**HEARING IN THE CASE OF THOMAS WEBBER GRAFTON, D.O., MEMPHIS,
TENNESSEE, MISSISSIPPI MEDICAL LICENSE NUMBER 12613**

Dr. Grafton was not present or represented by legal counsel. Dr. Burnett advised that Dr. Grafton was currently undergoing an evaluation at Professional Renewal Center, Lawrence, Kansas, and had requested a continuance. Motion was made by Dr. Johnston, seconded by Dr. Harper, and carried unanimously to grant a continuance until November 4, 2004. The Order of Continuance is attached hereto and incorporated by reference.

A verbatim account of this proceeding was recorded by Harvey J. Rayborn, Certified Court Reporter.

**CONTINUANCE IN THE HEARING OF MALACHY MALVIN DEHENRE, M.D.,
LAUREL, MISSISSIPPI MEDICAL LICENSE NUMBER 12652**

Dr. Dehenre was not present or represented by legal counsel. Dr. Burnett advised that the hearing with the Alabama State Board of Medical Examiners had

been continued and that Dr. Dehenre's attorney, Venecca G. Green, Esq., Jackson, was requesting a continuance until after the Alabama hearing. Motion was made by Dr. Johnston, seconded by Dr. Merideth, and carried unanimously to grant a continuance until November 4, 2004. The Order of Continuance is attached hereto and incorporated by reference.

A verbatim account of this proceeding was recorded by Harvey J. Rayborn, Certified Court Reporter.

ORDER REMOVING ALL RESTRICTIONS FOR THOMAS MICHAEL LEHMAN, M.D., CLEVELAND, MISSISSIPPI MEDICAL LICENSE NUMBER 13009

For informational purposes only, Dr. Burnett reported that the Executive Committee members had agreed via telephone to remove all restrictions on Dr. Lehman's license in order for him to obtain employment in Louisiana. Dr. Lehman executed a non-reportable, non-public Forbearance Agreement, which requires him to appear before the Board for approval before returning to the state to practice.

FINAL ADOPTION OF AMENDMENTS TO XII. RELEASE OF MEDICAL RECORDS, F. DUPLICATION AND ADMINISTRATIVE FEES

Motion was made by Dr. Johnston, seconded by Dr. South, and carried unanimously to final adopt the amendments to ***Release of Medical Records, F. Duplication and Administrative Fees***, a copy of which is attached hereto and incorporated by reference. The amended regulations will be filed with the Secretary of State under the Administrative Procedures Act.

ADOPTION OF AMENDMENT TO XXIII. REGULATIONS PERTAINING TO PRESCRIBING, ADMINISTERING AND DISPENSING OF MEDICATION, J. PRESCRIPTION GUIDELINES - ALL MEDICATIONS

At the July 24, 2004, Executive Committee meeting, the members had asked for a regulation requiring the physician's name be pre-printed on the prescription form. A proposed amendment was discussed and revised. Motion was made by Dr. South, seconded by Dr. Bush, and carried unanimously to adopt the amended ***Regulations Pertaining to Prescribing, Administering and Dispensing of Medication, J. Prescription Guidelines - All Medications***, a copy of which is attached hereto and incorporated by reference. The amended regulations will be filed with the Secretary of State under the Administrative Procedures Act.

PROCEDURE FOR HANDLING COMPLAINTS


The proposed Procedure for Handling Complaints was discussed. Motion was made by Dr. Aycok, seconded by Dr. Johnston, and carried unanimously to adopt the proposal with one minor change. A copy is attached hereto and incorporated by reference.

OTHER BUSINESS

Dr. Crawford advised that Dr. Burnett has been working as Executive Director from September to September. Motion was made by Dr. Merideth, seconded by Dr. Johnston, and carried unanimously that Dr. Burnett continue this arrangement.

ADJOURNMENT

The meeting was adjourned at 2:00 p.m. with the next meeting scheduled for Thursday, October 14, 2004.


Dewitt G. Crawford, M.D.
President

Minutes taken and transcribed
by Kathy Fortenberry
Administrative Assistant
September 16, 2004

**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
SEPTEMBER 16, 2004**

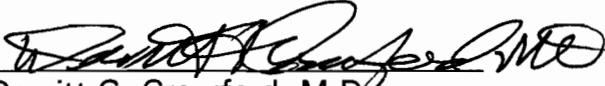
AGENDA ITEM XIII

**PERSONAL APPEARANCE BY RONALD ELLZY WOODALL, M.D., MOSELLE,
MISSISSIPPI MEDICAL LICENSE NUMBER 09208, TO REQUEST REMOVAL OF
RESTRICTIONS**

Motion made by Dr. Johnston, seconded by Dr. Bush, and carried to remove all restrictions on Dr. Woodall's license.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.	X			
Freda M. Bush, M.D.	X			
A. Wallace Conerly, M.D.	X			
Dewitt G. Crawford, M.D.	X			
William B. Harper, D.O.	X			
Joseph E. Johnston, M.D.	X			
Philip T. Merideth, M.D., J.D.	X			
Dwalia S. South, M.D.	X			

With a motion by Dr. Aycock, seconded by Dr. Johnston, the Board came out of Executive Session.


Dewitt G. Crawford, M.D.
President

STATE OF MISSISSIPPI

COUNTY OF HINDS

**MISSISSIPPI PROFESSIONALS HEALTH PROGRAM
MEMORANDUM OF UNDERSTANDING**

THIS MEMORANDUM OF UNDERSTANDING is made and entered into this the 1st day of January, 2004, by and between the **Mississippi State Board of Medical Licensure**, hereinafter the "BOARD," an agency of the State of Mississippi, and the **Mississippi State Medical Association**, a non-profit corporation established under the laws of the State of Mississippi, hereinafter the "MSMA," for the purpose of establishing the Mississippi Professionals Health Committee, hereinafter the "MPHC," (formerly known as the Mississippi Impaired Physicians Committee or "MIPC"), which will administer the Mississippi Professionals Health Program, hereinafter the "MPHP" (formerly known as the Mississippi Recovering Physicians Program or "MRPP") and other purposes stated herein. The provisions of this memorandum are expressly acknowledged and agreed to by the MPHP, such acknowledgment being evidenced by the Committee's joinder herein. This agreement is executed by the parties pursuant to authority granted by the Mississippi Medical Practice Act and the Disabled Physicians Law, Miss. Code Ann., Sections 73-25-1, et seq.

WITNESSETH:

WHEREAS, the BOARD is vested with authority, pursuant to the Mississippi Medical Practice Act, to protect the public and ensure that all individuals licensed to

practice medicine in the State of Mississippi can do so with reasonable skill and safety to patients. Correspondingly, the BOARD, pursuant to authority granted by the Mississippi Disabled

Physicians Law, encourages the early identification, intervention, treatment, and rehabilitation of physicians and other Licensees licensed to practice in Mississippi, who may be impaired by reason of one or more of the following sources of impairment:

- a) Mental/Emotional Illness; or
- b) Physical Illness including but not limited to deterioration through the aging process, loss of motor, cognitive or perceptive skills; or
- c) Excessive use or abuse of drugs, including alcohol, or other substances that impair ability; or
- d) Disruptive Physician behavior; or
- e) Sexual Disorders/Paraphillias; and

WHEREAS, the BOARD is an agency of the State of Mississippi and is charged with the responsibility for licensing physicians, podiatrists and physician assistants to practice within the scope of their respective license and regulating such practices in the interest of the public health, safety, and welfare. In discharging this responsibility, the BOARD is empowered, *inter alia*, to require the examination of a Licensee when the BOARD has reasonable cause to believe that the Licensee's fitness to practice with reasonable skill and safety to patients, has been compromised by reason of one or more sources of Licensee impairment as outlined above. The BOARD has the ultimate authority to restrict, suspend, or revoke the license of a Licensee who is unable to practice with reasonable skill or safety to patients.

WHEREAS, the MSMA is a nonprofit professional medical association whose members constitute a majority of the physicians licensed to practice medicine in the State of Mississippi. MSMA is committed to the highest ideals of the medical and allied health professions, to the preservation of the integrity and vitality of the profession, and to the maintenance and enhancement of high standards of professional competence and skill among its members, toward the end that medical professionals of this State may provide safe, quality medical service to their patients. MSMA performs its functions, as appropriate, through its constituent committees and affiliate organizations. By virtue of its broad, professional membership, MSMA possesses the knowledge, expertise, resources, and personnel to establish, maintain, and carry out an impaired physicians program as authorized by the Disabled Physicians Law, Miss. Code Ann., Section 73-25-55.

WHEREAS, MPHC is a constituent standing committee of MSMA. MPHC was created for the purpose of operating and administering the MPHP as contemplated and defined in this Memorandum.

WHEREAS, on January 1, 2004, the BOARD, MSMA and MPHC, entered into a Memorandum of Understanding, re-affirming their existing relationship in order to maintain and carry out an impaired physicians program as authorized by the Disabled Physicians Law, Miss. Code Ann., Section 73-25-55, and the parties wish to continue their relationship as hereinafter described to ensure the mutual success of the MPHP and to set forth and define their respective rights and responsibilities to each other.

NOW, THEREFORE, in consideration of the foregoing recitals, the mutual promises and covenants contained herein, and for good and other valuable consideration the receipt of which is hereby acknowledged, the parties agree as follows:

Section 1. Definitions: As used in this Memorandum:

- A. "Chemical dependency" or "chemically dependent" means the state of impairment by reason of excessive use and/or abuse of alcohol, controlled substances, other drugs having addiction-forming or addiction-sustaining liability, or any other chemical or other substances.
- B. For the purpose of this memorandum, "Licensee" means either (i) a physician licensed to practice medicine in the State of Mississippi or a physician who is making application for licensure and as a condition for licensure must sign a Recovery Contract; (ii) a physician assistant duly licensed to practice in the State of Mississippi or a physician assistant who is making application for licensure and as a condition for licensure must sign a Recovery Contract; or (iii) a podiatrist licensed to practice podiatric medicine in the State of Mississippi or a podiatrist who is making application for licensure and as a condition for licensure must sign a Recovery Contract.
- C. "Impaired Licensee" means a Licensee, who is chemically dependent or is unable to practice with reasonable skill and safety due to one or more causes of impairment as defined herein.
- D. "Disruptive Licensee" means a Licensee who has a pattern of being unable or unwilling to function well with others to such an extent that his or her

behavior, by word or action, has the potential to interfere with quality health care. Criticism appropriately offered in good faith with the aim of improving patient care is not disruptive.

- E. "Sexual Boundary Violation" or "Sexual Misconduct" means a sexual or romantic relationship with a current patient or sexual or romantic relations with a former patient if it exploits the trust, knowledge, emotions, or influence derived from the Licensee-patient relationship. The MSBML and MPHP recognize that the Federation of State Medical Boards defines two levels of sexual misconduct: sexual impropriety and sexual violation. Sexual impropriety may comprise behavior, gestures, or expressions that are seductive, sexually suggestive, or sexually demeaning to a patient. Sexual violation may include Licensee-patient sex, whether or not initiated by the patient, and engaging in any conduct with a patient that is sexual or may be reasonably interpreted as sexual by the patient. As defined, Sexual Boundary Violations are always a violation of the public's trust. These violations frequently result from underlying issues of Licensee impairment as previously defined.
- F. "Recovering Physician or Licensee" means a person who, having once met the criteria of an impaired physician or Licensee, has had appropriate treatment, has accepted responsibility for his/her recovery, and has engaged in those behaviors necessary to maintain sobriety and mental health.

- G. "Medical Director" means the physician selected and approved by the MSMA Board of Trustees who is retained to coordinate and direct the activities of MPHC and MPHP and who is vested with the duties and responsibilities set forth elsewhere in this Memorandum.
- H. "MPHC Chairman" means the physician selected and approved by the MSMA Board of Trustees who serves as chairman of the MPHC and assists the Medical Director with the administrative and operational aspects of the program. This position is voluntary and unsalaried.

Section 2. Referrals to MPHP/MPHC: Pursuant to the terms and conditions as hereinafter provided, the BOARD and MSMA understand and agree that effective January 1, 2004, and thereafter as specified, the MPHP shall be operated and administered by MPHC under the direction of the Medical Director. Subject to the duties and responsibilities as hereinafter provided, the BOARD hereby agrees to refer in writing from the Executive Director of the BOARD to MPHC, any Licensee whose ability to practice with reasonable skill and safety has been impaired due to chemical dependency or, mental/emotional illness, and other conditions specified, subject, however, to the Board's right to seek disciplinary action as otherwise provided herein.

MPHC will not become involved with the Disruptive Licensee or Disruptive Behavior beyond serving the medical staff in an advisory capacity unless and until (i) the medical staff or other applicable authoritative body has exhausted all due process procedures outlined in their bylaws, and (ii) are standing ready to suspend privileges or terminate the Licensee. There are cases of disruptive behavior, commonly found in those with severe

characterological personality features that are self-defeating and self-destructive. In this more extreme situation, MPHC may elect to serve an adjunct function rather than a primary function.

MPHC may assist in instances when an underlying impairment such as Sexual Disorder/Paraphilia, mental/emotional illness, or chemical dependency amenable to treatment, rehabilitation and monitoring is involved. Notwithstanding, the Board of Medical Licensure may, in its sole discretion, elect to pursue formal, reportable disciplinary action.

Section 3. Creation of Mississippi Professionals Health Program: The MPHP is Mississippi's impaired professionals program, and was developed in compliance with the recommendations of the Federation of State Medical Boards' Ad Hoc Committee on Physician Impairment. The MPHP, as the successor of MRPC, is hereby designated to assist the BOARD to provide for the identification of impaired Licensees; for timely intervention; and for the implementation of appropriate measures to protect the public health and safety, to encourage and assist impaired Licensees in effective rehabilitative efforts, and to ensure the continued availability of reasonably skilled and safe medical professionals for the benefit of the public. It is the purpose and intent of the MPHP to provide a confidential, non-punitive alternative to disciplinary sanctions for impaired physicians and other Licensees who voluntarily seek or are motivated to accept intervention, treatment, counseling, and rehabilitation for their impairment.

Section 4. The Mississippi Professions Health Committee: The MPHP shall operate under the supervision and direction of the MPHC, a committee of physicians licensed to practice medicine in Mississippi who are selected and appointed in the following manner:

- A. The MPHIC Chairman and Medical Director shall name at least five (5) and not more than seven (7) physicians who are deemed qualified, because of their knowledge and/or expertise in the area of chemical dependency and/or mental/emotional illness or other impairments as described in this document, and in the statutes enacting the Disabled Physicians Law, to serve as members of the MPHIC. If feasible, one of the physicians shall be a psychiatrist and one of the physicians shall be an addictionologist. At his discretion, the Medical Director may include psychologists or other professionals with special skills regarding addiction and/or other impairing conditions previously defined and whose contribution would facilitate the mission of MPHIC. Such participants shall serve as non-voting "advisors" to the committee. At least one and not more than two MPHIC members will be non-recovering physicians. At its discretion, the MSMA Board of Trustees may appoint one member from the Board of Trustees.
- B. Appointed MPHIC members shall be presented to the MSMA Board of Trustees for confirmation. Advisors to the committee are appointed at the discretion of the Medical Director.
- C. MSMA shall submit the MPHIC membership to the BOARD for confirmation.
- D. MPHIC members shall serve for a period of three (3) years and are eligible for reappointment(s).

- E. MPHC members serve on a voluntary basis and receive no compensation other than reasonable travel expenses as approved by the MPHC Chairman/Medical Director.

Section 5. Duties and Responsibilities of the Medical Director/MPHC: The MPHC, under the direction of the Medical Director, will develop, maintain, and make available to all licensed physicians and other defined Licensees, programs that promote the early identification, intervention, treatment, and rehabilitation of Licensees who may be impaired by reason of chemical dependency or mental/emotional illness, or other conditions specified. MPHC will maintain a program description containing the operational details of the MPHP, including available treatment and rehabilitation resources, draft aftercare contracts, and monitoring procedures. The MPHC will operate a Recovering Professionals Helpline, where information and assistance for impaired physicians and other Licensees can be obtained. MPHC, through its Medical Director, shall have and exercise a broad range of duties, functions and responsibilities, including, but not limited to the following:

- A. Serve in a consultant and advisory capacity to the BOARD and MSMA under the auspices of the Medical Director.
- B. Receive, evaluate, and investigate reports of suspected impairment from any source including, but not limited to, referrals from the BOARD, patients, physicians, hospital administrations, family members, etc.

- C. Intervene in cases of suspected impairment and refer said Licensees for appropriate evaluation/treatment to a facility jointly approved by the MPHC and the BOARD.
- D. Establish a recovery contract with each impaired Licensee which will detail the requirements of his/her recovery program, but will not place formal restrictions on the participant's license. The MPHC may impose informal restrictions, where such restrictions are deemed necessary for the Licensee's recovery. As used herein "formal restrictions" are those which result from entry of an order of the BOARD, either by consent or following a disciplinary hearing. Such orders are always entered in the public minutes of the BOARD.
- E. Monitor the treatment and rehabilitation of impaired physicians and other Licensees which will include receiving monthly reports from treatment centers regarding evaluation and treatment with appropriate progress reports to the BOARD's Executive Director.
- F. Provide post-treatment monitoring, aftercare, and advocacy for the recovering physician/Licensee, which will include receiving regular reports from treating professionals and/or regional support groups regarding behavioral, emotional and intellectual function, as well as, attendance of group meetings, and other subjective and objective measures of recovery.
- G. Render quarterly reports to the BOARD on the status of all MPHP program participants whether they are monitored under an RCA or MCA. Subject to

the exception noted below, self-referred Licensees will be identified by code (number). Licensees referred to the MPHP by the BOARD will be identified by name. Regardless of the contract vehicle, any significant contract violations, as hereinafter enumerated in subparagraph H below, shall warrant immediate notification by the Medical Director/MPHC to the BOARD, to the attention of the BOARD's Executive Director. Furthermore, the identity of self-referred licensees shall be reported to the Board's Executive Director, (i) in cases of disruptive Licensees, (ii) in cases of Licensees referred for sexual boundary violations or sexual misconduct, or (iii) upon request of the Board's Executive Director as to any other Licensee.

- H. Report to the BOARD in writing to the attention of the Executive Director, the name of any Licensee the MHPC has reason to believe may be impaired and, (1) who has failed or refused to follow the recommendations of the MHPC for evaluation, treatment and/or rehabilitation, or (2) who has discontinued such evaluation, treatment and/or rehabilitation against medical advice, or (3) who has failed to abide by the terms and conditions of an aftercare contract with the MHPC, or (4) who, in the opinion of the MHPC, is unable to continue in the practice of medicine, osteopathy, podiatry, or physician assistant duties with reasonable skill and safety to patients. Under said conditions, the Licensee forfeits the right to anonymity. The obligation of the Medical Director and MPHC to report to the BOARD is mandatory. Although medical students do not hold licenses to practice medicine, the

MPHC is still obligated to report such unlicensed persons so as to enable the BOARD to properly evaluate their qualifications and ability to practice at such time as they seek licensure to practice. The Medical Director has the discretion to make initial reporting through any form of communication (telephone, facsimile, etc.) provided that within twenty-four (24) hours a written report to the BOARD's Executive Director providing a summary of all evidence, witnesses and reports shall thereafter follow. Receipt of that summary shall not prohibit the Board from obtaining other documents by request or subpoena.

- I. Develop outreach and awareness programs which seek to educate both the general public and the medical community concerning both health maintenance and conditions that result in Licensee impairment as well as the services available through the MPHP.
- J. Work with Board to develop standards for the ongoing assessment of evaluation and treatment facilities utilized by the MPHC.
- K. Make recommendations for CME in the areas of physician and other Licensee health and impairment issues.
- L. Appoint consultants, advisors, and assistants as necessary to accomplish the above listed functions.
- M. Work with Medical staff wellness (or equivalent) committees.
- N. Work with the Federation of State Physician Health Programs (FSPHP) to maintain knowledge of developments in the field of professional health.

- O. Other functions and responsibilities as may be mutually agreed upon between MSMA, MPHC and the BOARD.

Section 6. Duties and Responsibilities of BOARD: In implementing its duties under the Mississippi Medical Practice Act and Mississippi Disabled Physicians Law, the BOARD, through its Executive Director, shall have and exercise a broad range of functions and responsibilities, including, but not limited to, the following:

- A. To receive, evaluate and investigate reports of suspected impairment from any source including, but not limited to, referrals from the MPHC, physicians, hospital administrators, patients, family members, etc. In cases of chemical dependency, without any other notable violations of the Mississippi Medical Practice Act, the BOARD shall refer the impaired Licensee to the MPHC for prompt intervention, evaluation and treatment. The BOARD shall provide any and all documentation which the investigative staff and Executive Director believe would be helpful to the MPHC to implement a successful intervention leading to treatment and recovery. In cases where the BOARD investigation reveals other violations of the Medical Practice Act as enumerated in Miss. Code Ann., Sections 73-25-29 or 73-25-83, the BOARD may, in its sole and absolute discretion, refer the impaired Licensee for treatment while reserving the right to initiate disciplinary action based on other grounds.
- B. In cases where a Licensee has been referred by the BOARD to MPHP/MPHC for treatment, the BOARD reserves the right, in its sole and

absolute discretion, to require that Licensee to enter into an agreement with the BOARD requiring the Licensee to participate in the MPHP, and may impose any other conditions which the BOARD deems necessary to protect the public. Where an agreement is entered into between an impaired Licensee and the BOARD, based solely on chemical dependency, the agreement, referred to as "Recovery Contract Agreement" (also referred to herein as "RCA"), shall not be deemed disciplinary action, shall not be considered a public record, and shall not be reportable to the National Practitioner Data Bank or the Federation of State Medical Boards. A "Recovery Contract Agreement" may incorporate provisions for random, unannounced and witnessed urine and/or blood screens as provided in Section 8 below. It is recognized and acknowledged by the undersigned parties that, with rare exception, a chemically dependent Licensee will have engaged in some form of drug seeking or drug diversion behavior for self use. With this recognition, a "Recovery Contract Agreement" for a first-time referral will generally not include a restriction on the Licensee's right to prescribe, administer, or dispense controlled substances or other drugs having addiction-forming or addiction-sustaining liability. However, where an agreement is executed based on chemical dependency and other statutory grounds for disciplinary action as enumerated in Miss. Code Ann. Sections 73-25-29 or 73-25-83, such an agreement may be referred to as a "Consent Order" and may, in the BOARD'S discretion, be reportable to the National

Practitioner Data Bank, Federation of State Medical Boards, and/or other entities which the Board routinely advises when taking disciplinary action.

At his discretion, the Executive Director may refer a recovering Licensee for a MPHC Recovery Contract (also referred to herein as "MRC") in lieu of issuing a "Recovery Contract Agreement." Regardless of whether the parties utilize a "Recovery Contract Agreement" or "MPHC Recovery Contract," and notwithstanding any other provision herein to the contrary, the BOARD shall have the right to incorporate into any contract, a provision to assess and collect costs incurred by the BOARD pursuant to Miss Code Ann. Section 73-25-30.

- C. The BOARD's Executive Director and/or Investigative Staff shall cooperate fully with the MPHC, its Medical Director and MPHP to implement the MPHP monitoring and aftercare program. To this extent, when information is brought to the attention of the BOARD or its Investigative Staff of non-compliance with any aftercare contract (MPHP Recovery Contract, Recovery Contract Agreement, or Consent Order) or other monitoring requirement of the MPHC, this information shall be promptly reported in writing to the Medical Director.
- D. The BOARD, through its Executive Director and its Investigative Staff may implement a urine and/or blood screen program as a part of the aftercare monitoring program as hereinafter provided in Section 8.

Section 7. Aftercare Monitoring by MPHC/MPHP: Recovering Licensees completing any indicated treatment shall be carefully monitored through a contract with the MPHP with the active oversight of the MPHC and its Medical Director. Such contracts will generally be for five years with individual variation based on circumstance at the discretion of MPHC. Self-referred Licensees will be monitored under a "MPHP Recovery Contract". Board referred Licensees will be monitored under a "Recovery Contract Agreement." In either case, such monitoring shall include weekly local MPHP facilitated support group attendance (if applicable), regular reports to the Medical Director by the recovering Licensee's local MPHC sponsor, periodic personal appearances before the MPHC, Alcoholics Anonymous/Narcotics Anonymous and/or other self-help attendance, as applicable, etc. Regular reports will be provided by any physician, psychiatrist, psychologist or other mental health provider involved in the recovering Licensee's ongoing treatment.

The MPHP Recovery Contract or Recovery Contract Agreement will be composed of effective language indicated for the support of the Licensee's recovery and the protection of the public.

Section 8. Aftercare Monitoring by BOARD: The BOARD may assist the MPHC and MPHP by implementing a system of random, unannounced and witnessed urine and/or blood screens for recovering Licensees in the MPHP monitored under a "Recovery Contract Agreement." Only the BOARD's Executive Director, those members of the Investigative Staff responsible for urine and/or blood screens, and the University of Mississippi Medical Center Analytical Toxicology Laboratory, or successor lab, shall be

aware of the Licensee's name. Unless otherwise authorized by Section 11 below, the Licensee's name and results of any urine and/or blood screens, shall not be deemed to be public record.

MPHC shall be responsible for applicable urine and/or blood screening of program participants followed under a "MPHP Recovery Contract." Any confirmed positive screen obtained under a MPHP Recovery Contract shall prompt an immediate report by name to the Executive Director of the Board as discussed under Section 9.

All Board obtained urine and/or blood samples shall be taken utilizing the standard chain of custody forms and procedures. The chain of custody form utilized will identify all Licensees by name. The sample, along with the chain of custody form, will be submitted to the University of Mississippi Medical Center Analytical Toxicology Laboratory or successor laboratory designated by the BOARD for testing. The results, along with the billing statement, shall be sent to the recovering Licensee. A copy of the results shall be provided to the MPHC Medical Director and Executive Director of the BOARD. Failure to submit or cooperate with the collection of specimens and/or failure to pay the laboratory testing fees in a timely and appropriate manner, shall constitute a breach of treatment contract. Such cases shall be referred to the Board.

Section 9. Relapse Management: Levels of relapse behavior should be recognized by all parties involved. For the purposes of this agreement, the levels of relapse are defined as follows:

LEVEL 1. Behavior that might indicate mental relapse without chemical use.

LEVEL 2. Relapse with chemical use that is not in the context of active practice.

LEVEL 3. Relapse with chemical use in the context of the Licensee's active I practice.

MPHC may elect to manage Level 1 relapse. Regardless of the monitoring instrument in use, Level 2 and 3 relapse shall be reported by the Medical Director of the MPHC to the Executive Director of the Board. This report will include, or be followed by, circumstances of the relapse, the action taken by the MPHC in response to the relapse, and the MPHC's recommendations to the Board regarding the relapse. In each case, the Executive Director of the Board will then decide if the relapse needs to be brought before the Board. If necessary, the Board will then consider the level of relapse, the action taken by the MPHC, and the recommendations of MPHC. The Board shall have the authority to: a) allow MPHC to manage the problem, b) warn the Licensee of impending disciplinary action, or c) initiate disciplinary action.

All relapses and proposed management will be reported to the BOARD by code number or name as is appropriate to the case.

Section 10. Portability: All aftercare contracts will have a provision for notification to the BOARD, the appropriate Licensee state health program, and state licensing authority of any other state, should the Licensee under contract decide to move.

Section 11. Confidentiality: All information, files or records maintained by the MPHC, or any of its members, attorneys, staff, or employees shall be maintained in the strictest confidence and shall not be disclosed to any individual, organization or entity unless, (1) it is essential to disclose such information to further the intervention, treatment, counseling or rehabilitation needs of the individual Licensee concerned, and then only to those

persons or organizations who need to know, or (2) unless its release is authorized in writing by the Licensee, or (3) unless the MPHC is required to render a report to the BOARD. Any request directed to the MPHC or any member thereof for information or records, including any subpoena, shall depending on the facts of each case, be directed to either legal counsel for the BOARD or MPHC. In those cases where the BOARD is a party to an RCA, any request or subpoena of records involving that particular Licensee shall be directed to the attorney for the BOARD for disposition. In those cases where the BOARD is not party to an RCA (i.e. MPHP Recovery Contract), any request or subpoena of records involving that particular Licensee shall be directed to the attorney for the MPHC for disposition. Unless otherwise required by law, any confidential participant information and other non-public information acquired, created, or used in good faith by MPHP, the BOARD, or MSMA pursuant to this section shall remain confidential and shall not be subject to discovery or subpoena in a civil case.

Section 12. Funding: To the extent authorized by law and contingent upon available funds, funding for the MPHC and the MPHP shall be provided in part by the BOARD. A surcharge will be added to the yearly licensure fee for health providers licensed by the BOARD to practice in Mississippi which shall be used to fund the MPHC and MPHP. Other funds shall be provided by MSMA and by participant fees. The MPHC shall explore all avenues to develop further funding to support its activities. MPHC funds provided hereunder shall only be utilized to support its activities for health providers licensed by BOARD and the MPHC shall provide a copy of its annual independent audit to both the BOARD and MSMA.

Section 13. Approval of Treatment Facilities: All parties recognize that an impaired Licensee may be required to submit to treatment. No Licensee shall be referred to a treatment facility for evaluation and/or treatment unless that facility has been jointly recognized by both the MPHPC and BOARD as a facility approved for treatment of impaired Licensees. Any Licensee who comes to the attention of either the Board or MPHP after completing a non-recognized treatment process will be reviewed by MPHPC in terms of quality of recovery and additional treatment may be mandated if warranted. Guidelines for approval of a treatment facility shall be created and amended as needed by joint action of MPHPC and BOARD. In this regard, any and all funds provided by the BOARD to support the MRPP as provided in Section 12 above, shall not be deemed or interpreted as an inducement for remuneration in return for referral of impaired Licensees to any treatment facility or its medical staff.

Section 14. Immunity: Program activities conducted in good faith pursuant to this Memorandum shall not be grounds for civil action under the laws of this State, including, but not limited to, Mississippi Code Ann. §73-25-67 and §73-25-91, and are deemed to be State directed and sanctioned and shall constitute State action for the purposes of application of antitrust laws and Mississippi Tort Claims Act.

Section 15. New Administrative Policies: The BOARD and MPHPC with the MSMA serving as advisory in all such deliberations shall work in conjunction with each other to develop further administrative policies necessary to promote and effectuate the mission of the MPHP.

Section 16. Term of Agreement: This Agreement, as amended, shall be in effect for a period of one (1) year from January 1, 2004, and shall automatically renew for successive one (1) year periods, unless either party gives written notice to the other of termination not less than ninety (90) days prior to the end of the current one year term.

Section 17. Default: If either party to this Agreement violates any of the terms and covenants contained herein, said violation shall be deemed an event of default. Upon the event of default, the non-defaulting party may at its option, declare the Agreement terminated by giving notice, including the specific written reasons therefore. Notwithstanding, it is the intent and purpose of this Agreement to encourage both parties to amicably resolve any differences. To this extent, the non-defaulting party may at its option, request the defaulting party to take immediate steps to come into compliance with this Agreement. Failure of the defaulting party to comply with the terms herein within a reasonable period of time, but not exceeding thirty (30) days, shall authorize the non-defaulting party to declare the Agreement as terminated.

Section 18. Modification: No modification or amendment of this memorandum shall be effective unless approved by the MSMA Board of Trustees, the MPHIC and the BOARD. Such modification or amendment shall be in writing and signed by all parties.

Section 19. Notice: All notices given with respect to this memorandum shall be in writing. Every notice shall be deemed to have been given at the time it shall be deposited in the United States mail to the party to be notified at the address set forth below, or at such address as either party may from time to time designate in writing, to-wit:

If to the Mississippi State Board of Medical Licensure:

1867 Crane Ridge Drive, Suite 200-B
Jackson, Mississippi 39216

If to the Mississippi State Medical Association:

408 West Parkway Place
Post Office Box 2548
Ridgeland, MS 39158-2548

If to the Mississippi Professional Health Committee:

625 Lakeland East Drive, Suite C
Jackson, Mississippi 39208-8817

Section 20. Applicable Law: This agreement shall be governed by and construed in accordance with the laws of the State of Mississippi.

Section 21. Additional Documents: Each of the parties hereto agree to execute any document or documents that may be required from time to time by the other party to implement or complete the party's obligation pursuant to this memorandum.

Section 22. Entire Agreement: This Memorandum expressly or through reference constitutes the entire agreement between the BOARD, MSMA, and the MPHIC covering the subject matter herein contained and shall supersede any previous agreements between the parties concerning said subject matter, whether previous agreement shall have been oral or reduced to writing.

IN WITNESS THEREOF, the parties acknowledge their intent to be bound by this memorandum by affixing their signatures herein below.

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

By: _____
Executive Director

MISSISSIPPI STATE MEDICAL ASSOCIATION

By: _____
Executive Director

MISSISSIPPI PROFESSIONALS HEALTH COMMITTEE

By: _____
Medical Director

ADMINISTRATIVE PROCEDURES FILING NOTICE

Agency Mississippi State Board of Medical Licensure
Address 1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216
Phone (601) 987-3079

Person to contact Rhonda Freeman
Address 1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216
Transmittal date October 19, 2004

Copy attached: Yes No

Name or number of rule(s) XXVII. Regulations Pertaining to Emergency Telemedicine Within the State

Terms or substance of the actions or description of the subject and issues:
This filing amends the Board's regulation to extend the repeal date for one additional year until October 18, 2005.

Printed name and title
of person authorized to file rules: Rhonda Freeman Division Director
Name Title
Rhonda Freeman
Signature

EMERGENCY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect _____ days Effective date: <input type="checkbox"/> Immediately on <input type="checkbox"/> Other (specify): _____	Action proposed: <input type="checkbox"/> New rule(s) <input checked="" type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed date of adoption: <input checked="" type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____	Action taken: <input type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn Date action taken _____ <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
<div style="border: 1px solid black; height: 150px; width: 100%;"></div>	<div style="border: 1px solid black; padding: 10px; text-align: center;"><p>FILED OCT 20 2004 MISSISSIPPI SECRETARY OF STATE</p></div>	<div style="border: 1px solid black; height: 150px; width: 100%;"></div>
Accepted for filing by _____	Accepted for filing by <u>[Signature]</u>	Accepted for filing by _____

XXVII.**REGULATIONS PERTAINING TO EMERGENCY
TELEMEDICINE WITHIN THE STATE****A. SCOPE/PURPOSE**

These regulations apply to only those individuals licensed to practice medicine or osteopathic medicine in the State of Mississippi and who are performing duties as employees of the University of Mississippi Medical Center. This regulation does not authorize any communication across state lines.

B. DEFINITIONS

For the purpose of Article XXVII only, the following terms have the meanings indicated:

1. "Physician" means any person licensed to practice medicine or osteopathic medicine in the State of Mississippi.
2. "Telemedicine" is the diagnosis or treatment of human injury, illness and diseases using interactive audio, video or data communications by electronic or other means.
3. "Teleemergency medicine" is a unique combination of telemedicine and the collaborative/supervisory role of a physician Board certified in emergency medicine, and an appropriate skilled health professional (Nurse Practitioner or Physician Assistant).

C. BOARD REVIEW

The same requirements as outlined in Article XIII shall apply.

D. COLLABORATIVE/SUPERVISING PHYSICIAN LIMITED

No physician practicing teleemergency medicine shall be authorized to function in a collaborative/supervisor role as outlined in Article XIII unless his or her practice location is a level 1 hospital trauma center that is able to provide continuous twenty-four hour coverage and has an existing air ambulance system in place. Coverage will be authorized only for those emergency departments of licensed hospitals who have an average daily census of thirty (30) or fewer Acute Care/Medical Surgical occupied beds as defined by their Medicare Cost Report.

E. REPORTING REQUIREMENTS

Quarterly reports detailing quality assurance activities, adverse or sentinel events shall be submitted for review to the Mississippi State Board of Medical Licensure. The Board of Nursing requires, in addition to these regulations, submission of quarterly reports to the Board of Nursing and reserves the right to re-evaluate and change reporting requirements, if need be.

F. EFFECTIVE DATE OF REGULATION

This above rules and regulations pertaining to telemergency medicine shall become effective October 18, 2002. This regulation shall stand repealed one (1) year from final adoption. This regulation shall be extended from October 19, 2003, to October 18, 2004. This regulation shall be extended from October 19, 2004, to October 18, 2005.

MISSISSIPPI

BOARD OF NURSING

1935 Lakeland Drive, Suite B
Jackson, MS 39216-5014
Telephone: (601) 987-4188
Fax: (601) 364-2352



August 18, 2004

Dr. Joseph Burnett, Executive Director
Mississippi Board of Medical Licensure
1867 Crane Ridge Drive, Suite 200 B
Jackson, MS 39216



Dear Dr. Burnett:

On August 13, 2004, the Mississippi Board of Nursing voted to jointly promulgate Board of Medical Licensure "*Regulations Pertaining to the Practice of Telepsychiatry Within the Department of Mental Health System.*"

If you have any questions, please call me at 944-4840.

Sincerely,

A handwritten signature in cursive script that reads "Delia Y. Owens".

Delia Y. Owens, JD, RN
Executive Director

DYO:nh

**XXX. REGULATIONS PERTAINING TO THE PRACTICE OF TELEPSYCHIATRY
WITHIN THE MISSISSIPPI DEPARTMENT OF MENTAL HEALTH SYSTEM**

A. SCOPE

These regulations apply to only those individuals authorized to practice medicine or osteopathic medicine in the State of Mississippi and who are performing duties as employees of the Mississippi Department of Mental Health. This regulation does not authorize any ~~practice of telepsychiatry~~ across state lines.

B. DEFINITIONS

For the purpose of Article XXX only, the following terms have the meanings indicated:

1. "Physician" means any person licensed to practice medicine or osteopathic medicine in the State of Mississippi.
2. "Psychiatrist" means any person licensed to practice medicine in the State of Mississippi and ~~Board certified or Board eligible~~ to practice psychiatry.
3. "Nurse Practitioner" means any person licensed by the Mississippi Board of Nursing to practice nursing in the State of Mississippi and certified by the Mississippi Board of Nursing to practice in an expanded role as a Nurse Practitioner.
4. "Telemedicine" is the diagnosis or treatment of human injury, illness and diseases using interactive audio, video or data communications by electronic or other means.
5. "Telepsychiatry" is a unique combination of telemedicine and the collaborative/supervisory role of a physician Board certified ~~or Board eligible~~ in psychiatry and an appropriately skilled health professional (Psychiatric ~~Mental Health~~ Nurse Practitioner).

C. BOARD REVIEW

The same requirements as outlined in Article XIII ~~C~~ shall apply.

D. COLLABORATIVE/SUPERVISING PHYSICIAN LIMITED

No psychiatrist practicing telepsychiatry shall be authorized to function in a collaborative/supervisor role as outlined in Article XIII ~~C~~ unless his or her practice is in a facility operated by the Mississippi Department of Mental Health.

E. REPORTING REQUIREMENTS

Quarterly ~~or more frequent~~ reports detailing quality assurance activities, adverse or sentinel events shall be submitted for review to the Mississippi State Board of Medical Licensure and the Mississippi Board of Nursing. Additional reporting requirements may be required as deemed necessary by the Board of Nursing and Mississippi Board of Medical Licensure.

F. EFFECTIVE DATE OF REGULATION

The above rules and regulation pertaining to telepsychiatry shall become effective _____. This regulation shall stand repealed one (1) year from final adoption.

**MEMORANDUM OF UNDERSTANDING
MISSISSIPPI DEPARTMENT OF MENTAL HEALTH
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE**

This agreement is entered into by the Mississippi Department of Mental Health (hereinafter referred to as "Department"), which includes all its facilities and the Mississippi State Board of Medical Licensure (hereinafter referred to as "Board").

The Department agrees to the following provisions:

To develop a Practice Plan which outlines the manner in which psychiatric telemedicine shall be utilized between the Department's Crisis Intervention Centers and their parent facility. This Practice Plan shall be approved by the Board, and any modifications to said Plan shall not be implemented without approval of the Board.

To identify with the Board all Psychiatric Mental Health Nurse Practitioners who will utilize telemedicine along with the names of the sponsoring physicians. The Department shall provide all information requested by the Board concerning the qualifications of the Nurse Practitioners and Physicians as required by the Board in a format set out by the Board. Additions and deletions to this register shall be approved by the Board prior to any use of telemedicine by the Nurse Practitioners and Physicians.

To provide to the Board a report which sets out the manner and frequency of the utilization of telemedicine in a format prescribed by the Board. The Department shall provide any additional information concerning the use of telemedicine to the Board upon request.

The Board agrees to the following provisions:

To review and make recommendations to the Practice Plan as presented by the Department.

To provide to the Department a format for identifying Nurse Practitioners to be authorized to use telemedicine.

To provide to the Department a format for reporting annually to the Board.

The Department and Board agree to the following provisions:

To work cooperatively to improve the accessibility of the provision of care to the patients of the Department by the utilization of telemedicine.

To ensure that telemedicine is provided by qualified professionals according to standard principles of medical practice.

Other provisions:

The Department and the Board agree that this Memorandum of Understanding shall become effective upon the execution of both parties.

Modifications to this Memorandum of Understanding shall be in writing and approved by the Board and the Department.

This Memorandum of Understanding may be terminated with a thirty (30) day written notice to either party.

This Memorandum of Understanding shall be reviewed at least every two (2) years.

Agreed to by:

Albert Randel Hendrix, Ph.D., Executive Director
Mississippi Department of Mental Health

Date

W. Joseph Burnett, M.D., Executive Director
Mississippi State Board of Medical Licensure

Date

COPY

ADMINISTRATIVE PROCEDURES FILING NOTICE

Agency Mississippi State Board of Medical Licensure
Address 1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216
Phone (601) 987-3079

Person to contact Rhonda Freeman
Address 1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216
Transmittal date September 17, 2004

Copy attached: Yes No

Name or number of rule(s) XXIX. Regulations Governing the Practice of Physician Assistants

Terms or substance of the actions or description of the subject and issues:
This filing will allow physician assistants to prescribe controlled substances.

Printed name and title
of person authorized to file rules: Rhonda Freeman Division Director
Name Title
Rhonda Freeman
Signature

EMERGENCY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect _____ days Effective date: <input type="checkbox"/> Immediately on <input type="checkbox"/> Other (specify): _____	Action proposed: <input type="checkbox"/> New rule(s) <input type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed date of adoption: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____	Action taken: <input type="checkbox"/> Adopted with no changes in text <input checked="" type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn Date action taken <u>September 16, 2004</u> <input checked="" type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
<div style="border: 1px solid black; height: 150px; width: 100%;"></div>	<div style="border: 1px solid black; height: 150px; width: 100%;"></div>	<div style="border: 1px solid black; padding: 10px; text-align: center;">FILED SEP 17 2004 MISSISSIPPI SECRETARY OF STATE</div>
Accepted for filing by _____	Accepted for filing by _____	Accepted for filing by <u>[Signature]</u>

XXII. REGULATIONS GOVERNING THE PRACTICE OF PHYSICIAN ASSISTANTS

A. SCOPE/GENERAL STATEMENT

1. The following regulations pertain to Physician Assistants practicing medicine with physician supervision. Physician Assistants may perform those duties and responsibilities, including diagnosing and the ordering, prescribing, dispensing of prepackaged drugs, and administration of drugs and medical devices as delegated by their supervising physician(s).
2. Physician Assistants may provide any medical service which is delegated by the supervising physician when the service is within the Physician Assistant's training and skills; forms a component of the physician's scope of practice; and is provided with supervision.
3. Physician Assistants shall be considered the agents of their supervising physicians in the performance of all practice-related activities including, but not limited to, the ordering of diagnostic, therapeutic, and other medical services.

B. DEFINITIONS

1. For the purpose of Article XXII only, the following terms have the meanings indicated:
 - a. "Board" means the Mississippi State Board of Medical Licensure.
 - b. "Physician Assistant" means a person who meets the Board's criteria for licensure as a Physician Assistant and is licensed as a Physician Assistant by the Board.
 - c. "Supervising Physician" means a doctor of medicine or a doctor of osteopathic medicine who holds an unrestricted license from the Board, who is in the full-time practice of medicine, and who has been approved by the Board to supervise Physician Assistants.
 - d. "Supervise" or "Supervision" means overseeing and accepting responsibility for the medical services rendered by a Physician Assistant.

- e. "Primary Office" means the usual practice location of a physician and being the same location reported by that physician to the Mississippi State Board of Medical Licensure and the United States Drug Enforcement Administration.
 - f. "NCCPA" means the National Commission on Certification of Physician Assistants.
 - g. "PANCE" means the Physician Assistant National Certifying Examination.
 - h. "CAAHEP" means the Commission on Accreditation of Allied Health Education Programs.
 - i. "Predecessor or Successor Agency" refers to the agency responsible for accreditation of educational programs for Physician Assistants that preceded CAAHEP or the agency responsible for accreditation of educational programs for physician assistants that succeeded CAAHEP.
2. Masculine terms wherever used in this regulation shall also be deemed to include the feminine.

C. QUALIFICATIONS FOR LICENSURE

1. Pursuant to Section 73-43-11, Mississippi Code (1972) Annotated, all Physician Assistants who are employed as Physician Assistants by a Department of Veterans Affairs health care facility, a branch of the United States military, or the Federal Bureau of Prisons and who are practicing as Physician Assistants in a federal facility in Mississippi on July 1, 2000, and those Physician Assistants who trained in a Mississippi Physician Assistant program and have been continuously practicing as a Physician Assistant in Mississippi since 1976, shall be eligible for licensure if they submit an application for licensure to the Board by December 31, 2000, and meet the following additional requirements:
- a. Satisfies the Board that he is at least twenty-one (21) years of age and of good moral character.
 - b. Submits an application for license on a form supplied by the Board, completed in every detail with a recent photograph

(wallet-size/passport type) attached. A Polaroid or informal snapshot will not be accepted.

- c. Pays the appropriate fee as determined by the Board.
- d. Presents a certified copy of birth certificate.
- e. Proof of legal change of name if applicable (notarized or certified copy of marriage or other legal proceeding).
- f. Provides information on registration or licensure in all other states where the applicant is or has been registered or licensed as a Physician Assistant.
- g. Must have favorable references from two (2) physicians licensed in the United States with whom the applicant has worked or trained.
- h. No basis or grounds exist for the denial of licensure as provided at Article N below.

Physician Assistants licensed under this subsection will be eligible for license renewal so long as they meet standard renewal requirements.

- 2. Before December 31, 2004, applicants for Physician Assistant licensure, except those licensed pursuant to the paragraph above, must be graduates of Physician Assistant educational programs accredited by the Commission on Accreditation of Allied Health Educational Programs or its predecessor or successor agency, have passed the certification examination administered by the National Commission on Certification of Physician Assistants (NCCPA), have current NCCPA certification, and possess a minimum of a baccalaureate degree, and meet the following additional requirements:
 - a. Satisfies the Board that he is at least twenty-one (21) years of age and of good moral character.
 - b. Submits an application for license on a form supplied by the Board, completed in every detail with a recent photograph (wallet-size/passport type) attached. A Polaroid or informal snapshot will not be accepted.

- c. Pays the appropriate fee as determined by the Board.
- d. Presents a certified copy of birth certificate.
- e. Proof of legal change of name if applicable (notarized or certified copy of marriage or other legal proceeding).
- f. Provides information on registration or licensure in all other states where the applicant is or has been registered or licensed as a Physician Assistant.
- g. Must have favorable references from two (2) physicians licensed in the United States with whom the applicant has worked or trained.
- h. No basis or grounds exist for the denial of licensure as provided at Article N below.

Physician Assistants meeting these licensure requirements will be eligible for license renewal so long as they meet standard renewal requirements.

- 3. On or after December 31, 2004, applicants for Physician Assistant licensure must meet the following requirements:
 - a. Satisfies the Board that he is at least twenty-one (21) years of age and of good moral character.
 - b. Submits an application for license on a form supplied by the Board, completed in every detail with a recent photograph (wallet-size/passport type) attached. A Polaroid or informal snapshot will not be accepted.
 - c. Pays the appropriate fee as determined by the Board.
 - d. Presents a certified copy of birth certificate.
 - e. Proof of legal change of name if applicable (notarized or certified copy of marriage or other legal proceeding).
 - f. Possesses a master's degree in a health-related or science field.

- g. Has successfully completed an educational program for Physician Assistants accredited by CAAHEP or its predecessor or successor agency.
- h. Passed the certification examination administered by the NCCPA and have current NCCPA certification.
- i. Provides information on registration or licensure in all other states where the applicant is or has been registered or licensed as a Physician Assistant.
- j. Must have favorable references from two (2) physicians licensed in the United States with whom the applicant has worked or trained.
- k. No basis or grounds exist for the denial of licensure as provided at Article N below.

4. Temporary License

- a. The Board may grant a temporary license to an applicant who meets the qualifications for licensure except that the applicant has not yet taken the national certifying examination administered by the NCCPA or the applicant has taken the national certifying examination and is awaiting the results.
- b. A temporary license is valid:
 - i. for one hundred eighty (180) days from the date of issuance;
 - ii. until the results of an applicant's examination are available; or
 - iii. until the Board makes a final decision on the applicant's request for licensure, whichever comes first. The Board may extend a temporary license, upon a majority vote of the Board members, for a period not to exceed one hundred eighty (180) days. Under no circumstances may the Board grant more than one extension of a temporary license.

D. REQUIREMENT OF PROTOCOL - PRESCRIBING/DISPENSING

1. Physician Assistants shall practice according to a Board-approved protocol which has been mutually agreed upon by the Physician Assistant and the supervising physician. Each protocol shall be prepared taking into consideration the specialty of the supervising physician, and must outline diagnostic and therapeutic procedures and categories of pharmacologic agents which may be ordered, administered, dispensed and/or prescribed for patients with diagnoses identified by the Physician Assistant. Each protocol shall contain a detailed description of back-up coverage if the supervising physician is away from the primary office. Although licensed, no Physician Assistant shall practice until a duly executed protocol has been approved by the Board.
2. Except as hereinafter provided in Paragraph 3 below, Physician Assistants may not write prescriptions for or dispense controlled substances or any other drug having addiction-forming or addiction-sustaining liability. A Physician Assistant may, however, administer such medications pursuant to an order by the supervising physician according to the protocol worked out with the physician.
3. Prescribing Controlled Substances and Medications by Physician Assistants.
 - a. Scope.

Pursuant to these regulations, authorized Physician Assistants may prescribe controlled substances in Schedules II through V.
 - b. Application for Authority to Prescribe Controlled Substances
 - (1) In order to obtain the authority to prescribe controlled substances in any schedule, the Physician Assistant shall submit an application to the Board on an application form duly designated and amended from time to time by the Board.
 - (2) Physician Assistant applicants applying for controlled substance prescriptive authority must complete a Board approved educational program prior to making application.

- c. Incorporation of Physician Regulations Pertaining to Prescribing, Administering and Dispensing of Medication.

For the purpose of directing the manner in which Physician Assistants may prescribe controlled substances, the Board incorporates herein Article XXIII of the Board's Regulations *Pertaining to Prescribing, Administering and Dispensing of Medication* as applied to Physicians, including but not limited to all Definitions, Maintenance of Records and Inventories, Use of Diet Medication, Use of Controlled Substances for Chronic (Non-Terminal) Pain, and Prescription Guidelines. All Physician Assistants hereinafter authorized to prescribe controlled substances shall fully comply with said regulations.

- d. Registration for Controlled Substances Certificate Prescriptive Authority.

- (1) Every Physician Assistant authorized to practice in Mississippi who prescribes any controlled substance within Mississippi or who proposes to engage in the prescribing of any controlled substance within Mississippi must be registered with the U. S. Drug Enforcement Administration in compliance with title 21 CFR Part 1301 Food and Drugs.
- (2) Pursuant to authority granted in Miss. Code Ann. §41-29-125, the Board hereby adopts, in lieu of a separate registration with the Board, the registration with the U.S. Drug Enforcement Administration as required in Sub-paragraph c(1) above, provided, however, where a Physician Assistant already possesses a controlled substances registration certificate for a practice location in another state or jurisdiction, the Physician Assistant may not transfer or otherwise use the same registration until such time as he meets the training requirements set forth in Sub-paragraph 3(b)(2). In the event, however, a Physician Assistant has had limitations or other restrictions placed upon his license wherein he is prohibited from handling controlled substances in any or all schedules, said Physician Assistant shall be prohibited from registering with the U. S. Drug Enforcement Administration for a Uniform Controlled

Substances Registration Certificate without first being expressly authorized to do so by order of the Board.

- (3) The registration requirement set forth in these regulations does not apply to the distribution and manufacture of controlled substances. Any physician who engages in the manufacture or distribution of controlled substances or legend drugs shall register with the Mississippi State Board of Pharmacy pursuant to Miss. Code Ann. Section 73-21-105. For the purposes herein, "distribute" shall mean the delivery of a drug other than by administering, prescribing, or dispensing. The word "manufacture" shall have the same meaning as set forth in Miss. Code Ann. Section 73-21-105(q).

e. Drug Maintenance, Labeling and Distribution Requirements

Persons registered to prescribe controlled substances may order, possess, prescribe, administer, distribute or conduct research with those substances to the extent authorized by their registration and in conformity with the other provisions of these regulations and in conformity with provisions of the Mississippi Uniform Controlled Substances Law, Miss. Code Ann. §41-29-101 et. seq., except Physician Assistants may not receive samples of controlled substances. A Physician Assistant may receive and distribute pre-packaged medications or samples of non-controlled substances for which the Physician Assistant has prescriptive authority.

E. SUPERVISION

1. Before any physician shall supervise a Physician Assistant, the physician must first (a) present to the Board's Executive Director, a duly executed protocol, (b) appear personally before the Board or its Executive Director, and (c) obtain written approval to act as a supervising physician. The facts and matters to be considered by the Board when approving or disapproving a protocol or supervision arrangement, shall include, but are not limited to, how the supervising physician and Physician Assistant plan to implement the protocol, the method and manner of supervision, consultation, referral and liability.

2. Where two or more physicians anticipate executing a protocol to supervise a Physician Assistant, it shall not be necessary that all of the physicians personally appear before the Board or Executive Director as required in Subsection 1 above. In this situation, the physician who will bear the primary responsibility for the supervision of the Physician Assistant shall make the required personal appearance.

F. SUPERVISING PHYSICIAN LIMITED

1. No physician shall be authorized to supervise a Physician Assistant unless that physician holds an unrestricted license to practice medicine in the State of Mississippi.
2. Supervision means overseeing activities of, and accepting responsibility for, all medical services rendered by the Physician Assistant. Except as described in Subsection 3, supervision must be continuous, but shall not be construed as necessarily requiring the physical presence of the supervising physician.
3. New graduate Physician Assistants and all Physician Assistants newly practicing in Mississippi, except those licensed under provision C1, require the on-site presence of a supervising physician for one hundred twenty (120) days.
4. The Physician Assistant's practice shall be confined to the primary office or clinic of the supervising physician or any hospital(s) or clinic or other health care facility within the same community where the primary office is located, wherein the supervising physician holds medical staff privileges. Exceptions to this requirement may be granted on an individual basis, provided the location(s) of practice are thereafter set forth in the protocol.
5. The supervising physician must provide adequate means for communication with the Physician Assistant. Communication may occur through the use of technology which may include, but is not limited to, radio, telephone, fax, modem, or other telecommunication device.
6. The supervising physician shall, on at least a monthly basis, conduct a review of the records/charts of at least ten percent (10%) of the patients treated by the Physician Assistant, said records/charts

selected on a random basis. During said review, the supervising physician shall note the medical and family histories taken, results of any and all examinations and tests, all diagnoses, orders given, medications prescribed, and treatments rendered. The review shall be evidenced by the supervising physician placing his signature or initials next to each of the above areas of review, and shall submit proof of said review to the Board upon request.

G. NUMBER OF PHYSICIAN ASSISTANTS SUPERVISED

No physician shall supervise more than two (2) Physician Assistants at any one time. A physician supervising two (2) nurse practitioners may not supervise a Physician Assistant.

H. TERMINATION

The Physician Assistant and supervising physician shall notify the Board in writing immediately upon the Physician Assistant's termination; physician retirement; withdrawal from active practice; or any other change in employment, functions or activities. Failure to notify can result in disciplinary action.

I. DUTY TO NOTIFY BOARD OF CHANGE OF ADDRESS

Any Physician Assistant who is licensed or receives a license to practice as a Physician Assistant in this state and thereafter changes his practice location from what was noted in the application upon which he received a license, shall immediately notify the Board in writing of the change of location. Failure to notify within 30 days could result in disciplinary action.

J. CONTINUING EDUCATION

Each licensed Physician Assistant must show proof of completing 50 hours of CME each year, 20 hours of which must be Category I, as defined by the Accreditation Council for Continuing Medical Education (ACCME). Physician Assistants who are certified by the NCCPA may meet this requirement by providing evidence of current NCCPA certification.

K. IDENTIFICATION

1. The supervising physician shall be responsible to ensure that any Physician Assistant under his supervision does not advertise or otherwise hold himself out in any manner which would tend to mislead

the general public or patients. Physician Assistants shall at all times when on duty wear a name tag, placard or plate identifying themselves as Physician Assistants.

2. Physician Assistants may not advertise in any manner which implies that the Physician Assistant is an independent practitioner.
3. A person not licensed as a Physician Assistant by the Board who holds himself out as a Physician Assistant is subject to the penalties applicable to the unlicensed practice of medicine.

L. PHYSICIAN LIABILITY

Prior to the supervision of a Physician Assistant, the physician's and/or Physician Assistant's insurance carrier must forward to the Board a Certificate of Insurance.

M. RENEWAL SCHEDULE

1. The license of every person licensed to practice as a Physician Assistant in the State of Mississippi shall be renewed annually.
2. On or before May 1 of each year, the State Board of Medical Licensure shall mail an application for renewal of license to every Physician Assistant to whom a license was issued or renewed during the current licensing year. The applicant shall complete the application and return it to the Board before June 30 with documentation of completing each year 50 hours of CME, 20 hours of which must be Category I, or current NCCPA certification and the renewal fee of an amount established by the Board. The payment of the annual license renewal fee shall be optional with all Physician Assistants over the age of seventy (70) years. Upon receipt of the application and fee, the Board shall verify the accuracy of the application and issue to applicant a certificate of renewal for the ensuing year, beginning July 1 and expiring June 30 of the succeeding calendar year. Such renewal shall render the holder thereof a licensed Physician Assistant as stated on the renewal form.
3. A Physician Assistant practicing in Mississippi who allows his license to lapse by failing to renew the license as provided in Subsection 2 may be reinstated by the Board on satisfactory explanation for such failure to renew, by completion of a reinstatement form, and upon payment of the renewal fee for the current year, and shall be

assessed a fine of Twenty-five Dollars (\$25.00) plus an additional fine of Five Dollars (\$5.00) for each month thereafter that the license renewal remains delinquent.

4. Any Physician Assistant not practicing in Mississippi who allows his license to lapse by failing to renew the license as provided in Subsection 2 may be reinstated by the Board on satisfactory explanation for such failure to renew, by completion of a reinstatement form, and upon payment of the arrearage for the previous five (5) years and the renewal fee for the current year.
5. Any Physician Assistant who allows his license to lapse shall be notified by the Board within thirty (30) days of such lapse.
6. Any person practicing as a Physician Assistant during the time his license has lapsed shall be considered an illegal practitioner and shall be subject to the same penalties as provided at Mississippi Code (1972) Annotated, Section 73-25-14.

N. DISCIPLINARY PROCEEDINGS

1. GROUNDS FOR DISCIPLINARY ACTION AGAINST PHYSICIAN ASSISTANTS

For the purpose of conducting disciplinary actions against individuals licensed to practice as Physician Assistants, the Board hereby incorporates those grounds for the non-issuance, suspension, revocation, or restriction of a license or the denial of reinstatement or renewal of a license, as set forth in Mississippi Code (1972) Annotated, Sections 73-25-29 and 73-25-83. As a basis for denial, suspension, revocation or other restriction, the Board may initiate disciplinary proceedings based upon any one or more of those grounds as set forth in Sections 73-25-29 and 73-25-83, and may make provision for the assessment of costs as provided therein.

2. HEARING PROCEDURE AND APPEALS

No individual shall be denied a license or have his license suspended, revoked or restriction placed thereon, unless the individual licensed as a Physician Assistant has been given notice and opportunity to be heard. For the purpose of notice, disciplinary hearings and appeals, the Board hereby adopts and incorporates by reference all provisions of the "Rules of Procedure" now utilized by the Board for those

individuals licensed to practice medicine, osteopathic medicine, and podiatric medicine in the State of Mississippi.

3. REINSTATEMENT OF LICENSE

- a. A person whose license to practice as a Physician Assistant has been revoked, suspended, or otherwise restricted may petition the Mississippi State Board of Medical Licensure to reinstate his license after a period of not less than one (1) year has elapsed from the date of the revocation or suspension. The procedure for the reinstatement of a license that is suspended for being out of compliance with an order for support, as defined in Section 93-11-153, shall be governed by Sections 93-11-157 or 93-11-163, as the case may be.
- b. The petition shall be accompanied by two (2) or more verified recommendations from physicians or osteopaths licensed by the Board of Medical Licensure to which the petition is addressed and by two (2) or more recommendations from citizens each having personal knowledge of the activities of the petitioner since the disciplinary penalty was imposed and such facts as may be required by the Board of Medical Licensure.

The petition may be heard at the next regular meeting of the Board of Medical Licensure but not earlier than thirty (30) days after the petition was filed. No petition shall be considered while the petitioner is under sentence for any criminal offense, including any period during which he is under probation or parole. The hearing may be continued from time to time as the Board of Medical Licensure finds necessary.

- c. In determining whether the disciplinary penalty should be set aside and the terms and conditions, if any, which should be imposed if the disciplinary penalty is set aside, the Board of Medical Licensure may investigate and consider all activities of the petitioner since the disciplinary action was taken against him, the offense for which he was disciplined, his activity during the time his certificate was in good standing, his general reputation for truth, professional ability and good character; and it may require the petitioner to pass an oral examination.

O. IMPAIRED PHYSICIAN ASSISTANTS

1. For the purpose of the Mississippi Disabled Physician Law, Mississippi Code (1972) Annotated, Sections 73-25-51 to 73-25-67, any individual licensed to practice as a Physicians Assistant, shall be subject to restriction, suspension, or revocation, in the case of disability by reason of one or more of the following:
 - a. mental illness;
 - b. physical illness, including but not limited to deterioration through the aging process, or loss of motor skills; and/or
 - c. excessive use or abuse of drugs, including alcohol.
2. If the Board has reasonable cause to believe that a Physician Assistant is unable to practice with reasonable skill and safety to patients because of one or more of the conditions described above, referral of the Physician Assistant shall be made, and action taken, if any, in the manner as provided in Sections 73-25-55 through 73-25-65, including referral to the Mississippi Recovering Physicians Program, sponsored by the Mississippi State Medical Association.

P. EFFECTIVE DATE OF REGULATIONS

The above rules and regulations pertaining to the Practice of Physician Assistants shall become effective September 1, 2000, as amended September 16, 2004.



**MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
CONTROLLED SUBSTANCE PRESCRIPTIVE AUTHORITY
APPLICATION FOR SCHEDULES II THROUGH V**

PHYSICIAN ASSISTANT INFORMATION:

Name:		
MS License #:	Specialty (Field of Practice):	
Primary Practice Location:		
Office Telephone #:	Home Telephone #:	Fax #:

SUPERVISING PHYSICIAN INFORMATION:

Name:		
MS License #:	Specialty (Field of Practice):	
Primary Practice Location:		
Office Telephone #:	Home Telephone #:	Fax #:

CHECK SCHEDULE(S) APPLYING FOR:

<input type="checkbox"/> Schedule II	<input type="checkbox"/> Schedule III	<input type="checkbox"/> Schedule IV	<input type="checkbox"/> Schedule V
--------------------------------------	---------------------------------------	--------------------------------------	-------------------------------------

ATTESTATIONS FOR PRESCRIPTIVE AUTHORITY (Must be signed by the Supervising Physician and Physician Assistant.)

I Attest That:

- (a) all prescribing activities of the Physician Assistant will comply with all federal and state laws governing the prescribing of medications, including controlled dangerous substances;
- (b) the Physician Assistant is or will be registered with the U. S. Drug Enforcement Administration in compliance with title 21 CFR Part 1301 Food and Drugs; and
- (c) the Physician Assistant has completed a Board approved educational program. A copy of completion certificate must be attached to this application.

_____	_____	_____
Supervising Physician (Print)	Physician (Signature)	Date

_____	_____	_____
Physician Assistant (Print)	Physician Assistant (Signature)	Date

PHYSICIAN ASSISTANT
CONTROLLED SUBSTANCE PRESCRIPTIVE AUTHORITY
EDUCATIONAL PROGRAM
(10-12 Clock Hours)

1. Pharmacology Related to the Prescribing of Controlled Substances
 - (a) Schedules of Drugs
 - (b) Pharmacodynamics
 - (c) Case Studies
 - (d) Addiction liability of Non-Controlled Drugs
2. Addiction versus Dependence
3. Recognizing and handling of Drug seeking behaviors
4. Regulatory Requirements (State/Federal)
 - (a) Prescriptions
 - (b) Perpetual Inventory/ Sample Drug Record Keeping
 - (c) Security
 - (d) Documentation in patient record
5. Mississippi State Board of Medical Licensure Rules and Regulations

BEFORE THE MISSISSIPPI MEDICAL LICENSURE BOARD

**IN THE MATTER OF THE PHYSICIAN'S LICENSE OF
RONALD ELLZY WOODALL, M.D.**

ORDER REMOVING ALL RESTRICTIONS

THIS MATTER came on for hearing on September 16, 2004, before the Mississippi State Board of Medical Licensure (Board), in response to the request of Ronald Ellzy Woodall, M.D., (Licensee) for removal of all restrictions imposed on his license by virtue of that certain Order of the Board dated April 15, 1999 (incorporating certain terms and conditions of Consent Order dated March 21, 1996).


The hearing was convened on September 16, 2004, with Licensee appearing in person. Although represented by counsel, Honorable James R. Hayden of Hattiesburg, Mississippi, Licensee appeared at the hearing without such counsel. Complaint counsel for the Board was Honorable Stan T. Ingram. Sitting as legal advisor to the Board was Honorable Heather P. Wagner, Assistant Attorney General. After consideration of the evidence presented, the Board finds Licensee's request to be well taken.

IT IS, HEREBY ORDERED that Licensee's request for removal of all restrictions imposed on his license by virtue of the Order of the Board dated April 15, 1999, is hereby granted. Licensee now holds an unrestricted license to practice medicine in the State of Mississippi.

IT IS FURTHER ORDERED that pursuant to Sections 73-25-27 and 73-25-32 of the Mississippi Code of 1972 (as amended), a copy of this Order shall be sent by registered mail or personally served upon Ronald Elzy Woodall, M.D.

SO ORDERED, this the 21st day of September, 2004.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY: 
DEWITT GREY CRAWFORD, M.D.
BOARD PRESIDENT

BEFORE THE MISSISSIPPI MEDICAL LICENSURE BOARD

**IN THE MATTER OF THE PHYSICIAN'S LICENSE OF
THOMAS W. GRAFTON, D.O.**


ORDER OF CONTINUANCE

THIS MATTER came on regularly for hearing on September 16, 2004, before the Mississippi State Board of Medical Licensure (Board). Thomas W. Grafton, D.O., (Licensee) requested a continuance of the hearing set for this date. In support of this request, the Board was advised that Licensee is scheduled to enter into an evaluation for chemical dependency as requested by the Board and the Mississippi Professionals Health Program (MPHP). A continuance would enable both parties to complete the evaluation process. After consideration of the matter, the Board finds Licensee's motion for a continuance of this matter to a later date to be well taken.

IT IS, THEREFORE, ORDERED that this matter is continued until Thursday, November 4, 2004 , at 9:00 a.m.

SO ORDERED, this the 16th day of September, 2004.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY: 
**DEWITT GREY CRAWFORD, M.D.
BOARD PRESIDENT**

BEFORE THE MISSISSIPPI MEDICAL LICENSURE BOARD

**IN THE MATTER OF THE PHYSICIAN'S LICENSE OF
MALACHY MALVIN DEHENRE, M.D.**

ORDER OF CONTINUANCE

THIS MATTER was set for hearing on September 2, 2004, before the Mississippi State Board of Medical Licensure (Board). Pursuant to its authority under Section 73-24-89 of the Mississippi Code of 1972, the Board, on August 19, 2004, served Malachy Malvin Dehenre, M.D., (Licensee) with an Order of Prohibition, enjoining Licensee from engaging in the practice of medicine in the State of Mississippi, and noticed Licensee for a hearing on September 2, 2004. Licensee, through counsel, requested a continuance of the hearing scheduled for September 2, 2004, until some time after September 22, 2004. After consideration of the matter, the Board finds Licensee's motion for a continuance of this matter to a later date to be well taken.

IT IS, THEREFORE, ORDERED that this matter is continued until Thursday, November 4, 2004, at 9:00 a.m. All terms and conditions of the Order of Prohibition dated August 19, 2004, shall remain in full force and effect until further action by the Board.

IT IS FURTHER ORDERED that a copy of this Order of Continuance be mailed to Licensee's counsel of record.

SO ORDERED, this the 2nd day of September, 2004.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY: 
**DEWITT GREY CRAWFORD, M.D.
BOARD PRESIDENT**

COPY

ADMINISTRATIVE PROCEDURES FILING NOTICE

Agency Mississippi State Board of Medical Licensure
Address 1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216
Phone (601) 987-3079

Person to contact Rhonda Freeman
Address 1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216
Transmittal date June 19, 2004

Copy attached: Yes No

Name or number of rule(s) XII. Release of Medical Records

Terms or substance of the actions or description of the subject and issues:
This filing amends the Board's regulation to incorporate legislation, which was implemented July 1, 2004.

Printed name and title
of person authorized to file rules: Rhonda Freeman Division Director
Name Title
Rhonda Freeman
Signature

EMERGENCY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect _____ days Effective date: <input type="checkbox"/> Immediately on <input type="checkbox"/> Other (specify): _____	Action proposed: <input type="checkbox"/> New rule(s) <input type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed date of adoption: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____	Action taken: <input checked="" type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn Date action taken <u>September 16, 2004</u> <input checked="" type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
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Accepted for filing by _____	Accepted for filing by _____	Accepted for filing by <u>J. Kelly</u>

XII. RELEASE OF MEDICAL RECORDS

A. DEFINITIONS

For the purpose of Article XII only, the following terms have the meanings indicated:

1. "Physician" means any person licensed to practice medicine, osteopathic medicine or podiatric medicine in the State of Mississippi.
2. "Medical Records" means all records and/or documents relating to the treatment of a patient, including, but not limited to, family histories, medical histories, report of clinical findings and diagnosis, laboratory test results, X-rays, reports of examination and/or evaluation and any hospital admission/discharge records which the physician may have.
3. "Patient" means a natural person who receives or should have received health care from a licensed physician, under a contract, express or implied, whether or not the physician is compensated for services rendered.
4. "Legal Representative" means an attorney, guardian, custodian, or in the case of a deceased patient, the executor/administrator of the estate, surviving spouse, heirs and/or devisees.

B. MEDICAL RECORDS - PROPERTY OF PHYSICIAN/CLINIC

Medical records, as defined herein, are and shall remain the property of the physician or physicians, in whose clinic or facility said records are maintained, subject, however, to reasonable access to the information contained in said records as set forth herein below.

C. TRANSFER OF PATIENT RECORDS TO ANOTHER PHYSICIAN

A physician who formerly treated a patient shall not refuse for any reason to make the information contained in his medical records of that patient available upon request by the patient, or legal representative of the patient, to another physician presently treating the patient. The physician has a right to request a written release from the patient or legal representative of the patient, authorizing the transfer prior to transfer of said documents. Upon receipt of the written release and authorization, the physician must tender a copy of said documents to the other physician within a reasonable period of time. Transfer of said documents shall not

be withheld because of an unpaid bill for medical services, but the physician is entitled to reasonable compensation paid in advance for any copy expenses as provided at Paragraph F below.

D. RELEASE OF PATIENT RECORDS TO PATIENT

A physician shall, upon request of the patient, patient's legal representative, or other person holding a written release and authorization (hereinafter, "authorized requesting party"), provide a copy of a patient's medical record to the authorized requesting party; provided, however, where release of psychiatric/psychological records directly to a patient would be deemed harmful to the patient's mental health or well-being, the physician shall not be obligated to release said records directly to the patient, but shall, upon request, release the same to the patient's legal representative. The physician has a right to request a written authorization prior to release of said documents. Upon receipt of the written release and authorization, the physician must tender a copy of said documents to the authorized requesting party within a reasonable period of time. Transfer of said documents shall not be withheld because of an unpaid bill for medical services, but the physician is entitled to reasonable compensation paid in advance for any copy expenses as provided at Paragraph F below.

E. NARRATIVE SUMMARY OF MEDICAL RECORD

In some cases, a requesting party may wish to obtain a narrative summary of the medical record, in lieu of, or in addition to a copy of the medical record. Upon such a request, the physician may provide the narrative summary if so requested. The physician may charge a reasonable fee for the time devoted in preparation of the narrative summary of the medical record.

F. DUPLICATION AND ADMINISTRATIVE FEES

Licensees have a right to be reimbursed for duplication and other expenses relating to requests for medical records. The copying charge is set by Senate Bill 2004 (Statute number to be assigned) of the 2004 First Extraordinary Session, effective July 1, 2004, as follows: Any medical provider or hospital or nursing home or other medical facility shall charge no more than the following amounts to patients or their representatives for photocopying any patient's records: Twenty Dollars (\$20.00) for pages one (1) through twenty (20); One Dollar (\$1.00) per page for the next eighty (80) pages; Fifty Cents (50¢) per page for all pages thereafter. Ten percent (10%) of the total charge may be added for postage and handling. Fifteen Dollars (\$15.00) may be recovered by the medical provider or hospital or nursing home or

other medical facility for retrieving medical records in archives at a location off the premises where the facility/office is located. In addition, the actual costs of reproducing x-rays or other special records may be included. The duplication and administrative fees authorized herein are not intended to include or restrict any fees charged in relation to expert testimony.

G. EXCLUSION

Federal or state agencies providing benefit programs are excluded from the above stated fees. Records that are requested by state or federal agencies for said benefit programs shall pay an acceptable rate as established by the requesting federal or state agency.

H. VIOLATION OF REGULATIONS

A refusal by a physician to release patient records as enumerated above shall constitute unprofessional conduct, dishonorable or unethical conduct likely to deceive, defraud or harm the public in violation of Mississippi Code (1972) Annotated, Section 73-25-29(8)(d), as amended.

COPY

ADMINISTRATIVE PROCEDURES FILING NOTICE

Agency Mississippi State Board of Medical Licensure
Address 1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216
Phone (601) 987-3079

Person to contact Rhonda Freeman
Address 1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216
Transmittal date September 17, 2004

Copy attached: Yes No

Name or number of rule(s) XXIII. Regulations Pertaining to Prescribing, Administering and Dispensing of Medication, I. Prescription Guidelines - Controlled Substances

Terms or substance of the actions or description of the subject and issues:
This filing will require prescriptions to contain the physician's name in a legible format.

Printed name and title
of person authorized to file rules: Rhonda Freeman Division Director
Name Title
Rhonda Freeman
Signature

EMERGENCY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect _____ days Effective date: <input type="checkbox"/> Immediately on <input type="checkbox"/> Other (specify): _____	Action proposed: <input type="checkbox"/> New rule(s) <input checked="" type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed date of adoption: <input checked="" type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____	Action taken: <input type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn Date action taken _____ <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____

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<div style="border: 1px solid black; height: 150px; width: 100%;"></div>	<div style="border: 1px solid black; padding: 10px; text-align: center;">FILED SEP 17 2004 MISSISSIPPI SECRETARY OF STATE</div>	<div style="border: 1px solid black; height: 150px; width: 100%;"></div>
Accepted for filing by _____	Accepted for filing by <u>[Signature]</u>	Accepted for filing by _____

XXIII. REGULATIONS PERTAINING TO PRESCRIBING, ADMINISTERING AND DISPENSING OF MEDICATION

AUTHORITY: Chapters 25 and 27, Title 73, and Chapter 29, Title 41, Mississippi Code (1972) Annotated.

A. SCOPE

These regulations apply to all individuals licensed to practice medicine, osteopathic medicine or podiatric medicine in the State of Mississippi.

B. DEFINITIONS

For the purpose of Article I only, the following terms have the meanings indicated:

1. "Administer", "Controlled Substances", and "Ultimate User" shall have the same meaning as set forth in Mississippi Code (1972) Annotated, Section 41-29-105, unless the context otherwise requires.
2. "Physician" means any person licensed to practice medicine, osteopathic medicine or podiatric medicine in the State of Mississippi.
3. "Prescribe" means to designate or order by means of either a written or oral prescription the delivery of a controlled substance or legend drug to an ultimate user.
4. "Dispense" means to deliver a controlled substance or legend drug other than by administering or prescribing to an ultimate user or research subject including the packaging, labeling, or compounding necessary to prepare the substance for that delivery.
5. For the purpose of enforcement of the labeling requirements set forth in Article G of these regulations, "Dispensing Physician" means any physician who shall dispense to a patient for the patient's use any controlled substance, legend drug or other medication where such medication is purchased by the physician for resale to a patient whether or not a separate charge is made.
6. "Prescription Drug" or "Legend Drug" means a drug required under federal law to be labeled with the following statement prior to being dispensed or delivered; "Caution: Federal law prohibits dispensing without prescription," or a drug which is required by any applicable federal or state law or regulation to be dispensed on prescription only or is restricted to use by physicians only.
7. Masculine terms wheresoever used in these regulations shall also be deemed to include the feminine.

8. "Article" wheresoever used in these regulations shall mean "regulation."

C. REGISTRATION FOR CONTROLLED SUBSTANCES CERTIFICATE

1. Every physician licensed to practice in Mississippi who prescribes, administers or dispenses any controlled substance within Mississippi or who proposes to engage in the prescribing, administering or dispensing of any controlled substance within Mississippi must be registered with the U.S. Drug Enforcement Administration in compliance with Title 21 CFR Part 1301 Food and Drugs.
2. Pursuant to authority granted in Mississippi Code (1972) Annotated, Section 41-29-125, the Mississippi State Board of Medical Licensure hereby adopts, in lieu of a separate registration with the Board, the registration with the U.S. Drug Enforcement Administration as required in Sub-paragraph 1 above. In the event, however, a physician has had limitations or other restrictions placed upon his license wherein he is prohibited from handling controlled substances in any or all schedules, said physician shall be prohibited from registering with the U.S. Drug Enforcement Administration for a Uniform Controlled Substances Registration Certificate without first being expressly authorized to do so by order of the Mississippi State Board of Medical Licensure.
3. Persons registered to prescribe, administer, dispense or conduct research with controlled substances may order, possess, prescribe, administer, dispense or conduct research with those substances to the extent authorized by their registration and in conformity with the other provisions of these regulations and in conformity with provisions of the Mississippi Uniform Controlled Substances Law, Mississippi Code (1972) Annotated, Section 41-29-101 et seq.
4. The registration requirement set forth in these regulations does not apply to the distribution and manufacture of controlled substances. Any physician who engages in the manufacture or distribution of controlled substances or legend drugs shall register with the Mississippi State Board of Pharmacy pursuant to Mississippi Code (1972) Annotated, Section 73-21-105. For the purposes herein, "distribute" shall mean the delivery of a drug other than by administering, prescribing or dispensing. The word "manufacture" shall have the same meaning as set forth in Mississippi Code (1972) Annotated, Section 41-29-105(q).

D. MAINTENANCE OF RECORDS AND INVENTORIES

1. Every physician licensed to practice medicine, osteopathic medicine or podiatric medicine in the State of Mississippi shall maintain inventories, logs, and records prescribed in this article.
2. **CONTROLLED SUBSTANCES INVENTORY RECORD.** All controlled substances classified under Schedules II, IIN, III, IIIN, IV and V which are purchased

by the physician must be inventoried at least every two (2) years. All inventory records for controlled substances in Schedules II and IIN must be maintained separately from the inventory records for Schedules III, IIIN, IV and V controlled substances. To insure the reliability of an inventory, the physician shall maintain a readily retrievable record of controlled substances purchased, including a copy of all purchase invoices identifying the name, quantity and strength/dose of the controlled substance purchased, the supplier and the date purchased.

3. **CONTROLLED SUBSTANCES DISPENSATION/ADMINISTRATION RECORD.** Every physician who shall dispense or administer Schedules II, IIN, III, IIIN, IV and V controlled substances shall maintain a separate readily retrievable record of all such substances dispensed or administered. This requirement shall not apply to Schedules III, IIIN, IV and V prepackaged samples and starter packs. All dispensation/administration records for controlled substances in Schedules II and IIN must be maintained separately from the dispensation/administration records for Schedules III, IIIN, IV and V controlled substances. The record shall contain the following information:
 - a. The date the controlled substance was dispensed or administered;
 - b. The name, quantity and strength/dose of the controlled substance dispensed or administered;
 - c. The method of administration of the controlled substance, i.e. oral, IV or subcutaneous;
 - d. The name and address of the patient to whom the controlled substance was dispensed or administered;
 - e. For all Schedules II and III amphetamines, amphetamine-like anorectic drugs, or sympathomimetic amine drugs dispensed in the treatment of narcolepsy, hyperkinesia, brain dysfunction, epilepsy, or depression, the dispensing or administration records shall include the diagnosis and the reason for use of the Schedules II and III controlled substances.
4. Within thirty (30) days after the effective date of this rule the Mississippi State Board of Medical Licensure shall cause a notice to be mailed to every physician whose practice location is in the State of Mississippi notifying them of the Controlled Substance Inventory and separate Dispensation/Administration Record. Every physician shall within ninety (90) days of the effective date of this rule, prepare an initial inventory of controlled substances. An example combination Controlled Substances Inventory Record and Controlled Substances Dispensation/Administration Record are hereby incorporated as Appendix "A" and "B" to these regulations.

5. **PATIENT RECORD.** A physician who prescribes, dispenses or administers a controlled substance shall maintain a complete record of his examination, evaluation and treatment of the patient which must include documentation of the diagnosis and reason for prescribing, dispensing or administering any controlled substance; the name, dose, strength, quantity of the controlled substance and the date that the controlled substance was prescribed, dispensed or administered. The record required by this subsection shall be maintained in the patient's medical records, provided that such medical records are maintained at the office of the physician and are available for inspection by the representatives of the Mississippi State Board of Medical Licensure pursuant to authority granted in Mississippi Code (1972) Annotated, Section 41-29-125 (Supp. 1986).
6. No physician shall prescribe, administer or dispense any controlled substance or other drug having addiction-forming or addiction-sustaining liability without a good faith prior examination and medical indication therefore.¹
7. A physician shall not sell or trade any medication which he receives as prepackaged samples or starter packs, whether or not said samples are controlled substances, legend drugs or other medication.
8. The Controlled Substances Inventory, Controlled Substance Dispensation/Administration Record, and Patient Record required by these regulations shall be maintained in the office of the physician for a period of seven (7) years from the date that the record is completed or

¹ COMMENT: A determination as to whether a "good faith prior examination and medical indication therefore" exists depends upon the facts and circumstances in each case. One of the primary roles of a physician is to elicit detailed information about the signs and symptoms which a patient presents in order that he may recommend a course of treatment to relieve the symptoms and cure the patient of his ailment or maintain him in an apparent state of good health. In order for a physician to achieve a proper diagnosis and treatment plan, a history and physical examination consistent with the nature and complaint are necessary. The importance of these aspects of proper medical practice cannot be over emphasized. The paramount importance of a complete medical history in establishing a correct diagnosis is well established. Standards of proper medical practice require that, upon any encounter with a patient, in order to establish proper diagnosis and regimen of treatment, a physician must take three steps: (a) take and record an appropriate medical history, (b) carry out an appropriate physical examination, and (c) record the results. The observance of these principles as a function of the "course of legitimate professional practice" is particularly of importance in cases in which controlled substances are to play a part in the course of treatment. It is the responsibility of the physician to dispense, prescribe or administer such drugs with proper regard for the actual and potential dangers. This fact has been established in a number of closely related administrative and criminal cases, *United States v. Barte*, 479 F.2d 484 (10th Cir. 1973) (No physical examination prior to issuance of prescriptions for controlled substances); *United States v. Greene*, 511 F.2d 1062 (7th Cir. 1975); *Arthurs v. Board of Registration of Medicine*, 418 N.E. 2d 1236 (MA 1981) (failure to record in patient file prescriptions for controlled substances issued or failure to record patient visit); *Brainard v. State Board of Medical Examiners*, 157 P.2d 7 (Ca. 1945); *Dannerberg v. Board of Regents*, 430 N.Y.2d 700 (1980) (issuance of three prescriptions for sleeping pills to an undercover agent without a physical examination); *Widlitz v. Board of Regents of New York*, 429 N.Y. 2d 794 (1980) (issuance of Desoxyn to patients whom physician knew were drug addicts without conducting physical examination); *United States v. Rosenberg*, 515 F.2d 190 (9th Cir. 1975) (no physical examination, evidences that prescriptions were not in course of professional practice); and *United States v. Hooker*, 541 F.2d 300 (1st Cir. 1976), (little more than cursory physical examination, frequent neglect to inquire as to past medical history, little or no exploration of the type of problem the patient allegedly had "indicates that the minimal professional procedures followed were designed only to give an appearance of propriety to appellant's unlawful distributions").

A determination of proper "medical indication" also requires a careful examination of the nature of the drug and all circumstances surrounding dispensation. Case law developed by the courts in connection with controlled substances criminal violations and administrative decisions further illustrates several indications of lack of good faith. See *United States v. Greene*, 511 F.2d 1062 (7th Cir. 1975) and *United States v. Rosenberg*, 515 F.2d 190 (9th Cir. 1975). One of primary importance is the failure to follow at least the minimal professional procedures. Some of the factors used in determining the existence of "good faith" may include, but are not limited to: (a) the physician's permitting the patient to name the drug desired; (b) a physician dispensing drugs to patients having no medical need, when the physician knew or should have known that the patients were addicts; (c) repeated refills over relatively short periods of time or the issuance of prescriptions at a time when the patient should not have been finished taking the same medication from a prior prescription had the prescription directions been properly followed or the correct dosage taken; (d) general remarks of the physician indicating his experience with non-therapeutic uses of the drug; (e) a physician prescribing contraindicated medication such as amphetamines and depressants in a manner which results in therapeutic conflicts.

the controlled substances, legend drugs or other medications are prescribed, administered or dispensed and shall be made available for inspection by representatives of the Mississippi State Board of Medical Licensure pursuant to authority granted in Mississippi Code (1972) Annotated, Section 41-29-125 (Supp. 1986).

9. A physician may use a data processing system or a manual record keeping system for the storage and retrieval of Controlled Substances Dispensation/Administration Records. If a physician utilizes a data processing system it must provide immediate retrieval (via CRT display and hard-copy printout) of all dispensation/administration records of controlled substances.

Whether maintained manually or in a data processing system, all records of dispensation/administration of controlled substances must be readily retrievable. If a data processing system is utilized, a hard-copy printout of the records of dispensation/administration shall be made at regular intervals, not to exceed seven (7) days. Such hard-copy printouts shall be maintained for a period of five (5) years and shall be made available for inspection and copying by investigators of the Mississippi State Board of Medical Licensure.

E. USE OF DIET MEDICATION

1. Pursuant to Mississippi Code (1972) Annotated, Section 41-29-139(e), it is unlawful for any physician in this state to prescribe, dispense or administer any amphetamine or amphetamine-like anorectic and/or central nervous system stimulant classified as Schedule II, pursuant to Section 41-29-115, for the exclusive treatment of obesity, weight control, or weight loss.
2. As to the administration, dispensation or prescription of controlled substance anorectics in Schedules III, IV and V, use of said medications in the treatment of obesity or weight loss should be done with caution. A physician may administer, dispense or prescribe said medications for the purpose of weight loss in the treatment of obesity only as an adjunct to a regimen of weight reduction based on caloric restriction, provided, that all of the following conditions are met:
 - a. Before initiating treatment utilizing a Schedules III, IV or V controlled substance, the physician determines through review of his own records of prior treatment, or thorough review of the records of prior treatment which another treating physician or weight-loss program has provided to the physician, that the patient has made a substantial good-faith effort to lose weight in a treatment program utilizing a regimen of weight reduction based on caloric restriction, nutritional counseling, behavior modification, and exercise, without the utilization of controlled substances, and that said treatment has been ineffective.

- b. Before initiating treatment utilizing a Schedules III, IV or V controlled substance, the physician obtains a thorough history, performs a thorough physical examination of the patient, and rules out the existence of any recognized contraindications to the use of the controlled substance to be utilized. "Recognized contraindication" means any contraindication to the use of a drug which is listed in the United States Food and Drug Administration (hereinafter, "F.D.A.") approved labeling for the drug.
- c. The physician shall not utilize any Schedules III, IV or V controlled substance when he knows or has reason to believe that a recognized contraindication to its use exists.
- d. The physician shall not utilize any Schedules III, IV or V controlled substance in the treatment of a patient whom he knows or should know is pregnant.
- e. As to those controlled substances in Schedules III, IV or V which are classified as amphetamine or amphetamine-like anorectics and/or central nervous system stimulants, hereinafter referred to as "stimulant", the physician shall not initiate or shall discontinue utilizing said controlled substance stimulant immediately upon ascertaining or having reason to believe:
 - (1) That the patient has failed to lose weight while under treatment with said stimulant over a period of thirty (30) days, which determination shall be made by weighing the patient at least every thirtieth (30th) day, except that a patient who has never before received treatment for obesity utilizing a stimulant, and who fails to lose weight during his first such treatment attempt may be treated with a different controlled substance for an additional thirty (30) days, or
 - (2) That the patient has developed tolerance (a decreasing contribution of the drug toward further weight loss) to the anorectic effects of said stimulant being utilized, or
 - (3) That the patient has a history of or shows a propensity for alcohol or drug abuse, or
 - (4) That the patient has consumed or disposed of any controlled substance other than in strict compliance with the treating physician's directions.

In addition to the above the physician shall not issue a prescription or dispense a stimulant for any greater than a thirty-day supply; and a patient's use of stimulants, whether by

dispensation or prescription shall be limited to no more than six (6) thirty-day supplies during any twelve-month period of time. In any case, the total amount of medication shall not exceed a six (6) month supply in the twelve month time period. For the purposes of this paragraph, a twelve (12) month time period is considered to begin on the day of the initial dispensation or prescription issuance.

- f. As to all other legend drugs or controlled substances in Schedules III, IV and V which are not considered stimulants but which have received FDA approved indication for long term use for weight loss, the physician shall administer, dispense or prescribe said medications in strict compliance with the FDA-approved labeling. In addition to the requirements enumerated at sub-paragraphs a-d above, each prescription shall be issued for no more than a total of three months supply (including refills) and further, before subsequent new prescriptions can be issued the patient shall receive a thorough reevaluation of the effectiveness of the medication, including a physical examination to document any potential harmful side effects.
3. A physician shall not utilize a Schedules III, IV or V controlled substance or legend drug for purposes of weight loss unless it has an FDA approved indication for this purpose and then only in accordance with all of the above enumerated conditions. The purpose of this rule is to prohibit the use of such drugs as diuretics and thyroid medications for the sole purpose of weight loss.

F. USE OF CONTROLLED SUBSTANCES FOR CHRONIC (NON-TERMINAL) PAIN

1. DEFINITIONS

For the purpose of Article F only, the following terms have the meanings indicated:

- a. "Chronic Pain" is a pain state in which the cause of the pain cannot be removed or otherwise treated and which in the generally accepted course of medical practice, no relief or cure of the cause of the pain is possible or none has been found after reasonable efforts including, but not limited to, evaluation by the attending physician and one or more physicians specializing in the treatment of the area, system, or organ of the body perceived as the source of the pain. Further, if a patient is receiving controlled substances for the treatment of pain for a prolonged period of time (more than six months), then they will be considered for the purposes of this regulation to have "de facto" chronic pain and subject to the same requirements of this regulation. "Terminal Disease Pain" should not be confused with "Chronic Pain." For

the purpose of this Section, "Terminal Disease Pain" is pain arising from a medical condition for which there is no possible cure and the patient is expected to live no more than six (6) months.

- b. "Acute Pain" is the normal, predicted physiological response to an adverse chemical, thermal, or mechanical stimulus and is associated with surgery, trauma and acute illness. It is generally time limited and is responsive to therapies, including controlled substances as defined by the U.S. Drug Enforcement Administration. Title 21 CFR Part 1301 Food and Drugs.
 - c. "Addiction" is a neurobehavioral syndrome with genetic and environmental influences that results in psychological dependence on the use of substances for their psychic effects and is characterized by compulsive use despite harm. Physical dependence and tolerance are normal physiological consequences of extended opioid therapy for pain and should not be considered addiction.
 - d. "Physical Dependence" is a physiological state of neuroadaptation to a substance which is characterized by the emergence of a withdrawal syndrome if the use of the substance is stopped or decreased abruptly, or if an antagonist is administered. Withdrawal may be relieved by re-administration of the substance. Physical dependence is a normal physiological consequence of extended opioid therapy for pain and should not be considered addiction.
 - e. "Substance Abuse" is the use of any substance(s) for non-therapeutic purposes; or use of medication for purposes other than those for which it is prescribed.
 - f. "Tolerance" is a physiological state resulting from regular use of a drug in which an increased dosage is needed to produce the same effect or a reduced effect is observed with a constant dose. Tolerance occurs to different degrees for various drug effects, including sedation, analgesia and constipation. Analgesic tolerance is the need to increase the dose of opioid to achieve the same level of analgesia. Such tolerance may or may not be evident during treatment and does not equate with addiction.
2. Notwithstanding any other provisions of these rules and regulations, a physician may prescribe, administer, or dispense controlled substances in Schedules II, IIN, III, IIIN, IV and V, or other drugs having addiction-forming and addiction-sustaining liability to a person in the usual course of treatment of that person for a diagnosed condition causing chronic pain.

3. Notwithstanding any other provisions of these rules and regulations, as to the prescribing, administration, or dispensation of controlled substances in Schedules II, IIN, III, IIIN, IV and V, or other drugs having addiction-forming and addiction-sustaining liability, use of said medications in the treatment of chronic pain should be done with caution. A physician may administer, dispense or prescribe said medications for the purpose of relieving chronic pain, provided that the following conditions are met:
 - a. Before initiating treatment utilizing a Schedules II, IIN, III, IIIN, IV or V controlled substance, or any other drug having addiction-forming and addiction-sustaining liability, the physician shall conduct an appropriate risk/benefit analysis by reviewing his own records of prior treatment, or review the records of prior treatment which another treating physician has provided to the physician, that there is an indicated need for long term controlled substance therapy. Such a determination shall take into account the specifics of each patients diagnosis, past treatments and suitability for long term controlled substance use either alone or in combination with other indicated modalities for the treatment of chronic pain. This shall be clearly entered into the patient medical record, and shall include consultation/referral reports to determine the underlying pathology or cause of the chronic pain.
 - b. Documentation in the patient record shall include a complete medical history and physical examination that indicates the presence of one or more recognized medical indications for the use of controlled substances.
 - c. Documentation of a written treatment plan which shall contain stated objectives as a measure of successful treatment and planned diagnostic evaluations, e.g., psychiatric evaluation or other treatments. The plan should also contain an informed consent agreement for treatment that details relative risks and benefits of the treatment course. This should also include specific requirements of the patient, such as using one physician and pharmacy if possible, and urine/serum medication level monitoring when requested.
 - d. Periodic review and documentation of the treatment course is conducted at reasonable intervals (no more than every six months) with modification of therapy dependent on the physician's evaluation of progress toward the stated treatment objectives. This should include referrals and consultations as necessary to achieve those objectives.
4. No physician shall administer, dispense or prescribe a controlled substance or other drug having addiction-forming and addiction-sustaining liability that is nontherapeutic in nature or

non-therapeutic in the manner the controlled substance or other drug is administered, dispensed or prescribed.

5. No physician shall administer, dispense or prescribe a controlled substance for treatment of chronic pain to any patient who has consumed or disposed of any controlled substance or other drug having addiction-forming and addiction-sustaining liability other than in strict compliance with the treating physician's directions. These circumstances include those patients obtaining controlled substances or other abusable drugs from more than one physician and those patients who have obtained or attempted to obtain new prescriptions for controlled substances or other abusable drugs before a prior prescription should have been consumed according to the treating physician's directions. This requirement will not be enforced in cases where a patient has legitimately temporarily escalated a dose of their pain medication due to an acute exacerbation of their condition but have maintained a therapeutic dose level, however it will be required of the treating physician to document in the patient record that such increase in dose level was due to a recognized indication and was within appropriate therapeutic dose ranges. Repetitive or continuing escalations should be a reason for concern and a re-evaluation of the present treatment plan shall be undertaken by the physician.
6. No physician shall prescribe any controlled substance or other drug having addiction-forming or addiction-sustaining liability to a patient who is a drug addict for the purpose of "detoxification treatment", or "maintenance treatment", and no physician shall administer or dispense any narcotic controlled substance for the purpose of "detoxification treatment" or "maintenance treatment" unless they are properly registered in accordance with Section 303(g) 21 U.S.C. 823(g). Nothing in this paragraph shall prohibit a physician from administering narcotic drugs to a person for the purpose of relieving acute withdrawal symptoms when necessary while arrangements are being made for referral for treatment. Not more than one (1) day's medication may be administered to the person or for the person's use at one time. Such emergency treatment may be carried out for not more than three (3) days. Nothing in this paragraph shall prohibit a physician from administering or dispensing narcotic controlled substances in a hospital to maintain or detoxify a person as an incidental adjunct to medical or surgical treatment of conditions other than addiction.

G. DRUG MAINTENANCE REQUIREMENTS

1. All drug products which are maintained/stored in the office of a physician shall be maintained/stored in the manufacturer's or repackager's original container. The label of any container in which drugs are maintained must bear the drug name, strength, the manufacturer's control lot number and the expiration date. Drugs which are precounted and prepackaged for purposes of dispensing shall be identifiable as to expiration date and

manufacturer's control lot number. The containers in which drug products are maintained shall not be labeled in any false or misleading manner. The labeling requirements of this Article are in addition to, and not in lieu of, other labeling requirements of the laws of the State of Mississippi, Rules and Regulations of the Mississippi State Board of Medical Licensure, and laws of the United States or Federal Regulations.

2. A physician shall not dispense out-of-date drugs or store out-of-date drugs intermixed with the stock of current drugs. Out-of-date drugs shall be promptly removed from current stock and stored separately until proper disposal shall be made. A physician, when dispensing a product in a manufacturer's original package or container, the labeling of which bears an expiration date, a manufacturer's control lot number or other information which may be of value to the patient, shall dispense the product with this information intact.
3. The drug storage and dispensing area shall be maintained in a sanitary fashion.
4. A physician shall not accept the return for subsequent resale or exchange any drugs after such items have been taken from the premises where sold, distributed or dispensed and from the control of the physician.
5. All drug products shall be maintained, stored and dispensed in such a manner as to maintain the integrity of the product.

H. LABELING REQUIREMENTS FOR DISPENSING PHYSICIANS

1. For the purposes of this rule, a "dispensing physician" shall mean any physician who shall dispense to a patient for the patient's use any controlled substance, legend drug or other medication where such medication is purchased by the physician for resale to a patient whether or not a separate charge is made.
2. Every dispensing physician, as defined above, who shall dispense a controlled substance, legend drug or any other medication shall insure that all such substances dispensed be labeled containing the following information:
 - a. the name of the patient to whom the medication was dispensed;
 - b. the date that the medication was dispensed;
 - c. the name, strength and quantity of the medication;
 - d. direction for taking or administering the medication;
 - e. the name and address of the physician dispensing the medication.

The label required by this subsection shall be written in legible handwriting or typed and shall be permanently affixed to the package or container in which the medication is dispensed. This labeling requirement shall not apply to prepackaged samples or starter packs in their original packages or containers.

3. No physician may delegate dispensing authority to another person. A physician must personally dispense the medication. For the purpose of this regulation, "personally dispense" shall mean the physician must actually obtain the medication, prepare, count, place the same into the appropriate container and affix the appropriate label to the container.

I. PRESCRIPTION GUIDELINES - CONTROLLED SUBSTANCES

1. It is the ultimate responsibility of the physician to determine the type, dosage form, frequency of application and number of refills of any controlled substances prescribed to a patient. This responsibility must never be delegated to non-physician personnel. Certified nurse midwives, certified nurse practitioners, nurses, and other non-physician personnel may, when such activity is within the scope of their license, protocol and qualifications, make a preliminary or tentative determination and recommendation to the physician based on assessments and evaluations carried out by the non-physician personnel, but in all such cases the recommendation of the non-physician must be reviewed and approved by a physician, who must personally issue the prescription. The following requirements apply to all prescriptions for controlled substances:
 - a. All prescriptions for controlled substances must be written in strict compliance with Mississippi Code (1972) Annotated, Sections 41-29-101 through 41-29-311, as amended, and Title 21 of U.S. Code of Federal Regulations, Part 1306.
 - b. On all prescriptions of controlled substances wherein refills are permitted, physicians shall indicate the appropriate refills, not to exceed five (5), or mark "none."
 - c. Each physician shall insure that the complete name and address of the patient to whom the physician is prescribing the controlled substance appears on the prescription.
 - d. A physician shall not permit any prescription for controlled substances to be signed by any non-physician in the place of or on behalf of the physician.
 - e. A physician shall not pre-sign blank prescription pads or order forms under any circumstances.
 - f. A physician shall not utilize blank prescription pads or order forms

upon which the signature of the physician has been electronically, mechanically or photostatically reproduced. This prohibition includes the e-mailing of any controlled substance prescription. A hard copy prescription generated from an electronic prescription system must contain a manual signature, however if it is printed on security paper that ensures it is not subject to copying or alteration, an electronic or digital signature may be substituted. Electronic transmission of controlled substance prescription information is generally allowed (except Schedule II which is addressed below), however, for the purposes of this regulation, electronic transmission of controlled substance prescription data is limited to computer to facsimile (fax) transmissions or traditional fax to fax transmissions. Requirements for fax prescription orders and systems utilized for faxing prescriptions are as follows:

- (1) The prescription order shall contain the date, time, telephone number and location of the transmitting device. Prescription blanks utilized in this manner shall bear a pre-printed heading that indicates the blank is a "Fax Prescription Form." Fax prescription orders must contain a manual or authenticated electronic/digital signature of the prescriber. As to Schedule II drugs, only Schedule II narcotic substances that are to be prepared or compounded for the direct administration to a patient by parenteral, intravenous, intramuscular, subcutaneous or intra spinal infusion may be transmitted by the physician or the physician's agent to a pharmacy of the patient's choice by facsimile. All original hardcopy faxed prescriptions shall immediately be voided after successfully completing the fax transmission by writing across the face of the prescription from corner to corner the notation "faxed." The original prescription (or copy) shall be retained in the physician's patient file with additional information included on the back of the prescription as to the date it was faxed, the name or initials of the person faxing the prescription and the name/location of the pharmacy receiving the fax transmission.

It is also required, that in addition to filing the original prescription (or copy) in the patient file, a perpetual, chronological logbook of fax transactions be established and maintained. Such a logbook would serve to protect the prescribing physician in the event the original prescription is somehow lost or misfiled. The information contained in such a logbook shall include the patient's name and address, date of issuance, name, strength and quantity of the drug prescribed and the name and fax number of the receiving pharmacy and the initials or name of the person faxing the prescription. Such logs shall be

maintained in the physician's clinic in a readily retrievable manner, and kept for at least seven (7) years after the original record is established. The requirements set forth in this subsection are in addition to, and not in lieu of documentation required in D5.

- (2) When a prescription is prepared and written for any controlled substance for a resident of a Long Term Care Facility (LTCF)(as defined in Section 1301.01(25), Code of Federal Regulations), such prescription may be transmitted by the practitioner or the practitioner's agent to the dispensing pharmacy by facsimile. The physician or the physician's agent will note on the prescription that the patient is a resident of a LTCF. The original prescription (or copy) and fax transaction log will be prepared and maintained in the same manner as described in Subsection 1 above.
- (3) When a prescription is written for any controlled substance for a patient residing in a hospice certified by Medicare under Title XVIII or licensed by the state, such prescription may be transmitted by the practitioner or the practitioner's agent to the dispensing pharmacy by facsimile. The physician or the physician's agent will note on the prescription that the patient is a hospice patient. The original prescription (or copy) and fax transmission log will be maintained in the same manner as described in Subsection 1 above.
- (4) Each system shall have policies and procedures that address the following:
 - (a) The patient shall not be restricted from access to the pharmacy of their choice.
 - (b) The system shall have security and system safeguards designed to prevent and detect unauthorized access, modification, or manipulation of prescription information, as well as physical safeguards to protect computer systems and other pertinent equipment from intrusion.
 - (c) Processes to protect, control and audit access to confidential patient information, including the prevention of unauthorized access to data when transmitted over communication networks or when data physically moves from one location to another using media such as magnetic tape, removable drives or other media used to store downloaded

information.

- g. No more than one (1) controlled substance shall be issued on a single prescription blank.

J. PRESCRIPTION GUIDELINES - ALL MEDICATIONS

1. In addition to any other requirements set forth in these regulations pertaining to the issuance of prescriptions of controlled substances, the following additional requirements apply to all prescriptions, whether or not said prescriptions are for controlled substances, legend drugs or any other medication:
 - a. Every written prescription delivered to a patient, or delivered to any other person on behalf of a patient, must be manually signed on the date of issuance by the physician. This does not prohibit, however, the transmission of electronically telefaxed (but not e-mail) prescriptions for non-controlled drugs to the pharmacy of the patient's choice. Such telefaxed prescriptions shall bear the signature of the prescribing physician and shall be issued in accordance with all other provisions of this section. No prescriptions for brand name or generic equivalents of Nalbuphine Hcl, Carisoprodol, Butalbital compounds, or Tramadol Hcl shall be telefaxed.
 - b. All prescriptions shall be on forms containing two lines for the physician's signature. There shall be a signature line in the lower right hand corner of the prescription form beneath which shall be clearly imprinted the words "substitution permissible." There shall be a signature line in the lower left corner of the prescription form beneath which shall be clearly imprinted the words "dispense as written." The physician's signature on either signature line shall validate the prescription and designate approval or disapproval of product selection. The prescription form shall bear the pre-printed name of the physician, or the physician shall clearly print his name on the prescription form, in addition to the physician's original signature. In the event that the prescription form bears the pre-printed name of more than one physician, the physician shall clearly indicate the name of the physician writing the prescription.
 - c. If a prescription form which does not contain two signature lines required in subsection a of this Article is utilized by the physician, he shall write in his own handwriting the words "dispense as written" thereupon to prevent product selection.
 - d. Every written prescription issued by a physician for a legend drug should clearly state whether or not the prescription should be refilled, and if so, the number of authorized refills and/or the duration of therapy. Physicians should avoid issuing prescriptions

refillable on "prn" basis. If a physician chooses to issue a prescription refillable "prn", the life of the prescription or time limitation must clearly be set forth on the prescription. In no case shall a prescription which is refillable on a "prn" basis be refilled after the expiration of one (1) year. Regardless of whether a prescription is refillable on a "prn" basis or the prescription expressly states the number of authorized refills, the use of said medication should be re-evaluated on at least an annual basis. Upon the expiration of one (1) year, a prescription becomes invalid, regardless of the number of refills indicated or "prn" designation. Thereafter, a new prescription, if indicated, must be issued.

Every written prescription issued by a physician, bearing more than one non-controlled medication, shall clearly indicate the intended refill instructions for each medication. Lack of clearly indicated refill instructions prohibit the refilling of the medications. All unused lines on a multi-line prescription blank shall be clearly voided by the issuing physician.

- e. A prescription shall no longer be valid after the occurrence of any one of the following events:
- (1) Thirty (30) days after the death of the issuing physician;
 - (2) Thirty (30) days after the issuing physician has moved or otherwise changed the location of his practice so as to terminate the doctor/patient relationship. Termination of the doctor/patient relationship results when a patient is no longer able to seek personal consultation or treatment from the issuing physician;
 - (3) Insofar as controlled substances are concerned, immediately after loss of DEA Controlled Substances Privilege by the issuing physician; or
 - (4) Immediately after revocation, suspension or surrender of the physician's license.

K. FREEDOM OF CHOICE

1. A physician shall not be influenced in the prescribing of drugs, devices or appliances by a direct or indirect financial interest in a pharmaceutical firm, pharmacy or other supplier. Whether the firm is a manufacturer, distributor, wholesaler, or repackager of the product involved is immaterial. Reputable firms rely on the quality and the efficacy to sell their products under competitive circumstances and do not appeal to physicians to have financial involvements with the firm in order to influence their prescribing, administering or dispensing.

2. A physician may own or operate a pharmacy if there is no resulting exploitation of patients. A physician shall not give a patient prescriptions in code or enter into agreements with pharmacies or other suppliers regarding the filling of prescriptions by code. Patients are entitled to the same freedom of choice in selecting who will fill their prescription needs as they are in the choice of a physician. The prescription is a written direction for a therapeutic or corrective agent. A patient is entitled to a copy of the physician's prescription for drugs or other devices as required by the principles of medical ethics. The patient has a right to have the prescription filled wherever the patient wishes. Where medication is to be dispensed or a prescription, excluding refills, called in to a pharmacist for medication, a physician shall inform each patient of that patient's right to a written prescription and the right to have the prescription filled wherever the patient wishes.
3. Patients have an ethically and legally recognized right to prompt access to the information contained in their individual medical records. The prescription is an essential part of the patient's medical record. If a patient requests a written prescription in lieu of an oral prescription, this request shall be honored. Physicians shall not discourage patients from requesting a written prescription or urge, suggest or direct in any manner that a patient fill a prescription at an establishment which has a direct telephone line or which has entered into a business or other preferential arrangement with the physician with respect to the filling of the physician's prescriptions.

L. OTHER DRUGS HAVING ADDICTION-FORMING LIABILITY

All physicians shall maintain inventory, dispensation/administration and patient records in the same format as that required by Article D when administering or dispensing the drug Nalbuphine Hydrochloride (Nubain) or its generic equivalent. The inventory and dispensation/administration records for said drug may be maintained separately or included as a part of the physician's controlled substance records.

M. SECURITY OF CONTROLLED SUBSTANCES

1. In all clinics or offices wherein controlled substances or other drugs having addiction-forming or addiction-sustaining liability are maintained, said medication shall be maintained in such a manner as to deter loss by theft or burglary. When a physician who is registered with the U.S. Drug Enforcement Administration has experienced a loss of controlled substances, the Board may issue an order requiring that person to appear before the Board and present a plan designed to prevent further loss of controlled substances or he may be ordered by the Board to implement any other reasonable measures to improve security over controlled substances deemed necessary by the Board to prevent further loss of the controlled substances.

2. In all clinics or offices of a physician registered to handle controlled substances with the U.S. Drug Enforcement Administration, all controlled substances shall be stored in a securely locked, substantially constructed container or area. Only the physician or persons authorized by the physician shall have access to this storage area.

N. VIOLATION OF REGULATIONS

1. The prescribing, administering or dispensing of any controlled substance in violation of the above rules and regulations shall constitute the administering, dispensing or prescribing of any narcotic drug or other drug having addiction-forming or addiction-sustaining liability otherwise than in the course of legitimate professional practice, in violation of Mississippi Code (1972) Annotated, Section 73-25-29(3), as amended.
2. The prescribing, administering or dispensing of any legend drug or other medication in violation of the above rules and regulations shall constitute unprofessional conduct, dishonorable or unethical conduct likely to deceive, defraud or harm the public in violation of Mississippi Code (1972) Annotated, Section 73-25-29(8)(d), as amended.

O. EFFECTIVE DATE OF REGULATIONS

The above rules and regulations pertaining to prescribing, administering and dispensing of medication shall become effective October 31, 1987; as amended November 1, 1990; as amended January 3, 1994; as amended September 10, 1995; as amended June 30, 1996; as amended April 20, 1999; as amended May 20, 1999; as amended February 17, 2001; as amended March 22, 2001.

Amended July 15, 2004.

PROCEDURE FOR HANDLING COMPLAINTS

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

1. **How Complaints are Handled and Recorded**

- a. Which complaints are turned over to investigation
- b. Type of complaint - letter, phone, e-mail
- c. Source of complaint - physician, patient, etc.
- d. Relation to malpractice suits

2. **Policy**

The Director of the Mississippi State Board of Medical Licensure will review all written complaints and encourage telephone complainants to reduce their complaints to writing.

- a. All complaints regarding licensees who have had previous impairments will be turned over for investigation.
- b. One isolated complaint will be turned over for investigation solely at the discretion of the Director.
- c. All complaints concerning licensee under restrictions, consent order or Board orders will be investigated.
- d. Licensees currently under malpractice suits will not be placed in investigation regarding the allegation in the suit.
- e. All complaints will be placed in the licensee's file.
- f. All complaints will be answered by letter or e-mail (hard copy will be filed).

OCTOBER 2004

OCTOBER 2004

BOARD

MEETING ONLY

**BOARD MINUTES
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
OCTOBER 14 AND 15, 2004**

The regularly scheduled meeting of the Mississippi State Board of Medical Licensure was held on Thursday and Friday, October 14 and 15, 2004, in the Executive Conference Room of the Office of the Board located at 1867 Crane Ridge Drive, Jackson, Mississippi.

The following members were present:

Dewitt G. Crawford, M.D., Louisville, President
Philip T. Merideth, M.D., J.D., Jackson, Secretary
Larry B. Aycock, M.D., McComb
Freda M. Bush, M.D., Jackson
A. Wallace Conerly, M.D., Jackson
Joseph E. Johnston, M.D., Mount Olive
Dwalia S. South, M.D., Ripley
W. Joseph Burnett, M.D., Director

Also present:

Stan T. Ingram, Attorney for the Board
Heather Wagner, Special Assistant Attorney General
Rhonda Freeman, Division Director, Licensure Division
Charles Moses, Division Director, Investigative Division
Kathy Fortenberry, Administrative Assistant

Not present:

William B. Harper, D.O., Greenwood, Vice President

The meeting was called to order at 9:15 a.m. by Dr. Crawford, President. The invocation was given by Dr. Aycock. Dr. Crawford welcomed Lisa Rogers, Court Reporter.

***ADOPTION OF AMENDMENT TO XXIII. REGULATIONS PERTAINING TO
PRESCRIBING, ADMINISTERING AND DISPENSING OF MEDICATION, J.
PRESCRIPTION GUIDELINES - ALL MEDICATIONS***

Motion was made by Dr. Aycock, seconded by Dr. Johnston, and carried unanimously to final adopt the amended ***Regulations Pertaining to Prescribing, Administering and Dispensing of Medication, J. Prescription Guidelines - All Medications***, a copy of which is attached hereto and incorporated by reference.

BOARD MINUTES

October 14 and 15, 2004

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The amended regulations will be filed with the Secretary of State under the Administrative Procedures Act.

**HEARING IN THE CASE OF LANE CEDRIC ROLLING, D.P.M., JACKSON,
MISSISSIPPI MEDICAL PODIATRIC NUMBER 80122**

The hearing in the case of Lane Cedric Rolling, D.P.M., which was continued from July 16, 2004, resumed at 9:20 a.m. Dr. Rolling was present and represented by legal counsel, Chokwe Lumumba, Esq., Jackson.

Dr. Crawford delegated the responsibility of ruling on procedural and evidentiary issues to Ms. Wagner, Special Assistant Attorney General, as allowed in the Board's *Rules of Procedure, K. Formal Hearing, 3*.

Mr. Lumumba asked that Dr. Burnett not be in the room since other witnesses are not allowed to stay. Ms. Wagner advised that as Executive Director of the agency Dr. Burnett would be allowed to stay.

Mr. Ingram began the questioning of Bobby L. Adams, D.P.M., Meridian, who was sworn in and qualified as an expert witness at the July 16, 2004, meeting. The curricula vitae for Larry K. Cruel, D.P.M., and Lawrence E. Tamburino, D.P.M., the other two members of the Podiatry Advisory Committee, were entered as an exhibit.

THE BOARD RECESSED AT 10:45 A.M. AND RECONVENED AT 11:05 A.M.

Mr. Lumumba questioned Dr. Adams.

THE BOARD RECESSED AT 12:40 P.M. FOR LUNCH AND RECONVENED AT 1:50 P.M.

Mr. Lumumba continued his questioning of Dr. Adams.

THE BOARD RECESSED AT 2:50 P.M. AND RECONVENED AT 3:00 P.M.

Mr. Ingram again questioned Dr. Adams, followed by questions from the Board members. Dr. Adams was dismissed, subject to recall.

THE BOARD RECESSED AT 3:50 P.M. AND RECONVENED AT 4:00 P.M.

BOARD MINUTES

October 14 and 15, 2004

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Mr. Lumumba recalled Dr. Adams and questioned him. Dr. Adams was dismissed. Mr. Lumumba explained that he did not have any witnesses present to call today since he had expected the Board's witnesses to take all of the first day.

Motion was made by Dr. Merideth, seconded by Dr. Johnston, and carried unanimously that the Board consider going into Executive Session. With a motion by Dr. Merideth, seconded by Dr. Bush, the Board went into Executive Session.

Upon motion by Dr. Johnston, seconded by Dr. Bush, and carried unanimously, the Board came out of Executive Session at which time Dr. Crawford asked Ms. Wagner to read her letter of July 30, 2004, to Mr. Lumumba. In this letter Ms. Wagner advised that the testimony would continue until recessed by the Board, which may be later than normal business hours if necessary. Dr. Crawford announced to reconvene at 8:00 a.m. on October 15, 2004, and be prepared to present evidence beyond 5:00 p.m., to recess if necessary at a time to be determined by the Board on that day, to reconvene if necessary at 8:00 a.m. on October 16, 2004, and to have the Licensee's case, including all evidence and testimony to be completed by 3:00 p.m. with closing arguments (if any) to be completed and the case submitted for determination by the Board by not later than 5:00 p.m. on Saturday, October 16, 2004.

Mr. Lumumba then presented a motion to dismiss the charges based on insufficient evidence. Mr. Ingram responded to the motion, and Mr. Lumumba provided a rebuttal.

Motion was made by Dr. Merideth, seconded by Dr. Bush, and carried unanimously that the Board consider going into Executive Session. With a motion by Dr. Johnston, seconded by Dr. Merideth, the Board went into Executive Session.

Upon motion by Dr. Bush, seconded by Dr. Johnston, and carried unanimously, the Board came out of Executive Session at which time Dr. Crawford announced that the Board would take under advisement and defer a decision on the motion to dismiss on all counts until the conclusion of all testimony and evidence in the case.

THE BOARD RECESSED FOR THE DAY AT 5:30 P.M. TO RECONVENE AT 8:00 A.M. ON THE FOLLOWING DAY, OCTOBER 15, 2004.

The regularly scheduled meeting of the Mississippi State Board of Medical Licensure continued on Friday, October 15, 2004. The meeting was called to order

BOARD MINUTES

October 14 and 15, 2004

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at 8:20 a.m. by Dr. Crawford, President. Dr. Merideth lead the Pledge of Allegiance. The hearing in the case of Lane Cedric Rolling, D.P.M., was resumed.

Mr. Lumumba called Robert Kelly, Taylorsville, Mississippi, as a witness. Mr. Kelly was sworn in and answered questions from Mr. Lumumba, Mr. Ingram, and Board members. Mr. Kelly was excused, subject to recall.

Mr. Lumumba called Dr. Rolling as a witness. Dr. Rolling was sworn in and answered questions from Mr. Lumumba. Dr. Rolling's curriculum vitae was entered as an exhibit.

THE BOARD RECESSED AT 9:25 A.M. AND RECONVENED AT 9:35 A.M.

Mr. Lumumba continued the questioning of Dr. Rolling.

THE BOARD RECESSED AT 10:55 A.M. AND RECONVENED AT 11:10 A.M.

Mr. Lumumba continued the questioning of Dr. Rolling.

THE BOARD RECESSED FOR LUNCH AT 12:20 P.M. AND RECONVENED AT 1:15 P.M.

Mr. Ingram began his questioning of Dr. Rolling, followed by questions from the Board members.

THE BOARD RECESSED AT 3:25 P.M. AND RECONVENED AT 3:35 P.M.

Mr. Lumumba began his redirect questioning of Dr. Rolling, after which Dr. Rolling was dismissed.

Nita B. Wilson, Jackson, Mississippi, a patient of Dr. Rolling, was called as a witness. Ms. Wilson was sworn in and answered questions from Mr. Lumumba and Mr. Ingram.

Mamie Ewing, Grenada, Mississippi, another patient of Dr. Rolling, was called as a witness. Ms. Ewing was sworn in and answered questions from Mr. Lumumba. Mr. Ingram did not question the witness.

THE BOARD RECESSED AT 4:10 P.M. AND RECONVENED AT 4:15 P.M.

BOARD MINUTES
October 14 and 15, 2004
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Thomas Washington, investigator for the Board, was sworn in and answered questions by Mr. Ingram and Mr. Lumumba.

Charles Ware, investigator for the Board, was sworn in and answered questions by Mr. Ingram and Mr. Lumumba.

Mr. Ingram and Mr. Lumumba presented their closing statements. Mr. Lumumba reminded Ms. Wagner that he wanted his motion for dismissal to be considered.


Motion was made by Dr. Johnston, seconded by Dr. South, and carried unanimously that the Board consider going into Executive Session to consider entry of an order which may be appealable. With a motion by Dr. Johnston, seconded by Dr. South, the Board went into Executive Session.

Upon motion by Dr. Johnston, seconded by Dr. South, and carried unanimously, the Board came out of Executive Session at which time Dr. Crawford announced that the Board was dismissing Count III but based on the Board's findings of Licensee's guilt on Counts I, II, IV, V, VI, VII, and VIII, and in order to fulfill the Board's duty to protect the public, and as recommended by the Podiatric Advisory Committee, the Board ordered that Licensee's license to practice podiatry was revoked. The Board's Order is attached hereto and incorporated by reference. Mr. Lumumba asked about the final vote, and Dr. Crawford replied that it was unanimous.

A verbatim account of this proceeding was recorded by Lisa Rogers, Court Reporter.

ADJOURNMENT

The meeting was adjourned at 8:35 p.m. with the next meeting scheduled for Thursday, November 4, 2004.


Dewitt G. Crawford, M.D.
President

Minutes taken and transcribed
by Kathy Fortenberry
Administrative Assistant
October 14 and 15, 2004


**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
OCTOBER 14, 2004**

**HEARING IN THE CASE OF LANE CEDRIC ROLLING, D.P.M., JACKSON,
MISSISSIPPI MEDICAL PODIATRIC NUMBER 80122**

Motion made by Dr. Johnston, seconded by Dr. Bush, and carried to reconvene at 8:00 a.m. on October 15, 2004, and be prepared to present evidence beyond 5:00 p.m., to recess if necessary at a time to be determined by the Board on that day, to reconvene if necessary at 8:00 a.m. on October 16, 2004, and to have the Licensee's case, including all evidence and testimony to be completed by 3:00 p.m. with closing arguments (if any) to be completed and the case submitted for determination by the Board by not later than 5:00 p.m. on Saturday, October 16, 2004.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.	X			
Freda M. Bush, M.D.	X			
A. Wallace Conerly, M.D.	X			
Dewitt G. Crawford, M.D.	X			
William B. Harper, D.O.				X
Joseph E. Johnston, M.D.	X			
Philip T. Merideth, M.D., J.D.	X			
Dwalia S. South, M.D.	X			

With a motion by Dr. Johnston, seconded by Dr. Bush, the Board came out of Executive Session.


Dewitt G. Crawford, M.D.
President

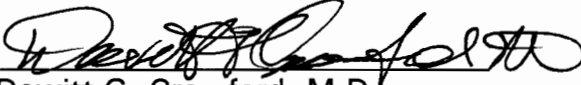
**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
OCTOBER 14, 2004**

**HEARING IN THE CASE OF LANE CEDRIC ROLLING, D.P.M., JACKSON,
MISSISSIPPI MEDICAL PODIATRIC NUMBER 80122**

Motion made by Dr. Conerly, seconded by Dr. South, and carried to take under advisement and defer a decision on the motion to dismiss on all counts until the conclusion of all testimony and evidence in the case.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.	X			
Freda M. Bush, M.D.	X			
A. Wallace Conerly, M.D.	X			
Dewitt G. Crawford, M.D.	X			
William B. Harper, D.O.				X
Joseph E. Johnston, M.D.	X			
Philip T. Merideth, M.D., J.D.	X			
Dwalia S. South, M.D.	X			

With a motion by Dr. Bush, seconded by Dr. Johnston, the Board came out of Executive Session.

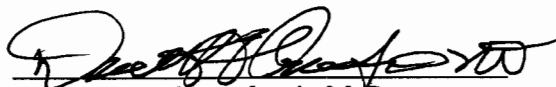

Dewitt G. Crawford, M.D.
President

**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
OCTOBER 15, 2004**

**HEARING IN THE CASE OF LANE CEDRIC ROLLING, D.P.M., JACKSON,
MISSISSIPPI MEDICAL PODIATRIC NUMBER 80122**

Motion made by Dr. Johnston, seconded by Dr. South, and carried to deny Dr. Rolling's motion to dismiss Count I.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.	X			
Freda M. Bush, M.D.	X			
A. Wallace Conerly, M.D.	X			
Dewitt G. Crawford, M.D.	X			
William B. Harper, D.O.				X
Joseph E. Johnston, M.D.	X			
Philip T. Merideth, M.D., J.D.	X			
Dwalia S. South, M.D.	X			



Dewitt G. Crawford, M.D.
President

**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
OCTOBER 15, 2004**

**HEARING IN THE CASE OF LANE CEDRIC ROLLING, D.P.M., JACKSON,
MISSISSIPPI MEDICAL PODIATRIC NUMBER 80122**

Motion made by Dr. Johnston, seconded by Dr. South, and carried that the Licensee failed to successfully complete one year of postgraduate training in one of the podiatric surgical specialities within the required two year period beginning September 21, 2000, in violation of the Consent Order dated September 21, 2000; that the language of paragraph one of the Consent Order dated September 21, 2000, is clear and unambiguous. Therefore, Licensee is guilty of unprofessional conduct as a result of his violation of the Consent Order dated September 21, 2000.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.	X			
Freda M. Bush, M.D.	X			
A. Wallace Conerly, M.D.	X			
Dewitt G. Crawford, M.D.	X			
William B. Harper, D.O.				X
Joseph E. Johnston, M.D.	X			
Philip T. Merideth, M.D., J.D.	X			
Dwalia S. South, M.D.	X			

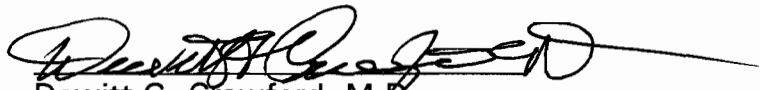

Dewitt G. Crawford, M.D.
President

**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
OCTOBER 15, 2004**

**HEARING IN THE CASE OF LANE CEDRIC ROLLING, D.P.M., JACKSON,
MISSISSIPPI MEDICAL PODIATRIC NUMBER 80122**

Motion made by Dr. Bush, seconded by Dr. South, and carried to deny
Licensee's motion to dismiss Count II.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.		X		
Freda M. Bush, M.D.	X			
A. Wallace Conerly, M.D.	X			
Dewitt G. Crawford, M.D.	X			
William B. Harper, D.O.				X
Joseph E. Johnston, M.D.	X			
Philip T. Merideth, M.D., J.D.	X			
Dwalia S. South, M.D.	X			

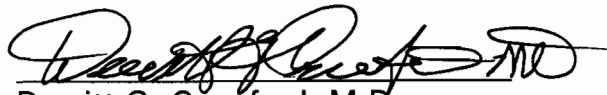

Dewitt G. Crawford, M.D.
President

**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
OCTOBER 15, 2004**

**HEARING IN THE CASE OF LANE CEDRIC ROLLING, D.P.M., JACKSON,
MISSISSIPPI MEDICAL PODIATRIC NUMBER 80122**

Motion made by Dr. Bush, seconded by Dr. South, and carried that Licensee wrote prescriptions for Schedules IV and V controlled substances at a time when he was not properly registered to prescribe Schedules IV and V controlled substances. Therefore, Licensee is guilty of Count II.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.		X		
Freda M. Bush, M.D.	X			
A. Wallace Conerly, M.D.	X			
Dewitt G. Crawford, M.D.	X			
William B. Harper, D.O.				X
Joseph E. Johnston, M.D.	X			
Philip T. Merideth, M.D., J.D.		X		
Dwalia S. South, M.D.	X			



Dewitt G. Crawford, M.D.
President

**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
OCTOBER 15, 2004**

**HEARING IN THE CASE OF LANE CEDRIC ROLLING, D.P.M., JACKSON,
MISSISSIPPI MEDICAL PODIATRIC NUMBER 80122**

Motion made by Dr. Bush, seconded by Dr. Aycock, and carried that Licensee's motion to dismiss Count III is granted.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.	X			
Freda M. Bush, M.D.	X			
A. Wallace Conerly, M.D.	X			
Dewitt G. Crawford, M.D.	X			
William B. Harper, D.O.				X
Joseph E. Johnston, M.D.	X			
Philip T. Merideth, M.D., J.D.	X			
Dwalia S. South, M.D.	X			



Dewitt G. Crawford, M.D.
President

**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
OCTOBER 15, 2004**

**HEARING IN THE CASE OF LANE CEDRIC ROLLING, D.P.M., JACKSON,
MISSISSIPPI MEDICAL PODIATRIC NUMBER 80122**

Motion made by Dr. Conerly, seconded by Dr. Johnston, and carried to deny Licensee's motion to dismiss Count IV.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.	X			
Freda M. Bush, M.D.	X			
A. Wallace Conerly, M.D.	X			
Dewitt G. Crawford, M.D.	X			
William B. Harper, D.O.				X
Joseph E. Johnston, M.D.	X			
Philip T. Merideth, M.D., J.D.	X			
Dwalia S. South, M.D.	X			



Dewitt G. Crawford, M.D.
President

**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
OCTOBER 15, 2004**

**HEARING IN THE CASE OF LANE CEDRIC ROLLING, D.P.M., JACKSON,
MISSISSIPPI MEDICAL PODIATRIC NUMBER 80122**

Motion made by Dr. Aycock, seconded by Dr. Merideth, and carried that Licensee failed to meet the recognized standard of care concerning Patient #1, as alleged in the last paragraph on page 11 and continuing to the top of page 12 of the Affidavit dated August 13, 2003. Therefore, Licensee is guilty of Count IV.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.	X			
Freda M. Bush, M.D.	X			
A. Wallace Conerly, M.D.	X			
Dewitt G. Crawford, M.D.	X			
William B. Harper, D.O.				X
Joseph E. Johnston, M.D.	X			
Philip T. Merideth, M.D., J.D.	X			
Dwalia S. South, M.D.	X			

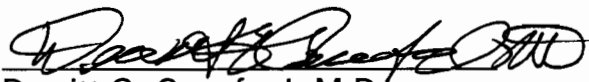

Dewitt G. Crawford, M.D.
President

**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
OCTOBER 15, 2004**

**HEARING IN THE CASE OF LANE CEDRIC ROLLING, D.P.M., JACKSON,
MISSISSIPPI MEDICAL PODIATRIC NUMBER 80122**

Motion made by Dr. Johnston, seconded by Dr. South, and carried to deny Licensee's motion to dismiss Count V.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.	X			
Freda M. Bush, M.D.	X			
A. Wallace Conerly, M.D.	X			
Dewitt G. Crawford, M.D.	X			
William B. Harper, D.O.				X
Joseph E. Johnston, M.D.	X			
Philip T. Merideth, M.D., J.D.	X			
Dwalia S. South, M.D.	X			



Dewitt G. Crawford, M.D.
President

**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
OCTOBER 15, 2004**

**HEARING IN THE CASE OF LANE CEDRIC ROLLING, D.P.M., JACKSON,
MISSISSIPPI MEDICAL PODIATRIC NUMBER 80122**

Motion made by Dr. Johnston, seconded by Dr. South, and carried that Licensee failed to meet the recognized standard of care concerning Patient #2, as alleged in Count V of the Affidavit dated August 13, 2003, and that Licensee violated the Consent Order dated September 21, 2000, by performing a prohibited surgical procedure. Therefore, Licensee is guilty of Count V.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.	X			
Freda M. Bush, M.D.	X			
A. Wallace Conerly, M.D.	X			
Dewitt G. Crawford, M.D.	X			
William B. Harper, D.O.				X
Joseph E. Johnston, M.D.	X			
Philip T. Merideth, M.D., J.D.	X			
Dwalia S. South, M.D.	X			

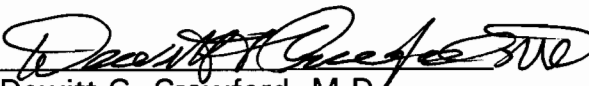

Dewitt G. Crawford, M.D.
President

**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
OCTOBER 15, 2004**

**HEARING IN THE CASE OF LANE CEDRIC ROLLING, D.P.M., JACKSON,
MISSISSIPPI MEDICAL PODIATRIC NUMBER 80122**

Motion made by Dr. South, seconded by Dr. Aycock, and carried to deny Licensee's motion to dismiss Count VI.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.	X			
Freda M. Bush, M.D.	X			
A. Wallace Conerly, M.D.	X			
Dewitt G. Crawford, M.D.	X			
William B. Harper, D.O.				X
Joseph E. Johnston, M.D.	X			
Philip T. Merideth, M.D., J.D.	X			
Dwalia S. South, M.D.	X			

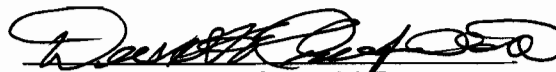

Dewitt G. Crawford, M.D.
President

**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
OCTOBER 15, 2004**

**HEARING IN THE CASE OF LANE CEDRIC ROLLING, D.P.M., JACKSON,
MISSISSIPPI MEDICAL PODIATRIC NUMBER 80122**

Motion made by Dr. Conerly, seconded by Dr. Johnston, and carried that Licensee failed to meet the recognized standard of care concerning Patient #3, as alleged in Count VI of the Affidavit dated August 13, 2003, and that Licensee violated the Consent Order dated September 21, 2000, by performing a prohibited surgical procedure. Therefore, Licensee is guilty of Count VI.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycocock, M.D.	X			
Freda M. Bush, M.D.	X			
A. Wallace Conerly, M.D.	X			
Dewitt G. Crawford, M.D.	X			
William B. Harper, D.O.				X
Joseph E. Johnston, M.D.	X			
Philip T. Merideth, M.D., J.D.	X			
Dwalia S. South, M.D.	X			

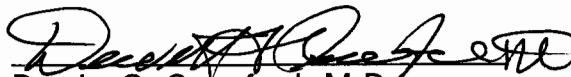

Dewitt G. Crawford, M.D.
President

**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
OCTOBER 15, 2004**

**HEARING IN THE CASE OF LANE CEDRIC ROLLING, D.P.M., JACKSON,
MISSISSIPPI MEDICAL PODIATRIC NUMBER 80122**

Motion made by Dr. Bush, seconded by Dr. Crawford, and carried to deny Licensee's motion to dismiss Count VII.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycok, M.D.	X			
Freda M. Bush, M.D.	X			
A. Wallace Conerly, M.D.	X			
Dewitt G. Crawford, M.D.	X			
William B. Harper, D.O.				X
Joseph E. Johnston, M.D.	X			
Philip T. Merideth, M.D., J.D.	X			
Dwalia S. South, M.D.	X			

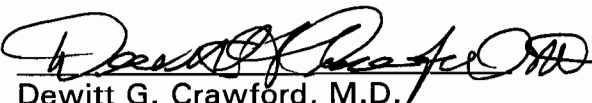

Dewitt G. Crawford, M.D.
President

**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
OCTOBER 15, 2004**

**HEARING IN THE CASE OF LANE CEDRIC ROLLING, D.P.M., JACKSON,
MISSISSIPPI MEDICAL PODIATRIC NUMBER 80122**

Motion made by Dr. Bush, seconded by Dr. Aycock, and carried that Licensee failed to meet the recognized standard of care concerning Patient #4, as alleged in Count VII of the Affidavit dated August 13, 2003, and that Licensee violated the Consent Order dated September 21, 2000, by performing a prohibited surgical procedure. Therefore, Licensee is guilty of Count VII.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.	X			
Freda M. Bush, M.D.	X			
A. Wallace Conerly, M.D.	X			
Dewitt G. Crawford, M.D.	X			
William B. Harper, D.O.				X
Joseph E. Johnston, M.D.	X			
Philip T. Merideth, M.D., J.D.	X			
Dwalia S. South, M.D.	X			



Dewitt G. Crawford, M.D.
President

**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
OCTOBER 15, 2004**

**HEARING IN THE CASE OF LANE CEDRIC ROLLING, D.P.M., JACKSON,
MISSISSIPPI MEDICAL PODIATRIC NUMBER 80122**

Motion made by Dr. Johnston, seconded by Dr. South, and carried to deny Licensee's motion to dismiss Count VIII.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.	X			
Freda M. Bush, M.D.	X			
A. Wallace Conerly, M.D.	X			
Dewitt G. Crawford, M.D.	X			
William B. Harper, D.O.				X
Joseph E. Johnston, M.D.	X			
Philip T. Merideth, M.D., J.D.	X			
Dwalia S. South, M.D.	X			

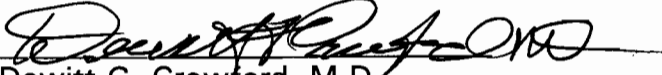

Dewitt G. Crawford, M.D.
President

**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
OCTOBER 15, 2004**

**HEARING IN THE CASE OF LANE CEDRIC ROLLING, D.P.M., JACKSON,
MISSISSIPPI MEDICAL PODIATRIC NUMBER 80122**

Motion made by Dr. South, seconded by Dr. Aycock, and carried that Licensee's action of performing the surgical procedure of and billing for "incision, bone cortex (e.g., osteomyelitis or bone abscess), foot" (DPT Code 28005), is outside the scope of Licensee's podiatric practice as limited by the Consent Order dated September 21, 2000. Therefore, Licensee is guilty of Count VIII.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.	X			
Freda M. Bush, M.D.	X			
A. Wallace Conerly, M.D.	X			
Dewitt G. Crawford, M.D.	X			
William B. Harper, D.O.				X
Joseph E. Johnston, M.D.	X			
Philip T. Merideth, M.D., J.D.		X		
Dwalia S. South, M.D.	X			

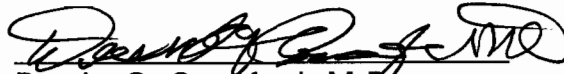

Dewitt G. Crawford, M.D.
President

**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
OCTOBER 15, 2004**

**HEARING IN THE CASE OF LANE CEDRIC ROLLING, D.P.M., JACKSON,
MISSISSIPPI MEDICAL PODIATRIC NUMBER 80122**

Motion made by Dr. Johnston, seconded by Dr. Bush, and carried to adopt as Findings of Fact the summary of Findings of Podiatric Advisory Committee with respect to numbers 1, 2, 4, 5, 6, and 8, as listed on page one of Exhibit 8.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycocock, M.D.	X			
Freda M. Bush, M.D.	X			
A. Wallace Conerly, M.D.	X			
Dewitt G. Crawford, M.D.	X			
William B. Harper, D.O.				X
Joseph E. Johnston, M.D.	X			
Philip T. Merideth, M.D., J.D.	X			
Dwalia S. South, M.D.	X			

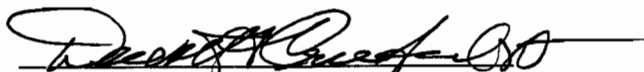

Dewitt G. Crawford, M.D.
President

**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
OCTOBER 15, 2004**

**HEARING IN THE CASE OF LANE CEDRIC ROLLING, D.P.M., JACKSON,
MISSISSIPPI MEDICAL PODIATRIC NUMBER 80122**

Motion made by Dr. Johnston, seconded by Dr. South, and carried that based on the Board's findings of Licensee's guilt on Counts I, II, IV, V, VI, VII, and VIII, and in order to fulfill the Board's duty to protect the public, and as recommended by the Podiatric Advisory Committee, the Board orders that Licensee's license to practice podiatry is hereby revoked.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.	X			
Freda M. Bush, M.D.	X			
A. Wallace Conerly, M.D.	X			
Dewitt G. Crawford, M.D.	X			
William B. Harper, D.O.				X
Joseph E. Johnston, M.D.	X			
Philip T. Merideth, M.D., J.D.	X			
Dwalia S. South, M.D.	X			


Dewitt G. Crawford, M.D.
President

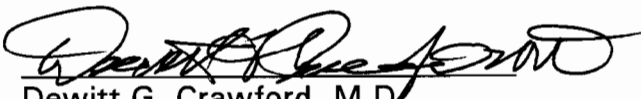
**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
OCTOBER 15, 2004**

**HEARING IN THE CASE OF LANE CEDRIC ROLLING, D.P.M., JACKSON,
MISSISSIPPI MEDICAL PODIATRIC NUMBER 80122**

Motion made by Dr. Johnston, seconded by Dr. South, and carried to go out of Executive Session and report the Board's findings and action.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycok, M.D.	X			
Freda M. Bush, M.D.	X			
A. Wallace Conerly, M.D.	X			
Dewitt G. Crawford, M.D.	X			
William B. Harper, D.O.				X
Joseph E. Johnston, M.D.	X			
Philip T. Merideth, M.D., J.D.	X			
Dwalia S. South, M.D.	X			

With a motion by Dr. Johnston, seconded by Dr. South, the Board came out of Executive Session.


Dewitt G. Crawford, M.D.
President

COPY

ADMINISTRATIVE PROCEDURES FILING NOTICE

Agency Mississippi State Board of Medical Licensure
Address 1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216
Phone (601) 987-3079

Person to contact Rhonda Freeman
Address 1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216
Transmittal date October 18, 2004

Copy attached: Yes No

Name or number of rule(s) XXIII. Regulations Pertaining to Prescribing, Administering and Dispensing of Medication, J. Prescription Guidelines - All Medications

Terms or substance of the actions or description of the subject and issues:
This filing will require prescriptions to contain the physician's name in a legible format.

Printed name and title of person authorized to file rules: Rhonda Freeman Division Director
Name Title
Rhonda Freeman
Signature

EMERGENCY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect _____ days Effective date: <input type="checkbox"/> Immediately on <input type="checkbox"/> Other (specify): _____	Action proposed: <input type="checkbox"/> New rule(s) <input type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed date of adoption: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____	Action taken: <input checked="" type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn Date action taken <u>October 14, 2004</u> <input checked="" type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
<div style="border: 1px solid black; height: 150px; width: 100%;"></div>	<div style="border: 1px solid black; height: 150px; width: 100%;"></div>	<div style="border: 1px solid black; padding: 10px; text-align: center;">FILED OCT 18 2004 MISSISSIPPI SECRETARY OF STATE</div>

Accepted for filing by _____ Accepted for filing by _____ Accepted for filing by [Signature]

XXIII. REGULATIONS PERTAINING TO PRESCRIBING, ADMINISTERING AND DISPENSING OF MEDICATION

AUTHORITY: Chapters 25 and 27, Title 73, and Chapter 29, Title 41, Mississippi Code (1972) Annotated.

A. SCOPE

These regulations apply to all individuals licensed to practice medicine, osteopathic medicine or podiatric medicine in the State of Mississippi.

B. DEFINITIONS

For the purpose of Article I only, the following terms have the meanings indicated:

1. "Administer", "Controlled Substances", and "Ultimate User" shall have the same meaning as set forth in Mississippi Code (1972) Annotated, Section 41-29-105, unless the context otherwise requires.
2. "Physician" means any person licensed to practice medicine, osteopathic medicine or podiatric medicine in the State of Mississippi.
3. "Prescribe" means to designate or order by means of either a written or oral prescription the delivery of a controlled substance or legend drug to an ultimate user.
4. "Dispense" means to deliver a controlled substance or legend drug other than by administering or prescribing to an ultimate user or research subject including the packaging, labeling, or compounding necessary to prepare the substance for that delivery.
5. For the purpose of enforcement of the labeling requirements set forth in Article G of these regulations, "Dispensing Physician" means any physician who shall dispense to a patient for the patient's use any controlled substance, legend drug or other medication where such medication is purchased by the physician for resale to a patient whether or not a separate charge is made.
6. "Prescription Drug" or "Legend Drug" means a drug required under federal law to be labeled with the following statement prior to being dispensed or delivered; "Caution: Federal law prohibits dispensing without prescription," or a drug which is required by any applicable federal or state law or regulation to be dispensed on prescription only or is restricted to use by physicians only.
7. Masculine terms wheresoever used in these regulations shall also be deemed to include the feminine.

8. "Article" wheresoever used in these regulations shall mean "regulation."

C. REGISTRATION FOR CONTROLLED SUBSTANCES CERTIFICATE

1. Every physician licensed to practice in Mississippi who prescribes, administers or dispenses any controlled substance within Mississippi or who proposes to engage in the prescribing, administering or dispensing of any controlled substance within Mississippi must be registered with the U.S. Drug Enforcement Administration in compliance with Title 21 CFR Part 1301 Food and Drugs.
2. Pursuant to authority granted in Mississippi Code (1972) Annotated, Section 41-29-125, the Mississippi State Board of Medical Licensure hereby adopts, in lieu of a separate registration with the Board, the registration with the U.S. Drug Enforcement Administration as required in Sub-paragraph 1 above. In the event, however, a physician has had limitations or other restrictions placed upon his license wherein he is prohibited from handling controlled substances in any or all schedules, said physician shall be prohibited from registering with the U.S. Drug Enforcement Administration for a Uniform Controlled Substances Registration Certificate without first being expressly authorized to do so by order of the Mississippi State Board of Medical Licensure.
3. Persons registered to prescribe, administer, dispense or conduct research with controlled substances may order, possess, prescribe, administer, dispense or conduct research with those substances to the extent authorized by their registration and in conformity with the other provisions of these regulations and in conformity with provisions of the Mississippi Uniform Controlled Substances Law, Mississippi Code (1972) Annotated, Section 41-29-101 et seq.
4. The registration requirement set forth in these regulations does not apply to the distribution and manufacture of controlled substances. Any physician who engages in the manufacture or distribution of controlled substances or legend drugs shall register with the Mississippi State Board of Pharmacy pursuant to Mississippi Code (1972) Annotated, Section 73-21-105. For the purposes herein, "distribute" shall mean the delivery of a drug other than by administering, prescribing or dispensing. The word "manufacture" shall have the same meaning as set forth in Mississippi Code (1972) Annotated, Section 41-29-105(q).

D. MAINTENANCE OF RECORDS AND INVENTORIES

1. Every physician licensed to practice medicine, osteopathic medicine or podiatric medicine in the State of Mississippi shall maintain inventories, logs, and records prescribed in this article.
2. **CONTROLLED SUBSTANCES INVENTORY RECORD.** All controlled substances classified under Schedules II, IIN, III, IIIN, IV and V which are purchased

by the physician must be inventoried at least every two (2) years. All inventory records for controlled substances in Schedules II and IIN must be maintained separately from the inventory records for Schedules III, IIIN, IV and V controlled substances. To insure the reliability of an inventory, the physician shall maintain a readily retrievable record of controlled substances purchased, including a copy of all purchase invoices identifying the name, quantity and strength/dose of the controlled substance purchased, the supplier and the date purchased.

3. CONTROLLED SUBSTANCES DISPENSATION/ADMINISTRATION RECORD. Every physician who shall dispense or administer Schedules II, IIN, III, IIIN, IV and V controlled substances shall maintain a separate readily retrievable record of all such substances dispensed or administered. This requirement shall not apply to Schedules III, IIIN, IV and V prepackaged samples and starter packs. All dispensation/administration records for controlled substances in Schedules II and IIN must be maintained separately from the dispensation/administration records for Schedules III, IIIN, IV and V controlled substances. The record shall contain the following information:

- a. The date the controlled substance was dispensed or administered;
- b. The name, quantity and strength/dose of the controlled substance dispensed or administered;
- c. The method of administration of the controlled substance, i.e. oral, IV or subcutaneous;
- d. The name and address of the patient to whom the controlled substance was dispensed or administered;
- e. For all Schedules II and III amphetamines, amphetamine-like anorectic drugs, or sympathomimetic amine drugs dispensed in the treatment of narcolepsy, hyperkinesis, brain dysfunction, epilepsy, or depression, the dispensing or administration records shall include the diagnosis and the reason for use of the Schedules II and III controlled substances.

4. Within thirty (30) days after the effective date of this rule the Mississippi State Board of Medical Licensure shall cause a notice to be mailed to every physician whose practice location is in the State of Mississippi notifying them of the Controlled Substance Inventory and separate Dispensation/Administration Record. Every physician shall within ninety (90) days of the effective date of this rule, prepare an initial inventory of controlled substances. An example combination Controlled Substances Inventory Record and Controlled Substances Dispensation/Administration Record are hereby incorporated as Appendix "A" and "B" to these regulations.

5. **PATIENT RECORD.** A physician who prescribes, dispenses or administers a controlled substance shall maintain a complete record of his examination, evaluation and treatment of the patient which must include documentation of the diagnosis and reason for prescribing, dispensing or administering any controlled substance; the name, dose, strength, quantity of the controlled substance and the date that the controlled substance was prescribed, dispensed or administered. The record required by this subsection shall be maintained in the patient's medical records, provided that such medical records are maintained at the office of the physician and are available for inspection by the representatives of the Mississippi State Board of Medical Licensure pursuant to authority granted in Mississippi Code (1972) Annotated, Section 41-29-125 (Supp. 1986).
6. No physician shall prescribe, administer or dispense any controlled substance or other drug having addiction-forming or addiction-sustaining liability without a good faith prior examination and medical indication therefore.¹
7. A physician shall not sell or trade any medication which he receives as prepackaged samples or starter packs, whether or not said samples are controlled substances, legend drugs or other medication.
8. The Controlled Substances Inventory, Controlled Substance Dispensation/Administration Record, and Patient Record required by these regulations shall be maintained in the office of the physician for a period of seven (7) years from the date that the record is completed or

¹ COMMENT: A determination as to whether a "good faith prior examination and medical indication therefore" exists depends upon the facts and circumstances in each case. One of the primary roles of a physician is to elicit detailed information about the signs and symptoms which a patient presents in order that he may recommend a course of treatment to relieve the symptoms and cure the patient of his ailment or maintain him in an apparent state of good health. In order for a physician to achieve a proper diagnosis and treatment plan, a history and physical examination consistent with the nature and complaint are necessary. The importance of these aspects of proper medical practice cannot be over emphasized. The paramount importance of a complete medical history in establishing a correct diagnosis is well established. Standards of proper medical practice require that, upon any encounter with a patient, in order to establish proper diagnosis and regimen of treatment, a physician must take three steps: (a) take and record an appropriate medical history, (b) carry out an appropriate physical examination, and (c) record the results. The observance of these principles as a function of the "course of legitimate professional practice" is particularly of importance in cases in which controlled substances are to play a part in the course of treatment. It is the responsibility of the physician to dispense, prescribe or administer such drugs with proper regard for the actual and potential dangers. This fact has been established in a number of closely related administrative and criminal cases, *United States v. Barte*, 479 F.2d 484 (10th Cir. 1973) (No physical examination prior to issuance of prescriptions for controlled substances); *United States v. Greene*, 511 F.2d 1062 (7th Cir. 1975); *Arthurs v. Board of Registration of Medicine*, 418 N.E. 2d 1236 (MA 1981) (failure to record in patient file prescriptions for controlled substances issued or failure to record patient visit); *Brainard v. State Board of Medical Examiners*, 157 P.2d 7 (Ca. 1945); *Dannerberg v. Board of Regents*, 430 N.Y.2d 700 (1980) (issuance of three prescriptions for sleeping pills to an undercover agent without a physical examination); *Widlitz v. Board of Regents of New York*, 429 N.Y. 2d 794 (1980) (issuance of Desoxyn to patients whom physician knew were drug addicts without conducting physical examination); *United States v. Rosenberg*, 515 F.2d 190 (9th Cir. 1975) (no physical examination, evidences that prescriptions were not in course of professional practice); and *United States v. Hooker*, 541 F.2d 300 (1st Cir. 1976), (little more than cursory physical examination, frequent neglect to inquire as to past medical history, little or no exploration of the type of problem the patient allegedly had "indicates that the minimal professional procedures followed were designed only to give an appearance of propriety to appellant's unlawful distributions").

A determination of proper "medical indication" also requires a careful examination of the nature of the drug and all circumstances surrounding dispensation. Case law developed by the courts in connection with controlled substances criminal violations and administrative decisions further illustrates several indications of lack of good faith. See *United States v. Greene*, 511 F.2d 1062 (7th Cir. 1975) and *United States v. Rosenberg*, 515 F.2d 190 (9th Cir. 1975). One of primary importance is the failure to follow at least the minimal professional procedures. Some of the factors used in determining the existence of "good faith" may include, but are not limited to: (a) the physician's permitting the patient to name the drug desired; (b) a physician dispensing drugs to patients having no medical need, when the physician knew or should have known that the patients were addicts; (c) repeated refills over relatively short periods of time or the issuance of prescriptions at a time when the patient should not have been finished taking the same medication from a prior prescription had the prescription directions been properly followed or the correct dosage taken; (d) general remarks of the physician indicating his experience with non-therapeutic uses of the drug; (e) a physician prescribing contraindicated medication such as amphetamines and depressants in a manner which results in therapeutic conflicts.

the controlled substances, legend drugs or other medications are prescribed, administered or dispensed and shall be made available for inspection by representatives of the Mississippi State Board of Medical Licensure pursuant to authority granted in Mississippi Code (1972) Annotated, Section 41-29-125 (Supp. 1986).

9. A physician may use a data processing system or a manual record keeping system for the storage and retrieval of Controlled Substances Dispensation/Administration Records. If a physician utilizes a data processing system it must provide immediate retrieval (via CRT display and hard-copy printout) of all dispensation/administration records of controlled substances.

Whether maintained manually or in a data processing system, all records of dispensation/administration of controlled substances must be readily retrievable. If a data processing system is utilized, a hard-copy printout of the records of dispensation/administration shall be made at regular intervals, not to exceed seven (7) days. Such hard-copy printouts shall be maintained for a period of five (5) years and shall be made available for inspection and copying by investigators of the Mississippi State Board of Medical Licensure.

E. USE OF DIET MEDICATION

1. Pursuant to Mississippi Code (1972) Annotated, Section 41-29-139(e), it is unlawful for any physician in this state to prescribe, dispense or administer any amphetamine or amphetamine-like anorectic and/or central nervous system stimulant classified as Schedule II, pursuant to Section 41-29-115, for the exclusive treatment of obesity, weight control, or weight loss.
2. As to the administration, dispensation or prescription of controlled substance anorectics in Schedules III, IV and V, use of said medications in the treatment of obesity or weight loss should be done with caution. A physician may administer, dispense or prescribe said medications for the purpose of weight loss in the treatment of obesity only as an adjunct to a regimen of weight reduction based on caloric restriction, provided, that all of the following conditions are met:
 - a. Before initiating treatment utilizing a Schedules III, IV or V controlled substance, the physician determines through review of his own records of prior treatment, or thorough review of the records of prior treatment which another treating physician or weight-loss program has provided to the physician, that the patient has made a substantial good-faith effort to lose weight in a treatment program utilizing a regimen of weight reduction based on caloric restriction, nutritional counseling, behavior modification, and exercise, without the utilization of controlled substances, and that said treatment has been ineffective.

- b. Before initiating treatment utilizing a Schedules III, IV or V controlled substance, the physician obtains a thorough history, performs a thorough physical examination of the patient, and rules out the existence of any recognized contraindications to the use of the controlled substance to be utilized. "Recognized contraindication" means any contraindication to the use of a drug which is listed in the United States Food and Drug Administration (hereinafter, "F.D.A.") approved labeling for the drug.
- c. The physician shall not utilize any Schedules III, IV or V controlled substance when he knows or has reason to believe that a recognized contraindication to its use exists.
- d. The physician shall not utilize any Schedules III, IV or V controlled substance in the treatment of a patient whom he knows or should know is pregnant.
- e. As to those controlled substances in Schedules III, IV or V which are classified as amphetamine or amphetamine-like anorectics and/or central nervous system stimulants, hereinafter referred to as "stimulant", the physician shall not initiate or shall discontinue utilizing said controlled substance stimulant immediately upon ascertaining or having reason to believe:
 - (1) That the patient has failed to lose weight while under treatment with said stimulant over a period of thirty (30) days, which determination shall be made by weighing the patient at least every thirtieth (30th) day, except that a patient who has never before received treatment for obesity utilizing a stimulant, and who fails to lose weight during his first such treatment attempt may be treated with a different controlled substance for an additional thirty (30) days, or
 - (2) That the patient has developed tolerance (a decreasing contribution of the drug toward further weight loss) to the anorectic effects of said stimulant being utilized, or
 - (3) That the patient has a history of or shows a propensity for alcohol or drug abuse, or
 - (4) That the patient has consumed or disposed of any controlled substance other than in strict compliance with the treating physician's directions.

In addition to the above the physician shall not issue a prescription or dispense a stimulant for any greater than a thirty-day supply; and a patient's use of stimulants, whether by

dispensation or prescription shall be limited to no more than six (6) thirty-day supplies during any twelve-month period of time. In any case, the total amount of medication shall not exceed a six (6) month supply in the twelve month time period. For the purposes of this paragraph, a twelve (12) month time period is considered to begin on the day of the initial dispensation or prescription issuance.

f. As to all other legend drugs or controlled substances in Schedules III, IV and V which are not considered stimulants but which have received FDA approved indication for long term use for weight loss, the physician shall administer, dispense or prescribe said medications in strict compliance with the FDA-approved labeling. In addition to the requirements enumerated at sub-paragraphs a-d above, each prescription shall be issued for no more than a total of three months supply (including refills) and further, before subsequent new prescriptions can be issued the patient shall receive a thorough reevaluation of the effectiveness of the medication, including a physical examination to document any potential harmful side effects.

3. A physician shall not utilize a Schedules III, IV or V controlled substance or legend drug for purposes of weight loss unless it has an FDA approved indication for this purpose and then only in accordance with all of the above enumerated conditions. The purpose of this rule is to prohibit the use of such drugs as diuretics and thyroid medications for the sole purpose of weight loss.

F. USE OF CONTROLLED SUBSTANCES FOR CHRONIC (NON-TERMINAL) PAIN

1. DEFINITIONS

For the purpose of Article F only, the following terms have the meanings indicated:

a. "Chronic Pain" is a pain state in which the cause of the pain cannot be removed or otherwise treated and which in the generally accepted course of medical practice, no relief or cure of the cause of the pain is possible or none has been found after reasonable efforts including, but not limited to, evaluation by the attending physician and one or more physicians specializing in the treatment of the area, system, or organ of the body perceived as the source of the pain. Further, if a patient is receiving controlled substances for the treatment of pain for a prolonged period of time (more than six months), then they will be considered for the purposes of this regulation to have "de facto" chronic pain and subject to the same requirements of this regulation. "Terminal Disease Pain" should not be confused with "Chronic Pain." For

the purpose of this Section, "Terminal Disease Pain" is pain arising from a medical condition for which there is no possible cure and the patient is expected to live no more than six (6) months.

- b. "Acute Pain" is the normal, predicted physiological response to an adverse chemical, thermal, or mechanical stimulus and is associated with surgery, trauma and acute illness. It is generally time limited and is responsive to therapies, including controlled substances as defined by the U.S. Drug Enforcement Administration. Title 21 CFR Part 1301 Food and Drugs.
 - c. "Addiction" is a neurobehaviorial syndrome with genetic and environmental influences that results in psychological dependence on the use of substances for their psychic effects and is characterized by compulsive use despite harm. Physical dependence and tolerance are normal physiological consequences of extended opioid therapy for pain and should not be considered addiction.
 - d. "Physical Dependence" is a physiological state of neuroadaptation to a substance which is characterized by the emergence of a withdrawal syndrome if the use of the substance is stopped or decreased abruptly, or if an antagonist is administered. Withdrawal may be relieved by re-administration of the substance. Physical dependence is a normal physiological consequence of extended opioid therapy for pain and should not be considered addiction.
 - e. "Substance Abuse" is the use of any substance(s) for non-therapeutic purposes; or use of medication for purposes other than those for which it is prescribed.
 - f. "Tolerance" is a physiological state resulting from regular use of a drug in which an increased dosage is needed to produce the same effect or a reduced effect is observed with a constant dose. Tolerance occurs to different degrees for various drug effects, including sedation, analgesia and constipation. Analgesic tolerance is the need to increase the dose of opioid to achieve the same level of analgesia. Such tolerance may or may not be evident during treatment and does not equate with addiction.
2. Notwithstanding any other provisions of these rules and regulations, a physician may prescribe, administer, or dispense controlled substances in Schedules II, IIN, III, IIN, IV and V, or other drugs having addiction-forming and addiction-sustaining liability to a person in the usual course of treatment of that person for a diagnosed condition causing chronic pain.

3. Notwithstanding any other provisions of these rules and regulations, as to the prescribing, administration, or dispensation of controlled substances in Schedules II, IIN, III, IIIN, IV and V, or other drugs having addiction-forming and addiction-sustaining liability, use of said medications in the treatment of chronic pain should be done with caution. A physician may administer, dispense or prescribe said medications for the purpose of relieving chronic pain, provided that the following conditions are met:
 - a. Before initiating treatment utilizing a Schedules II, IIN, III, IIIN, IV or V controlled substance, or any other drug having addiction-forming and addiction-sustaining liability, the physician shall conduct an appropriate risk/benefit analysis by reviewing his own records of prior treatment, or review the records of prior treatment which another treating physician has provided to the physician, that there is an indicated need for long term controlled substance therapy. Such a determination shall take into account the specifics of each patients diagnosis, past treatments and suitability for long term controlled substance use either alone or in combination with other indicated modalities for the treatment of chronic pain. This shall be clearly entered into the patient medical record, and shall include consultation/referral reports to determine the underlying pathology or cause of the chronic pain.
 - b. Documentation in the patient record shall include a complete medical history and physical examination that indicates the presence of one or more recognized medical indications for the use of controlled substances.
 - c. Documentation of a written treatment plan which shall contain stated objectives as a measure of successful treatment and planned diagnostic evaluations, e.g., psychiatric evaluation or other treatments. The plan should also contain an informed consent agreement for treatment that details relative risks and benefits of the treatment course. This should also include specific requirements of the patient, such as using one physician and pharmacy if possible, and urine/serum medication level monitoring when requested.
 - d. Periodic review and documentation of the treatment course is conducted at reasonable intervals (no more than every six months) with modification of therapy dependent on the physician's evaluation of progress toward the stated treatment objectives. This should include referrals and consultations as necessary to achieve those objectives.
4. No physician shall administer, dispense or prescribe a controlled substance or other drug having addiction-forming and addiction-sustaining liability that is nontherapeutic in nature or

non-therapeutic in the manner the controlled substance or other drug is administered, dispensed or prescribed.

5. No physician shall administer, dispense or prescribe a controlled substance for treatment of chronic pain to any patient who has consumed or disposed of any controlled substance or other drug having addiction-forming and addiction-sustaining liability other than in strict compliance with the treating physician's directions. These circumstances include those patients obtaining controlled substances or other abusable drugs from more than one physician and those patients who have obtained or attempted to obtain new prescriptions for controlled substances or other abusable drugs before a prior prescription should have been consumed according to the treating physician's directions. This requirement will not be enforced in cases where a patient has legitimately temporarily escalated a dose of their pain medication due to an acute exacerbation of their condition but have maintained a therapeutic dose level, however it will be required of the treating physician to document in the patient record that such increase in dose level was due to a recognized indication and was within appropriate therapeutic dose ranges. Repetitive or continuing escalations should be a reason for concern and a re-evaluation of the present treatment plan shall be undertaken by the physician.
6. No physician shall prescribe any controlled substance or other drug having addiction-forming or addiction-sustaining liability to a patient who is a drug addict for the purpose of "detoxification treatment", or "maintenance treatment", and no physician shall administer or dispense any narcotic controlled substance for the purpose of "detoxification treatment" or "maintenance treatment" unless they are properly registered in accordance with Section 303(g) 21 U.S.C. 823(g). Nothing in this paragraph shall prohibit a physician from administering narcotic drugs to a person for the purpose of relieving acute withdrawal symptoms when necessary while arrangements are being made for referral for treatment. Not more than one (1) day's medication may be administered to the person or for the person's use at one time. Such emergency treatment may be carried out for not more than three (3) days. Nothing in this paragraph shall prohibit a physician from administering or dispensing narcotic controlled substances in a hospital to maintain or detoxify a person as an incidental adjunct to medical or surgical treatment of conditions other than addiction.

G. DRUG MAINTENANCE REQUIREMENTS

1. All drug products which are maintained/stored in the office of a physician shall be maintained/stored in the manufacturer's or repackager's original container. The label of any container in which drugs are maintained must bear the drug name, strength, the manufacturer's control lot number and the expiration date. Drugs which are precounted and repackaged for purposes of dispensing shall be identifiable as to expiration date and

manufacturer's control lot number. The containers in which drug products are maintained shall not be labeled in any false or misleading manner. The labeling requirements of this Article are in addition to, and not in lieu of, other labeling requirements of the laws of the State of Mississippi, Rules and Regulations of the Mississippi State Board of Medical Licensure, and laws of the United States or Federal Regulations.

2. A physician shall not dispense out-of-date drugs or store out-of-date drugs intermixed with the stock of current drugs. Out-of-date drugs shall be promptly removed from current stock and stored separately until proper disposal shall be made. A physician, when dispensing a product in a manufacturer's original package or container, the labeling of which bears an expiration date, a manufacturer's control lot number or other information which may be of value to the patient, shall dispense the product with this information intact.
3. The drug storage and dispensing area shall be maintained in a sanitary fashion.
4. A physician shall not accept the return for subsequent resale or exchange any drugs after such items have been taken from the premises where sold, distributed or dispensed and from the control of the physician.
5. All drug products shall be maintained, stored and dispensed in such a manner as to maintain the integrity of the product.

H. LABELING REQUIREMENTS FOR DISPENSING PHYSICIANS

1. For the purposes of this rule, a "dispensing physician" shall mean any physician who shall dispense to a patient for the patient's use any controlled substance, legend drug or other medication where such medication is purchased by the physician for resale to a patient whether or not a separate charge is made.
2. Every dispensing physician, as defined above, who shall dispense a controlled substance, legend drug or any other medication shall insure that all such substances dispensed be labeled containing the following information:
 - a. the name of the patient to whom the medication was dispensed;
 - b. the date that the medication was dispensed;
 - c. the name, strength and quantity of the medication;
 - d. direction for taking or administering the medication;
 - e. the name and address of the physician dispensing the medication.

The label required by this subsection shall be written in legible handwriting or typed and shall be permanently affixed to the package or container in which the medication is dispensed. This labeling requirement shall not apply to prepackaged samples or starter packs in their original packages or containers.

3. No physician may delegate dispensing authority to another person. A physician must personally dispense the medication. For the purpose of this regulation, "personally dispense" shall mean the physician must actually obtain the medication, prepare, count, place the same into the appropriate container and affix the appropriate label to the container.

I. PRESCRIPTION GUIDELINES - CONTROLLED SUBSTANCES

1. It is the ultimate responsibility of the physician to determine the type, dosage form, frequency of application and number of refills of any controlled substances prescribed to a patient. This responsibility must never be delegated to non-physician personnel. Certified nurse midwives, certified nurse practitioners, nurses, and other non-physician personnel may, when such activity is within the scope of their license, protocol and qualifications, make a preliminary or tentative determination and recommendation to the physician based on assessments and evaluations carried out by the non-physician personnel, but in all such cases the recommendation of the non-physician must be reviewed and approved by a physician, who must personally issue the prescription. The following requirements apply to all prescriptions for controlled substances:
 - a. All prescriptions for controlled substances must be written in strict compliance with Mississippi Code (1972) Annotated, Sections 41-29-101 through 41-29-311, as amended, and Title 21 of U.S. Code of Federal Regulations, Part 1306.
 - b. On all prescriptions of controlled substances wherein refills are permitted, physicians shall indicate the appropriate refills, not to exceed five (5), or mark "none."
 - c. Each physician shall insure that the complete name and address of the patient to whom the physician is prescribing the controlled substance appears on the prescription.
 - d. A physician shall not permit any prescription for controlled substances to be signed by any non-physician in the place of or on behalf of the physician.
 - e. A physician shall not pre-sign blank prescription pads or order forms under any circumstances.
 - f. A physician shall not utilize blank prescription pads or order forms

upon which the signature of the physician has been electronically, mechanically or photostatically reproduced. This prohibition includes the e-mailing of any controlled substance prescription. A hard copy prescription generated from an electronic prescription system must contain a manual signature, however if it is printed on security paper that ensures it is not subject to copying or alteration, an electronic or digital signature may be substituted. Electronic transmission of controlled substance prescription information is generally allowed (except Schedule II which is addressed below), however, for the purposes of this regulation, electronic transmission of controlled substance prescription data is limited to computer to facsimile (fax) transmissions or traditional fax to fax transmissions. Requirements for fax prescription orders and systems utilized for faxing prescriptions are as follows:

- (1) The prescription order shall contain the date, time, telephone number and location of the transmitting device. Prescription blanks utilized in this manner shall bear a pre-printed heading that indicates the blank is a "Fax Prescription Form." Fax prescription orders must contain a manual or authenticated electronic/digital signature of the prescriber. As to Schedule II drugs, only Schedule II narcotic substances that are to be prepared or compounded for the direct administration to a patient by parenteral, intravenous, intramuscular, subcutaneous or intra spinal infusion may be transmitted by the physician or the physician's agent to a pharmacy of the patient's choice by facsimile. All original hardcopy faxed prescriptions shall immediately be voided after successfully completing the fax transmission by writing across the face of the prescription from corner to corner the notation "faxed." The original prescription (or copy) shall be retained in the physician's patient file with additional information included on the back of the prescription as to the date it was faxed, the name or initials of the person faxing the prescription and the name/location of the pharmacy receiving the fax transmission.

It is also required, that in addition to filing the original prescription (or copy) in the patient file, a perpetual, chronological logbook of fax transactions be established and maintained. Such a logbook would serve to protect the prescribing physician in the event the original prescription is somehow lost or misfiled. The information contained in such a logbook shall include the patient's name and address, date of issuance, name, strength and quantity of the drug prescribed and the name and fax number of the receiving pharmacy and the initials or name of the person faxing the prescription. Such logs shall be

maintained in the physician's clinic in a readily retrievable manner, and kept for at least seven (7) years after the original record is established. The requirements set forth in this subsection are in addition to, and not in lieu of documentation required in D5.

- (2) When a prescription is prepared and written for any controlled substance for a resident of a Long Term Care Facility (LTCF)(as defined in Section 1301.01(25), Code of Federal Regulations), such prescription may be transmitted by the practitioner or the practitioner's agent to the dispensing pharmacy by facsimile. The physician or the physician's agent will note on the prescription that the patient is a resident of a LTCF. The original prescription (or copy) and fax transaction log will be prepared and maintained in the same manner as described in Subsection 1 above.
- (3) When a prescription is written for any controlled substance for a patient residing in a hospice certified by Medicare under Title XVIII or licensed by the state, such prescription may be transmitted by the practitioner or the practitioner's agent to the dispensing pharmacy by facsimile. The physician or the physician's agent will note on the prescription that the patient is a hospice patient. The original prescription (or copy) and fax transmission log will be maintained in the same manner as described in Subsection 1 above.
- (4) Each system shall have policies and procedures that address the following:
 - (a) The patient shall not be restricted from access to the pharmacy of their choice.
 - (b) The system shall have security and system safeguards designed to prevent and detect unauthorized access, modification, or manipulation of prescription information, as well as physical safeguards to protect computer systems and other pertinent equipment from intrusion.
 - (c) Processes to protect, control and audit access to confidential patient information, including the prevention of unauthorized access to data when transmitted over communication networks or when data physically moves from one location to another using media such as magnetic tape, removable drives or other media used to store downloaded

information.

- g.** No more than one (1) controlled substance shall be issued on a single prescription blank.

J. PRESCRIPTION GUIDELINES - ALL MEDICATIONS

- 1.** In addition to any other requirements set forth in these regulations pertaining to the issuance of prescriptions of controlled substances, the following additional requirements apply to all prescriptions, whether or not said prescriptions are for controlled substances, legend drugs or any other medication:

 - a.** Every written prescription delivered to a patient, or delivered to any other person on behalf of a patient, must be manually signed on the date of issuance by the physician. This does not prohibit, however, the transmission of electronically telefaxed (but not e-mail) prescriptions for non-controlled drugs to the pharmacy of the patient's choice. Such telefaxed prescriptions shall bear the signature of the prescribing physician and shall be issued in accordance with all other provisions of this section. No prescriptions for brand name or generic equivalents of Nalbuphine Hcl, Carisoprodol, Butalbital compounds, or Tramadol Hcl shall be telefaxed.
 - b.** All prescriptions shall be on forms containing two lines for the physician's signature. There shall be a signature line in the lower right hand corner of the prescription form beneath which shall be clearly imprinted the words "substitution permissible." There shall be a signature line in the lower left corner of the prescription form beneath which shall be clearly imprinted the words "dispense as written." The physician's signature on either signature line shall validate the prescription and designate approval or disapproval of product selection. The prescription form shall bear the pre-printed name of the physician, or the physician shall clearly print his name on the prescription form, in addition to the physician's original signature. In the event that the prescription form bears the pre-printed name of more than one physician, the physician shall clearly indicate the name of the physician writing the prescription.
 - c.** If a prescription form which does not contain two signature lines required in subsection a of this Article is utilized by the physician, he shall write in his own handwriting the words "dispense as written" thereupon to prevent product selection.
 - d.** Every written prescription issued by a physician for a legend drug should clearly state whether or not the prescription should be refilled, and if so, the number of authorized refills and/or the duration of therapy. Physicians should avoid issuing prescriptions

refillable on "prn" basis. If a physician chooses to issue a prescription refillable "prn", the life of the prescription or time limitation must clearly be set forth on the prescription. In no case shall a prescription which is refillable on a "prn" basis be refilled after the expiration of one (1) year. Regardless of whether a prescription is refillable on a "prn" basis or the prescription expressly states the number of authorized refills, the use of said medication should be re-evaluated on at least an annual basis. Upon the expiration of one (1) year, a prescription becomes invalid, regardless of the number of refills indicated or "prn" designation. Thereafter, a new prescription, if indicated, must be issued.

Every written prescription issued by a physician, bearing more than one non-controlled medication, shall clearly indicate the intended refill instructions for each medication. Lack of clearly indicated refill instructions prohibit the refilling of the medications. All unused lines on a multi-line prescription blank shall be clearly voided by the issuing physician.

- e. A prescription shall no longer be valid after the occurrence of any one of the following events:
- (1) Thirty (30) days after the death of the issuing physician;
 - (2) Thirty (30) days after the issuing physician has moved or otherwise changed the location of his practice so as to terminate the doctor/patient relationship. Termination of the doctor/patient relationship results when a patient is no longer able to seek personal consultation or treatment from the issuing physician;
 - (3) Insofar as controlled substances are concerned, immediately after loss of DEA Controlled Substances Privilege by the issuing physician; or
 - (4) Immediately after revocation, suspension or surrender of the physician's license.

K. FREEDOM OF CHOICE

1. A physician shall not be influenced in the prescribing of drugs, devices or appliances by a direct or indirect financial interest in a pharmaceutical firm, pharmacy or other supplier. Whether the firm is a manufacturer, distributor, wholesaler, or repackager of the product involved is immaterial. Reputable firms rely on the quality and the efficacy to sell their products under competitive circumstances and do not appeal to physicians to have financial involvements with the firm in order to influence their prescribing, administering or dispensing.

2. A physician may own or operate a pharmacy if there is no resulting exploitation of patients. A physician shall not give a patient prescriptions in code or enter into agreements with pharmacies or other suppliers regarding the filling of prescriptions by code. Patients are entitled to the same freedom of choice in selecting who will fill their prescription needs as they are in the choice of a physician. The prescription is a written direction for a therapeutic or corrective agent. A patient is entitled to a copy of the physician's prescription for drugs or other devices as required by the principles of medical ethics. The patient has a right to have the prescription filled wherever the patient wishes. Where medication is to be dispensed or a prescription, excluding refills, called in to a pharmacist for medication, a physician shall inform each patient of that patient's right to a written prescription and the right to have the prescription filled wherever the patient wishes.
3. Patients have an ethically and legally recognized right to prompt access to the information contained in their individual medical records. The prescription is an essential part of the patient's medical record. If a patient requests a written prescription in lieu of an oral prescription, this request shall be honored. Physicians shall not discourage patients from requesting a written prescription or urge, suggest or direct in any manner that a patient fill a prescription at an establishment which has a direct telephone line or which has entered into a business or other preferential arrangement with the physician with respect to the filling of the physician's prescriptions.

L. OTHER DRUGS HAVING ADDICTION-FORMING LIABILITY

All physicians shall maintain inventory, dispensation/administration and patient records in the same format as that required by Article D when administering or dispensing the drug Nalbuphine Hydrochloride (Nubain) or its generic equivalent. The inventory and dispensation/administration records for said drug may be maintained separately or included as a part of the physician's controlled substance records.

M. SECURITY OF CONTROLLED SUBSTANCES

1. In all clinics or offices wherein controlled substances or other drugs having addiction-forming or addiction-sustaining liability are maintained, said medication shall be maintained in such a manner as to deter loss by theft or burglary. When a physician who is registered with the U.S. Drug Enforcement Administration has experienced a loss of controlled substances, the Board may issue an order requiring that person to appear before the Board and present a plan designed to prevent further loss of controlled substances or he may be ordered by the Board to implement any other reasonable measures to improve security over controlled substances deemed necessary by the Board to prevent further loss of the controlled substances.

2. In all clinics or offices of a physician registered to handle controlled substances with the U.S. Drug Enforcement Administration, all controlled substances shall be stored in a securely locked, substantially constructed container or area. Only the physician or persons authorized by the physician shall have access to this storage area.

N. VIOLATION OF REGULATIONS

1. The prescribing, administering or dispensing of any controlled substance in violation of the above rules and regulations shall constitute the administering, dispensing or prescribing of any narcotic drug or other drug having addiction-forming or addiction-sustaining liability otherwise than in the course of legitimate professional practice, in violation of Mississippi Code (1972) Annotated, Section 73-25-29(3), as amended.
2. The prescribing, administering or dispensing of any legend drug or other medication in violation of the above rules and regulations shall constitute unprofessional conduct, dishonorable or unethical conduct likely to deceive, defraud or harm the public in violation of Mississippi Code (1972) Annotated, Section 73-25-29(8)(d), as amended.

O. EFFECTIVE DATE OF REGULATIONS

The above rules and regulations pertaining to prescribing, administering and dispensing of medication shall become effective October 31, 1987; as amended November 1, 1990; as amended January 3, 1994; as amended September 10, 1995; as amended June 30, 1996; as amended April 20, 1999; as amended May 20, 1999; as amended February 17, 2001; as amended March 22, 2001; as amended July 15, 2004; and as amended October 14, 2004.

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

LANE CEDRIC ROLLING, D.P.M.

DETERMINATION AND ORDER

THIS MATTER came on regularly for hearing before the Mississippi State Board of Medical Licensure (hereinafter "Board"), pursuant to Title 73, Chapters 25 and 27, Miss. Code (1972) Annotated. The Board initiated these proceedings on August 13, 2003, by issuance of a Summons against Lane C. Rolling, D.P.M. (hereinafter "Licensee"), with an attached Affidavit from Neil Breeland, Investigator, after the Podiatric Advisory Committee (PAC) to the Board made recommendations with regard to Licensee's podiatric practice. The Summons and Affidavit were served upon Licensee on August 18, 2003. Based in part upon the findings of the PAC, the affidavit set forth eight (8) claims against Licensee, alleging violations of Mississippi Code Annotated Section 73-27-13 (1972).

This matter was initially set for hearing on September 18, 2003, but upon request of Licensee, was continued to October 16, 2003. Subsequently, Licensee requested a continuance of the October date, and the matter was continued to November 20, 2003. On November 17, 2003, Licensee requested a continuance of the November 20, 2003, hearing date. On November 20, 2003, argument was held on the motion for a continuance, and the motion was granted by the Board. On November 20, 2003, the Board also heard arguments on Licensee's Motion to Dismiss, or in the Alternative, Motion for Recusal. Said Motions were denied by the Board. The matter was set, by agreement of all parties, for March 4 and 5, 2004. On March 3, Licensee, through counsel, requested

a continuance by telephone, alleging health reasons which prevented him from flying to Mississippi for the hearing. The request was granted, and the matter was scheduled for July 15 and 16, 2004, at which time evidence and testimony with regard to the merits of the charges against Licensee were heard. Prior to receiving evidence, the Board also heard a renewed Motion to Dismiss by the Licensee on July 15, 2004, which was denied by the Board. The matter was not concluded on July 16, 2004, and was continued until August 19, 2004. Counsel for Licensee objected to that date due to a scheduling conflict. On August 12, 2004, counsel for Licensee filed a motion requesting a continuance, citing a conflict with the date of August 19, 2004. The continuance was granted, and the hearing was set for October 14, 15 and 16, 2004, at which time additional testimony and evidence was presented to the Board, and the matter was finally concluded. Counsel for Licensee argued a Motion to Dismiss all counts against Licensee at the close of the prosecution's case. The Board declined to rule on that Motion until the conclusion of all evidence and testimony in the matter. At the conclusion of all evidence and testimony, Licensee renewed his Motion to Dismiss. The Board's ruling on that Motion is discussed below.

Licensee was present on November 20, 2003, July 15 and 16, 2004, and October 14 and 15, 2004, and heard all testimony and evidence introduced against him. Licensee was represented by Honorable Chokwe Lumumba, who was also present for all proceedings in this matter. Complaint Counsel for the Board was Honorable Stan T. Ingram. Sitting as legal advisor to the Board was Honorable Heather Wagner, Assistant Attorney General. Board members present for all proceedings were Larry Aycock, M.D., Freda Bush, M.D., Wallace Conerly, M.D., Dewitt Crawford, M.D. (Board President), Joseph Johnston, M.D., and Philip Meredith, M.D., J.D. Board member Dwalia South,

M.D., was not present for the testimony presented July 15 and 16, 2004, but she reviewed the transcript of those proceedings prior to participating in the hearing on October 14 and 15, 2004. Board member William Harper, D.O., was not present for any of the proceedings and did not participate in the decision of the Board. Pursuant to Section XVII(K)(3) of the rules of procedure before the Board, the President of the Board delegated to Ms. Wagner all rulings on procedural and evidentiary matters which were raised during the proceedings.

Witnesses testifying during the proceedings on the merits of the charges against Licensee were Neil Breeland, Investigator for the Board; Dr. David Morgan, practicing podiatrist and former employee of Licensee; Dr. Craig Williams, practicing podiatrist and former employee of Licensee; Dr. Bobby Adams, practicing podiatrist sitting on the PAC, designated as an expert witness; Mr. Robert Kelly, current patient of Licensee; Dr. Lane C. Rolling, Licensee; Ms. Nina Wilson, current patient of Licensee; Ms. Mamie Ewing, current patient of Licensee; and as rebuttal witnesses, Mr. Thomas Washington and Mr. Charles Ware, both investigators for the Board.

Based upon the evidence and testimony presented, the Board renders the following Findings of Fact, Conclusions of Law, and Order.

FINDINGS OF FACT

Count I

Count 1 of the Affidavit alleges that the Licensee is in violation of Miss. Code Ann. Section 73-27-13(1)(h)(iv), in that he failed to comply with the terms of an order, stipulation or agreement with the Board.

On or about September 21, 2000, Licensee entered into a Consent Order, which

was introduced during the proceedings and labeled Exhibit 5. The Consent Order was entered into voluntarily by Licensee in lieu of a formal disciplinary hearing before the Mississippi State Board of Medical Licensure, in response to numerous allegations of professional incompetency. The Consent Order suspended Licensee's License to Practice Podiatry, but stayed that suspension, subject to certain restrictions on Licensee's practice of podiatric medicine, including limits on the types of surgical procedures Licensee could perform. As related to Count I of the Affidavit, the relevant provisions of that Consent Order are Paragraphs 1 and 3, which read as follows:

1. Licensee shall take immediate steps to enter and successfully complete one (1) year of post-graduate training in one of the podiatric surgical specialties, including, but not limited to, internal bone fixation. The post-graduate training program must be approved by the American Podiatric Medical Association, Inc. The Board recognizes that a reasonable amount of time should be extended to Licensee to locate and obtain acceptance into an approved post-graduate training program, but not to exceed a period of two (2) years. Licensee shall advise the Board in writing when an acceptable post-graduate training program has been located.

3. At such time as Licensee has successfully completed post-graduate training as required at Paragraph 1 above, he shall immediately petition and appear before the Mississippi State Board of Medical Licensure for authority to return to the general practice of podiatric medicine. At said appearance, the Board will consider the type of post-graduate training received, the specific surgical procedures taught, and those procedures which Licensee then wishes to perform. The Board shall then have the right, in its sole and absolute discretion, to permit Licensee to return to the full practice of podiatric medicine, including surgical procedures, subject to a structured supervised environment providing Licensee with surgical supervision by either a Board certified orthopaedic surgeon or Board certified podiatric surgeon. Supervision may include, but shall not be limited to, a requirement that prior to performance of any surgical procedure, the supervising surgeon shall first review the patient record and agree with Licensee's findings, diagnosis, treatment plan, proposed surgical procedure and post-operative care.

Evidence presented during the course of the hearing clearly indicated that Licensee had not entered into and successfully completed the required post-graduate training within the two year period from the entry of the Consent Order on September 21, 2000. Licensee admitted he had not obtained such training after the entry of the Consent Order. Licensee testified that he did not interpret the above-referenced provision to require training subsequent to the entry of the Order. The evidence supported that Licensee had obtained post-graduate training during 1992 and 1993, while Licensee was in the Army, serving at Tripler Army Medical Center in Hawaii. Licensee testified that, prior to signing the Consent Order and agreeing to its terms, he was advised by his then-attorney that his prior post-graduate training would be sufficient to satisfy this requirement. Nonetheless, Licensee did nothing evidencing his belief that the earlier training would satisfy this term of the Consent Order. He did not notify the Board that any such prior post-graduate training had been obtained. He did not petition the Board for authority to return to the practice of podiatric medicine without restrictions. In July 2003, Licensee's staff contacted the Executive Director of the Board inquiring as to necessary steps to remove restrictions on Licensee's license. The first time the Board was advised of Licensee's claim that his prior training was sufficient to satisfy the terms of the Consent Order was in correspondence dated August 23, 2003. This correspondence, along with its various attachments evidencing the post-graduate training, was offered into evidence by Licensee as Exhibit 33.

Counsel for Licensee argued that the language of the Consent Order cited above is ambiguous, in that it does not specifically require "**additional**" post-graduate training in one of the podiatric surgical specialties, and that Licensee was reasonable in his

interpretation that post-graduate training obtained prior to September 21, 2000, would satisfy the terms of the Consent Order. Licensee argued the illogic of a provision requiring Licensee to obtain post-graduate training when he had received that training in the past; however, the Board notes that the Consent Order itself was necessary due to questions of Licensee's competency, and in light of that fact, requiring Licensee to obtain more training was manifestly reasonable and logical. Furthermore, the Board was aware of Licensee's previous post-graduate training when entering into the Consent Order, as Licensee listed that training in his 1995 application for a license to practice podiatric medicine in the State of Mississippi.

The Board finds that the language of Paragraphs 1 and 3 of the Consent Order, as cited above, is not ambiguous, and is, in fact, very clear in its requirement that the post-graduate training required was to occur after September 21, 2000, the date of entry of the Consent Order, and that Licensee did not obtain the required training within a two year period after September 21, 2000.

Count II

Count II of the Affidavit alleges that the Licensee is in violation of Miss. Code Ann. Section 73-27-13(1)(c) and 73-27-13(1)(h)(iv), in that he prescribed narcotic drugs having addiction-forming or addiction-sustaining liability otherwise than in the course of legitimate professional practice, and engaged in unprofessional conduct likely to deceive or defraud the public.

Evidence presented during the course of testimony supported that Licensee, at a time when he was not registered to do so, prescribed controlled substances in Schedule IV. The drugs Ambien, Xanax, Diazepam, Darvocet and Talwin were prescribed by

Licensee during the period of time from May 9, 2001, to December 10, 2002. During that same period of time, Licensee was registered to prescribe controlled substances in Schedules II, IIN, III and IIIN, which are more serious drugs. Licensee attributes this error, which he does not dispute, to a simple mistake in completing a renewal application, and testified that a member of his staff completed the form. Licensee testified that he was in the past, and is now, registered for Schedule IV and V controlled substances, and that a staff member must have inadvertently neglected to ask for renewal of those schedules on the renewal form. However, Licensee signed the renewal form.

Additionally, on that same renewal form, in reply to a question asking whether applicant has had any kind of state professional license suspended or restricted, the response "no" was given. In light of the Consent Order of September 21, 2000, described, in part, above, this is a false statement. Again Licensee argues that the staff member who completed this form simply made an error. The Board, however sympathetic to this error by staff, cannot overlook the Licensee's responsibility with regard to ensuring the accuracy of documents leaving his office bearing his signature. The Board finds that Licensee issued prescriptions for Schedule IV controlled substances without proper DEA registration and also made a false statement on his DEA renewal form.

Count III

Count III of the Affidavit alleges that Licensee failed to adequately identify himself on prescription forms, by clearly identifying himself as a podiatrist (D.P.M.). The Affidavit alleges this is a violation of the rules and regulations of the Board pertaining to the "Rule on Physician Advertising," Section XVIII(C)(5)(b), constituting a violation of Miss. Code Ann. Section 73-27-13(1)(h)(iv). The Board found inadequate evidence to support the

charge that Licensee engaged in unprofessional conduct likely to defraud the public by failing to clearly indicate on sixteen prescription forms his status as D.P.M. and not M.D.

Count IV

Count IV of the Affidavit alleges that Licensee engaged in unprofessional conduct likely to harm the public, a violation of Miss. Code Ann. Section 73-27-13(1)(h)(iv), by failing to meet the recognized standard of care concerning a patient (Ms. Annie Flowers), and thereby placing the patient at unnecessary risk and harm with the potential for either serious bodily harm and/or possible death.

Count IV surrounds Licensee's care and treatment of Patient Annie Flowers. Evidence was presented that Licensee began treating this patient in April of 2001. The patient's file indicates she had an ulcer on her left heel, and that Licensee had a suspicion of a malignant melanoma at that time. After several visits and treatment of the wound, the patient's file indicates that Licensee performed a skin biopsy on her heel on May 31, 2001, and that a report was received from the laboratory on June 6, 2001. However, the report from the laboratory indicated the source of the biopsy was a nail and not skin. The results for the nail sample were negative with regard to malignancy. There is no documentation that Licensee made an effort to follow up with the laboratory to determine if the findings were limited solely to the nail sample or included the skin biopsy taken on May 31, 2001. During July of 2001, Licensee referred the patient to a vascular surgeon, Dr. Christopher Capel, whose notes to Licensee indicated that he was deferring future treatment of the patient to Licensee, and that he recommended the wound be excised and malignancy should be ruled out. Nothing further from Licensee or any of his employees appears in Ms. Flowers' patient file until June 27, 2002, at which time Licensee again saw the patient, and

indicated in the file the diagnosis was "ulcer lower limb." Licensee's other notations on that date were not clearly written, although Licensee testified that he noted a tumor. Four days later, on July 1, 2002, patient was seen by another physician in Licensee's clinic, Dr. David Morgan. Dr. Morgan had not previously treated Ms. Flowers. Dr. Morgan described the wound as follows: "growth on the lateral plantar aspect of the left heel . . . Lesion: black irregular shape c fibrous, pearl colored areas c (illegible) lesion . . ." Dr. Morgan entered his impressions in patient's chart as "melanoma L foot" and "tumor of unk. identity." Dr. Morgan immediately referred Ms. Flowers to Dr. Cheryl Barnes, University Medical Center, where a biopsy was performed on July 1, 2002. The July 2, 2002, pathological report indicates "invasive acral lentiginous malignant melanoma" . . . "Clark's level IV" . . . "non-ulcerated." On July 23, 2002, Ms. Flowers underwent surgery at University Medical Center, Jackson, Mississippi, to excise the melanoma on her heel.

Licensee testified with regard to his care and treatment of Ms. Flowers, and stated that he followed standard medical procedures in his treatment of this patient. He stated that he did not perform a biopsy at her first visit due to the inflammation of the area, and wanted to wait until the area "calmed down." He indicated that a biopsy was, in fact, done on the patient's heel wound. Licensee indicated he performed a skin biopsy of the site of the wound, and not an excisional biopsy. Licensee indicated Ms. Flowers stated she did not want her foot cut, and he always attempts to take patients' wishes into consideration, when possible. This biopsy was in addition to the nail sample, which is routinely taken, and that results of both were received in his clinic. He testified that he specifically remembers reviewing the report on the heel sample, and remembers counseling the patient with regard to the non-malignant results. He could not explain, however, why the laboratory report was

not in his files, nor in the files obtained from the laboratory, or why the only report in either file was the biopsy on the nail sample. He acknowledged that his notes regarding counseling the patient as to the non-malignant result of that biopsy are not in the patient's file. By way of explanation, Licensee mentioned that Dr. Morgan had access to the patient's file while employed by Licensee, and Dr. Morgan did testify that he made a copy of Ms. Flowers' file for his own protection.

With regard to the lack of documentation between Dr. Capel's note and the next time Ms. Flowers was seen in Licensee's clinic, Licensee stated that not all attempts to contact patients are placed in the patient files. A computer log or appointment book is sometimes utilized for this purpose. He testified that he tried to get her back, and that he would have sent her to another physician for an excisional biopsy. Licensee testified that the illegible notes in patient's file on June 27, 2002, indicate he noted a tumor on her left foot, and because of that, he requested that Ms. Flowers also see Dr. Morgan, which she did on July 1, 2002. Licensee testified that he properly documented the patient's file, and that he followed the appropriate standard of care and follow-up with patient.

The Board also had the benefit of examining the findings of the PAC with regard to Licensee's treatment of this patient (Exhibit 8 to these proceedings). Licensee presented evidence that his credentials and training were superior to that of the members of the PAC. The Board is not persuaded that Licensee's medical judgment is superior to that of the members of the PAC. It is noted that at least one of the three members of the PAC shares the same board certification as Licensee.

Licensee also presented several current patients, who testified that the podiatric care Licensee provided to them was appropriate, and they were satisfied with their

treatment, and also presented testimony that Patient #1 made no complaint with regard to his treatment of her, a fact which is not persuasive to the Board in evaluating Licensee's actions.

The Board is concerned that the lack of documentation in this patient's file of Licensee's objective findings resulted in improper care for the patient. The Board is also concerned that Licensee, assuming a skin biopsy was performed and the results received, considered a skin biopsy appropriate for a reliable determination of malignant melanoma, and that in light of Dr. Capel's recommendations in July of 2001, there is no documentation of any effort on the part of Licensee to follow-up with the patient to recommend an excisional biopsy be performed to definitively rule out malignancy.

The Board finds, based upon the foregoing, that the Licensee did not meet the recognized standard of care with regard to this patient, which resulted in a life-threatening condition going untreated for approximately one year without proper follow-up by Licensee, and thus engaged in unprofessional conduct likely to harm the public.

Count V

Count V of the Affidavit alleges that Licensee engaged in unprofessional conduct likely to harm the public, a violation of Miss. Code Ann. Section 73-27-13(1)(h)(iv), by performing surgical procedures prohibited by the September 21, 2000, Consent Order, and by failing to meet the recognized standard of care concerning a patient, identified during the proceedings only as Patient #2 due to confidentiality concerns.

The Consent Order of September 21, 2000, as discussed above with regard to Count I, contained additional provisions restricting Licensee's practice of podiatric

medicine. Paragraph 2 of the Consent Order is relevant to Count V. That paragraph reads as follows:

Until such time as Licensee has entered and completed post-graduate training as provided for in Paragraph 1 above, his practice shall be limited to general podiatric medicine. Except as provided below, Licensee shall not, under any circumstances, perform any surgical procedures, including internal bone fixation procedures. Licensee's surgical privileges shall be limited solely to the performance of (i) soft tissue procedures, (ii) procedures to correct hammer toes, and (iii) procedures to correct bunions, provided further, that Licensee's surgical practice as to items (ii) and (iii) shall be supervised by a Board certified orthopaedic surgeon or Board certified podiatric surgeon, approved in advance and in writing by the Executive Director of the Mississippi State Board of Medical Licensure. Furthermore, prior to performance of any surgical procedure to correct hammer toes or bunions, the supervising surgeon shall first review the patient record and agree with Licensee's findings, diagnosis, treatment plan, proposed surgical procedure and post-operative care. The supervising surgeon's approval shall be documented in the patient file.

Licensee provided podiatric care to Patient #2 from January 19, 2001, to January 29, 2001. Patient #2 was diagnosed with an ulceration of the right 5th toe. A surgical procedure was performed on Patient #2 on January 29, 2001. The CPT code used for Medicare billing purposes for this surgical procedure was Code #28005, described in the CPT Manual as "Incision, bone cortex (eg, osteomyelitis or bone abcess), foot." The consent form signed by Patient #2 authorized Licensee to perform an "Incision, & drainage c removal of section of bone in R 5th toe." The general description of the procedure in Licensee's operative report indicates he did not actually perform the procedure identified as 28005, or "incision, bone cortex, foot."

Much testimony was presented as to whether the procedure performed by Licensee constituted a "soft tissue procedure" permitted by the Consent Order, or a "bone procedure" or "bone work," which, not being soft tissue, would be a procedure prohibited

by the Consent Order. Dr. Bobby Adams of the PAC, who was qualified as an expert before the Board, testified that such a procedure, in which a bone is removed, is in his opinion, not a soft tissue procedure. Licensee testified that he did not cut any bone, and that the bone was so deteriorated that what he was performing was in actuality a radical debridement of the wound, a soft tissue procedure in his opinion. The deteriorated bone came out with the rest of the necrotic tissue during this debridement. Further, Licensee testified that he had no intent to violate the Consent Order. However, the operative notes prepared by Licensee reference certain instruments used during the procedure, such as bone forceps and rongeurs, which the Board notes are only necessary if the bone is being held or cut.

Testimony was also heard with regard to the "CPT" code used by Licensee to bill Medicare for this procedure. As noted above, the CPT Code of 28005 is to be utilized for a procedure described as an "incision, bone cortex, foot," pursuant to the 2003 CPT Manual. Licensee testified that he did not utilize the CPT manual in preparing his "superbill" (procedure billing sheet), but that he utilized a publication he obtained in 1998, which lists CPT codes of what podiatrists in the same postal zip code were billing (Exhibit 44 to these proceedings). Licensee stated he had not updated his information since 1998. In this 1998 publication, the code of 28005 is used for a procedure described as "drain foot bone lesion." Licensee demonstrated for the Board, using a cadaver foot, a procedure for which he would bill 28005. Licensee stated it was not his intent to defraud anyone when using the Code 28005 - it's just the one he's always used for these procedures. Licensee further stated that even in the 2003 version of the CPT Manual, the directions are for physicians to select the code number that is most accurate. Licensee argues this very

direction seems to imply that the decision which code to use when billing a procedure is subjective.

In addition to the allegations regarding the procedure performed, the Affidavit alleges that Licensee failed to provide the appropriate standard of care for Patient #2 in regards to the issuing of two pre-operative prescriptions to treat the infection in Patient #2's toe. Prior to receiving the results of a culture and in preparation for surgery on the right 5th toe, Licensee prescribed two antibiotics (Clindamycin and Ciprofloxacin). After receiving the results of the culture, indicating a "Methicillin Resistant Staph Aureus Isolated" (MRSA), and advising that MRSA is resistant to the two antibiotics prescribed, Licensee failed to modify the prescriptions. Licensee performed the surgical procedure and continued Patient #2 on the same two antibiotics. Licensee failed to adequately treat Patient #2's MRSA infection.

Licensee explained that in 99.5% of all his cases, the combination of drugs used will effectively treat infections, including MRSA. Upon questioning by the Board members, he modified that percentage to reflect "almost all" rather than 99.5%. He explained that diabetic patients have different needs in this area, and his main goal in prescribing antibiotics for infections of the feet and lower extremities is to address the presence of bacteroides fragilis, an intestinal bacteria, which is effectively treated with the antibiotics prescribed. Licensee had no opportunity to do any post-surgical management of this patient, as this patient did not return to his clinic after surgery. Licensee testified that he followed standard medical procedures in his treatment of this patient.

The Board also had the benefit of examining the findings of the PAC with regard to Licensee's treatment of this patient (Exhibit 8 to these proceedings). The PAC found

that Licensee performed a prohibited surgical procedure by removing the section of bone and that Licensee failed to appropriately treat Patient #2's bone infection. Licensee presented evidence that his credentials and training were superior to that of the members of the PAC. The Board is not persuaded that Licensee's medical judgment is superior to that of the members of the PAC.

Licensee also presented several current patients, who testified that the podiatric care Licensee provided to them was appropriate, and they were satisfied with their treatment, and also presented testimony that Patient #2 made no complaint with regard to his treatment of her, a fact which is not persuasive to the Board in evaluating Licensee's actions.

Based upon the foregoing, the Board finds that a procedure in which a bone is removed, even if only soft tissue is actually cut, is not a soft tissue procedure, and that the procedure performed on Patient #2 was prohibited by the Consent Order of September 21, 2000. The Board also finds that Licensee did not take appropriate action concerning the patient's MRSA infection. The Board finds the Licensee engaged in unprofessional conduct likely to harm the public.

Count VI

Count VI of the Affidavit alleges that Licensee engaged in unprofessional conduct likely to harm the public, a violation of Miss. Code Ann. Section 73-27-13(1)(h)(iv), by performing unauthorized surgical procedures prohibited by the September 21, 2000, Consent Order, and by failing to meet the recognized standard of care concerning a patient, Jeff Jones.

Licensee provided podiatric medical care to Patient #3, identified as Jeff Jones, from December 2001 to March 2002. No records were available from Licensee's office with regard to patient Jeff Jones, however, records were obtained from U.S. Department of Health and Human Services indicating that Licensee billed Medicare for a surgical procedure performed on Jeff Jones on February 7, 2002, described as "incision, bone cortex (e.g., osteomyelitis or bone abscess), foot" (CPT Code 28005).

Records obtained from the VA Medical Center in Memphis, Tennessee, indicate that Jeff Jones was seen there subsequent to his treatment by Licensee. These records indicate that Jeff Jones was seen at the VA "post-amputation of the distal phalanx." The VA notes also describe the procedure as a disarticulation, which consists of removal at a joint. This procedure performed by Licensee is alleged in the Affidavit to be a prohibited procedure pursuant to paragraph 2 of the September 21, 2000, Consent Order, in that it is not a soft tissue procedure. The VA records indicated, and Licensee testified, that Jeff Jones initially sought Licensee's podiatric treatment for a ingrown toenail on his right great toe. The toenail was removed by Licensee. While in the care of Licensee, the wound became secondarily infected and the patient developed osteomyelitis, in treatment of which, on February 7, 2002, the aforementioned amputation was performed by Licensee.

Dr. Bobby Adams of the PAC testified that a disarticulation is an amputation through the joint, and that this procedure is a "bone procedure," in that it results in the removal of bone. Licensee agreed that an amputation of a limb through the bone would be a "bone procedure," however, he testified that a disarticulation is not a bone procedure, in that it involves only soft tissue surrounding the bone. In an X-ray, a disarticulation might look like an amputation. Licensee demonstrated for the Board, on a cadaver foot, the procedure

of disarticulation of a toe at the joint. He testified he did not perform any procedures prohibited by paragraph 2 of the September 21, 2000, Consent Order on this patient, and that he followed all appropriate standards of care for this patient.

Further, evidence presented showed that Licensee billed for the procedure performed on Jeff Jones using the CPT Code 28005 (incision, bone cortex, foot). This description does not correspond with the procedure performed by Licensee.

The Board had the benefit of examining the findings of the PAC with regard to Licensee's treatment of this patient (Exhibit 8 to these proceedings). The PAC found that Licensee performed a prohibited surgical procedure by performing a partial toe amputation. Licensee presented evidence that his credentials and training were superior to that of the members of the PAC. The Board is not persuaded that Licensee's medical judgment is superior to that of the members of the PAC.

Licensee also presented several current patients, who testified that the podiatric care Licensee provided to them was appropriate, and they were satisfied with their treatment, and also presented testimony that Patient #3 made no complaint with regard to his treatment of him, a fact which is not persuasive to the Board in evaluating Licensee's actions.

Based upon the foregoing, the Board finds that a procedure such as an amputation or amputation by disarticulation which results in a bone being removed, even if only soft tissue is actually cut, is not a soft tissue procedure, and that the procedure performed on Patient #3, Jeff Jones, was prohibited by paragraph 2 of the Consent Order of September 21, 2000. The Board also finds that Licensee failed to meet the appropriate standard of care in treating Patient #3. The Board finds the Licensee engaged in unprofessional

conduct likely to harm the public.

Count VII

Count VII of the Affidavit alleges that Licensee engaged in unprofessional conduct likely to harm the public, a violation of Miss. Code Ann. Section 73-27-13(1)(h)(iv), by performing unauthorized surgical procedures prohibited by paragraph 2 of the September 21, 2000, Consent Order, and by failing to meet the recognized standard of care concerning Patient #4, later identified as Nina Wilson. Ms Wilson also testified in the proceedings on behalf of Licensee.

Although testimony during the hearing established that Ms. Wilson remains a patient of Licensee at the present, it is Licensee's podiatric care to Ms. Wilson between August 2001 through July of 2002 which is relevant to the current allegation against Licensee. It is alleged that Licensee performed a surgical procedure prohibited by paragraph 2 of the September 21, 2000, Consent Order, by performing a *partial amputation* on Ms. Wilson's left foot. The files obtained from Licensee's clinic and the testimony presented establish that Ms. Wilson signed two separate medical consent forms, to which she consented to a wound debridement. One procedure took place on November 7, 2001, and the other on March 5, 2002. Licensee testified that each of these procedures was a soft tissue procedure, removing necrotic tissue. These procedures resulted in removal of damaged bone without the necessity of cutting bone, and the results of which may afterwards appear to be an amputation. Dr. Morgan testified that he saw Ms. Wilson after both procedures, and that his impression was that a partial amputation had been performed. Ms. Wilson was also seen by Dr. Craig Williams, who also noted that the procedure performed was an amputation.

The Board considered the testimony of Dr. Bobby Adams, as related above with regard to Counts V and VI that a procedure which involves the removal of bone is not a soft tissue procedure. The Board also considered Licensee's explanation with regard to removal of necrotic tissue, as described above in the discussion of Patient#2 in Count V. The Board finds that a procedure such as debridement of a wound which results in a bone being removed, even if only soft tissue is actually cut, is not a soft tissue procedure.

The Board had the benefit of examining the findings of the PAC with regard to Licensee's treatment of this patient (Exhibit 8 to these proceedings). The PAC found that Licensee performed a prohibited surgical procedure by performing a partial toe amputation. Licensee presented evidence that his credentials and training were superior to that of the members of the PAC. The Board is not persuaded that Licensee's medical judgment is superior to that of the members of the PAC.

Ms. Wilson testified on behalf of Licensee that she was completely satisfied with Licensee's podiatric care, that she was fully advised of procedures to which she was consenting, that her college-educated granddaughter re-read the consent forms to her, and that she considers Licensee to be a very good doctor. Whether or not Ms. Wilson considers Licensee a good doctor does not obviate the fact that Licensee performed a prohibited procedure.

Based on the foregoing, the Board finds that the procedure performed on Patient #4, Nina Wilson, was prohibited by paragraph 2 of the Consent Order of September 21, 2000. The Board also finds that Licensee failed to meet the appropriate standard of care in treating Patient #4. The Board finds the Licensee engaged in unprofessional conduct likely to harm the public.

Count VIII

Count VIII alleges that Licensee engaged in and billed for surgical procedures consisting of "incision, bone cortex (e.g., osteomyelitis or bone abcess), foot," CPT Code 28005, a procedure which is outside the scope of Licensee's podiatric practice as limited by the Consent Order of September 21, 2000.

Pursuant to the CPT Manuals, the Code 28005 is to be used when billing for the procedure described as "incision, bone cortex (eg, osteomyelitis or bone abcess), foot." The Affidavit alleges Licensee used the Code 28005 thirty-nine times from October 23, 2000, to December 31, 2001, and documentation was presented to support this allegation (Exhibit 23). It is noted that these billings were done during the pendency of the September 21, 2000, Consent Order. Dr. Bobby Adams testified that this procedure is a "bone procedure," and not a soft tissue procedure. Licensee testified that when he uses the Code 28005, what he is doing is described as "drain foot bone lesion." Dr. Adams testified that this, too, is a bone procedure. The Board finds that Licensee's performance of and billing for this procedure is outside the scope of Licensee's podiatric practice as limited by the September 21, 2000, Consent Order.

Other Issues

Licensee alleged that the current charges against his license were motivated by something other than the quality of care he provides to his patients or the public interest. Licensee testified himself and presented two witnesses (Robert Kelly and Mamie Ewing) who presented evidence that the Executive Director and investigators of the Board were racially biased against Licensee. The Board does not find that testimony to be credible.

Licensee also alleged that the Board took no action with regard to the podiatric licenses of other podiatrists against whom the Board received complaints. Neil Breeland testified that the policy of the Board is to take no action on a complaint if that same complaint is the subject of a malpractice suit. Evidence showed that in the cases to which Licensee referred, lawsuits had been filed. Evidence was also introduced to show that in several instances in which suits were filed against Licensee, no investigations were initiated by the Board. The Board finds that the investigation of Licensee was proper under the circumstances.

The Board found Licensee's testimony, as a whole, not to be credible with regard to the counts against him.

Finally, the Board adopts as Findings of Fact the Summary of Findings of [Podiatric] Advisory Committee (Exhibit 8) with respect to Findings 1, 2, 4, 5, 6 and 8 as listed on the first page of that document.

CONCLUSIONS OF LAW

Count I

Ample evidence was presented to the Board to sustain this charge, and that Licensee's Motion to Dismiss Count I of the Affidavit should be denied. The Board finds that Licensee violated Paragraphs 1 and 3 of the Consent Order dated September 21, 2000, by failing to obtain satisfactory post-graduate training in one of the podiatric surgical specialties within two (2) years of the entry of the Consent Order and to report completion of such training to the Board, and as such, is guilty of unprofessional conduct, a violation of Mississippi Code Annotated Section 73-27-13(1)(h)(iv).

Count II

The Board, finding sufficient evidence to support this charge, denies Licensee's Motion to Dismiss this count. The Board further finds, based upon the facts presented, that Licensee prescribed a narcotic drug having addiction-forming or addiction-sustaining liability otherwise than in the course of legitimate practice by writing prescriptions for Schedule IV when he was not registered to do so, and therefore is in violation of Miss. Code Ann. Section 73-27-13(1)(c). The Board also finds that Licensee has engaged in unprofessional conduct likely to deceive, defraud or harm the public, by failing to indicate on his DEA renewal form the suspension and limitation of his podiatric license, and therefore is in violation of Miss. Code Ann. Section 73-27-13(1)(h)(iv).

Count III

The Mississippi State Board of Medical Licensure, finding insufficient evidence to support this allegation, grants Licensee's Motion to Dismiss on this count.

Count IV

The Board, finding sufficient evidence to support this charge, denies Licensee's Motion to Dismiss this count. The Board finds that Licensee failed to meet the appropriate standard of care for patient Annie Flowers, and therefore, Licensee is guilty of a violation of Miss. Code Ann. Section 73-27-13(1)(h)(iv), unprofessional conduct likely to harm the public.

Count V

The Board, finding sufficient evidence to support this charge, denies Licensee's Motion to Dismiss this count. The Board finds that Licensee performed an unauthorized

surgical procedure, prohibited by paragraph 2 of the Consent Order of September 21, 2000. The Board further finds that Licensee failed to meet the appropriate standard of care with regard to Patient 2 and his action constituted substandard podiatric care. Therefore, Licensee is guilty of a violation of Miss. Code Ann. Section 73-27-13(1)(h)(iv), unprofessional conduct likely to harm the public.

Count VI

The Board, finding sufficient evidence to support this charge, denies Licensee's Motion to Dismiss this count. The Board finds that Licensee performed an unauthorized surgical procedure, prohibited by paragraph 2 of the Consent Order of September 21, 2000. The Board further finds that Licensee failed to meet the appropriate standard of care with regard to Patient Jeff Jones and his action constituted substandard podiatric care. Therefore, Licensee is guilty of a violation of Miss. Code Ann. Section 73-27-13(1)(h)(iv).

Count VII

The Board, finding sufficient evidence to support this charge, denies Licensee's Motion to Dismiss this count. The Board finds that Licensee performed an unauthorized surgical procedure, prohibited by paragraph 2 of the Consent Order of September 21, 2000. The Board further finds that Licensee failed to meet the appropriate standard of care with regard to Patient #4, later identified as Nina Wilson, and his action constituted substandard podiatric care. Therefore, Licensee is guilty of a violation of Miss. Code Ann. Section 73-27-13(1)(h)(iv).

Count VIII

The Board, finding sufficient evidence to support this charge, denies Licensee's Motion to Dismiss this count. The Board finds that Licensee's performance of and billing for this procedure is outside the scope of Licensee's podiatric practice as limited by the September 21, 2000, Consent Order, and therefore, Licensee is guilty of unprofessional conduct likely to deceive, defraud or harm the public, a violation of Section 73-27-13(1)(h)(iv) of the Mississippi Code of 1972, Annotated, as amended.

ORDER

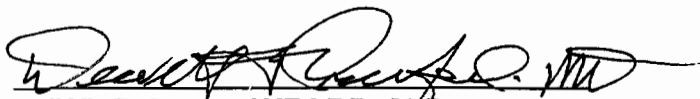
IT IS HEREBY ORDERED that based upon the Findings of Fact and Conclusions of Law enumerated above, and in accordance with the Board's duty to protect the public, that the License of Lane C. Rolling, D.P.M., should be, and is hereby, revoked pursuant to Section 73-27-13 of the Mississippi Code of 1972, Annotated, as amended.

IT IS FURTHER ORDERED that pursuant to Section 73-25-27, a copy of this Determination and Order shall be sent by registered mail, or personally served upon Lane C. Rolling, D.P.M., or his Counsel, Honorable Chockwe Lumumba. Because Dr. Rolling was informed of this decision following Board deliberations, the Order shall be given immediate effect.

SO ORDERED, this the 15th day of October, 2004.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY:



**DEWITT G. CRAWFORD, M.D.
PRESIDENT**

NOVEMBER 2004

**MINUTES
EXECUTIVE COMMITTEE MEETING
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
NOVEMBER 3, 2004**

MEMBERS PRESENT:

Dewitt G. Crawford, M.D., Louisville, President
William B. Harper, D.O., Greenwood, Vice President
Philip T. Merideth, M.D., J.D., Jackson, Secretary
W. Joseph Burnett, M.D., Director

ALSO PRESENT:

Rhonda Freeman, Division Director, Licensure Division
Kathy Fortenberry, Administrative Assistant
Frances Scott, Special Projects Officer, Investigative Division

NOT PRESENT:

Charles Moses, Division Director, Investigative Division

The Executive Committee of the Mississippi State Board of Medical Licensure met on Wednesday, November 3, 2004, at 4:15 p.m. in the Executive Conference Room of the Office of the Board located at 1867 Crane Ridge Drive, Jackson, Mississippi.

OSCAR DOMINGO ALMEIDA, JR., M.D., MOBILE, ALABAMA, APPLICANT

Dr. Burnett reviewed the background of Dr. Almeida, who is making licensure application in Mississippi. Dr. Almeida's license is currently revoked in Alabama. It was the consensus of the Executive Committee members not to make a decision of whether to grant him a license or not until his application was complete.

CME REQUIREMENTS TO INCLUDE MEDICAL ETHICS

The Executive Committee discussed including a medical ethics requirement in the CME regulations. After discussion of the number of hours to require, what year to start the requirement, availability of these hours, etc., it was decided to refer this to the Education Ad Hoc Committee at Thursday's meeting for further study.

EXECUTIVE COMMITTEE MINUTES

November 3, 2004

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CORRESPONDENCE FROM DELIA Y. OWENS, J.D., R.N., EXECUTIVE DIRECTOR, MISSISSIPPI BOARD OF NURSING, REGARDING *REGULATIONS PERTAINING TO THE PRACTICE OF TELEPSYCHIATRY WITHIN THE MISSISSIPPI DEPARTMENT OF MENTAL HEALTH*

Dr. Burnett reviewed a letter from Ms. Owens, advising that the Mississippi Board of Nursing had voted to withdraw joint promulgation of the Medical Board's *Regulations Pertaining to the Practice of Telepsychiatry within the Mississippi Department of Mental Health*. This will be referred to the Telemedicine Ad Hoc Committee.

FEDERATION OF STATE MEDICAL BOARDS

Dr. Burnett advised that the Federation of State Medical Boards had called for officer nominations and appointment recommendations, resolutions, and nominations for awards. This will be presented to the full Board on Thursday.

MR. MOSES JOINED THE MEETING AT 4:30 P.M.

REVIEW OF NOVEMBER 4 BOARD AGENDA


Dr. Burnett briefly reviewed the agenda for Thursday's Board meeting.

OTHER BUSINESS

Dr. Burnett reported that legislation granting subpoena power and an increase in recouping investigative fees, which was introduced in last year's session, will be re-introduced this year.

ADJOURNMENT

There being no further business, the meeting adjourned at 5:00 p.m.


Dewitt G. Crawford, M.D.
President

Minutes taken and transcribed
by Kathy Fortenberry
Administrative Assistant
November 3, 2004

**BOARD MINUTES
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
NOVEMBER 4, 2004**

The regularly scheduled meeting of the Mississippi State Board of Medical Licensure was held on Thursday, November 4, 2004, in the Executive Conference Room of the Office of the Board located at 1867 Crane Ridge Drive, Jackson, Mississippi.

The following members were present:

Dewitt G. Crawford, M.D., Louisville, President
William B. Harper, D.O., Greenwood, Vice President
Philip T. Merideth, M.D., J.D., Jackson, Secretary
A. Wallace Conerly, M.D., Jackson
Joseph E. Johnston, M.D., Mount Olive
Dwalia S. South, M.D., Ripley
W. Joseph Burnett, M.D., Director

Also present:

Stan T. Ingram, Attorney for the Board
Heather Wagner, Special Assistant Attorney General
Rhonda Freeman, Division Director, Licensure Division
Charles Moses, Division Director, Investigative Division
Kathy Fortenberry, Administrative Assistant

Not present:

Larry B. Aycock, M.D., McComb
Freda M. Bush, M.D., Jackson

The meeting was called to order at 9:00 a.m. by Dr. Crawford, President. The invocation was given by Dr. Merideth. Dr. Crawford welcomed Melissa Saxton, Court Reporter, and introduced Fran Holton, a new employee of the Board.

**APPROVAL OF CERTIFICATION OF MISSISSIPPI LICENSES TO OTHER ENTITIES
FOR THE PERIOD SEPTEMBER 1, 2004, TO SEPTEMBER 30, 2004**

Forty-eight (48) licenses were certified to other entities for the period September 1, 2004, to September 30, 2004. Motion was made by Dr. Johnston, seconded by Dr. Merideth, and carried unanimously to approve these certifications.

APPROVAL OF LICENSES ISSUED FOR THE PERIOD SEPTEMBER 1, 2004, TO SEPTEMBER 30, 2004

Twenty-seven (27) licenses were issued for the period September 1, 2004, to September 30, 2004. Motion was made by Dr. Johnston, seconded by Dr. Harper, and carried unanimously to approve these licenses.

REVIEW OF MINUTES OF THE EXECUTIVE COMMITTEE MEETING DATED SEPTEMBER 15, 2004, AND MINUTES OF THE BOARD MEETING DATED SEPTEMBER 16, 2004

Minutes of the Executive Committee Meeting dated September 15, 2004, and Minutes of the Board Meeting dated September 16, 2004, were reviewed. Dr. Conerly moved for approval of the minutes as submitted. Dr. South seconded the motion, and it carried unanimously.

REPORT OF NOVEMBER 3, 2004, EXECUTIVE COMMITTEE MEETING

Dr. Burnett reported on Wednesday's Executive Committee meeting. Oscar Domingo Almeida, Jr., M.D., Mobile, Alabama, whose license is revoked in Alabama, has made application for licensure. It was the consensus of the Executive Committee members that the application must be completed before a decision on issuing him a license could be made. The Executive Committee discussed including a medical ethics requirement in the CME regulation for the period of 2006-2008. Correspondence was reviewed from Delia Owens, Executive Director, Mississippi Board of Nursing, advising that the Nursing Board had voted to withdraw joint promulgation of the Medical Board's *Regulations Pertaining to the Practice of Telepsychiatry within the Mississippi Department of Mental Health*. Dr. Burnett presented other informational items, which are reflected in the Executive Committee Minutes. Motion was made by Dr. Johnston, seconded by Dr. Conerly, and carried unanimously to approve the action of the Executive Committee.

CONSUMER HEALTH AD HOC COMMITTEE

Dr. Crawford welcomed Cecil R. Burnham, Jackson, as a member of the newly formed Consumer Health Ad Hoc Committee. Dr. Crawford read a description of the Committee's responsibilities.

OTHER BUSINESS

Dr. Crawford introduced Dr. Elayne Hayes-Anthony, who introduced some of her team members. Dr. Hayes-Anthony had given a presentation at the September 16, 2004, Board meeting on her program, Cybernestic Healthcare Services. They will begin their program by working with the Department of Corrections and Department of Mental Health. Dr. Hayes-Anthony reported that she would be making a similar presentation to the Mississippi Board of Nursing at their December meeting. Dr. Burnett advised that the investigative staff was developing regulations pertaining to this, which should be ready for presentation at the January 2005 meeting.

DR. BUSH JOINED THE MEETING AT 9:15 A.M.

REPORTS FROM AD HOC COMMITTEES

Alternative Medicine - There was no new information to report.

Educational Development - A medical ethics requirement in the CME regulation was referred to this committee.

Impaired Physicians Program - There was no new information to report.

Manpower - Dr. Conerly reported on a recent symposium pertaining to the nursing and physician shortage in the workforce.

Nurse Practitioner and Expanded Role - Ms. Wagner and Mr. Ingram were asked to review the practice plan and memorandum of understanding pertaining to telepsychiatry, as presented by Ms. Owens.

Rules, Regulations, and Legislative - Dr. Burnett reported that legislation granting subpoena power and an increase in recouping investigative fees will be re-introduced this year.

Telemedicine - The report for this committee was the same as for the Nurse Practitioner and Expanded Role Committee.

FINAL ADOPTION OF AMENDMENT TO XXVII. REGULATIONS PERTAINING TO EMERGENCY TELEMEDICINE WITHIN THE STATE

Motion was made by Dr. Conerly, seconded by Dr. Merideth, and carried unanimously to final adopt the amendment to *Regulations Pertaining to Emergency Telemedicine within the State*, a copy of which is attached hereto and incorporated by reference. The amended regulations, which have been adopted by the Board of Nursing, will be final filed with the Secretary of State under the Administrative Procedures Act thirty days after the original filing, which was October 20, 2004.

FINAL ADOPTION OF XXX. REGULATIONS PERTAINING TO THE PRACTICE OF TELEPSYCHIATRY WITHIN THE MISSISSIPPI DEPARTMENT OF MENTAL HEALTH

As was discussed during the committee reports, this was referred to Ms. Wagner and Mr. Ingram.

APPROVAL OF BOARD ACCEPTED NEUROPSYCHOLOGISTS AND PSYCHIATRISTS

Motion was made by Dr. Johnston, seconded by Dr. Bush, and carried unanimously to approve the lists of neuropsychologists and psychiatrists which Dr. Burnett had submitted for the Board to review. The lists are attached hereto and incorporated by reference.

PERSONAL APPEARANCE BY STEVE MORRIS, III, M.D., TAMPA, FLORIDA, MISSISSIPPI MEDICAL LICENSE NUMBER 13836, TO REQUEST REINSTATEMENT OF LICENSE

Dr. Morris was present and represented by legal counsel, Mark S. Howard, Esq., Waynesboro.

Mr. Ingram entered a number of exhibits and reviewed the history of the disciplinary action which resulted in the suspension of Dr. Morris' license.

Dr. Morris was sworn in, and he and Mr. Howard addressed the Board and presented a practice plan. Following questions by the Board members, motion was made by Dr. Johnston, seconded by Dr. Harper, and carried unanimously that the Board consider going into Executive Session to consider entry of an order which may be appealable. With a motion by Dr. Bush, seconded by Dr. Johnston, the Board went into Executive Session.

Upon motion by Dr. Harper, seconded by Dr. South, and carried unanimously, the Board came out of Executive Session at which time Dr. Crawford asked Dr. Merideth to read the decision of the Board. It was the unanimous decision of the Board to reinstate Licensee's license, with conditions as stated in numbers 1, 2, 3, 4, and 5 of Licensee's letter to the Board Director dated September 16, 2004, and subject to the conditions that Licensee restrict his clinical practice of medicine, including emergency room work, to 48 hours per week; that Licensee may perform minor surgical procedures as clinically appropriate to a hospital emergency room setting; that Licensee will be under the care of a Board approved psychiatrist, who will submit quarterly reports to the Board; and that Licensee will inform the Board of any and all practice locations. Licensee may petition the Board in two years for removal of any and all restrictions. The Board's Order is attached hereto and incorporated by reference.

A verbatim account of this proceeding was recorded by Melissa Saxton, Court Reporter.

DR. CONERLY EXITED THE MEETING AT 11:00 A.M.

HEARING IN THE CASE OF THOMAS WEBBER GRAFTON, D.O., MEMPHIS, TENNESSEE, MISSISSIPPI MEDICAL LICENSE NUMBER 12613

Dr. Grafton was present and represented by legal counsel, David M. Ratcliff, Esq., Laurel. Also present was Mel Flowers, M.D., representing the Mississippi Professionals Health Program.

Mr. Ingram entered a number of exhibits and explained the charges as outlined in the Summons and Affidavit.

Mr. Ratcliff addressed the Board, asking that Dr. Grafton be allowed to continue practicing medicine. Dr. Flowers was sworn in and answered questions from the Board members. He stated that Dr. Grafton had an appointment to meet later in the month with the Mississippi Professional Health Committee, and they would make their recommendations for his Recovery Contract Agreement after that appointment. Dr. Grafton was sworn in and addressed the Board.

Motion was made by Dr. Johnston, seconded by Dr. Merideth, and carried unanimously that the Board consider going into Executive Session to consider entry of an order which may be appealable. With a motion by Dr. South, seconded by Dr. Merideth, the Board went into Executive Session.

BOARD MINUTES
November 4, 2004
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Upon motion by Dr. Johnston, seconded by Dr. South, and carried unanimously, the Board came out of Executive Session at which time Dr. Merideth announced that Licensee's license to practice medicine is suspended indefinitely. Licensee may petition the Board in six months for reinstatement, provided that he fulfills the following requirements: (1) enters into and abides by the terms of a contract with MPHP; (2) evaluation and any recommended treatment by a Board approved psychiatrist; (3) completion of a neuropsychological evaluation by a Board approved neuropsychologist.

Dr. Grafton and Mr. Ratcliff asked the Board to reconsider due to the financial hardship the suspension would place on Dr. Grafton.

Motion was made by Dr. Johnston, seconded by Dr. South, and carried unanimously that the Board consider going into Executive Session. With a motion by Dr. Johnston, seconded by Dr. Harper, the Board went into Executive Session.

Upon motion by Dr. Johnston, seconded by Dr. South, and carried unanimously, the Board came out of Executive Session at which time Dr. Crawford announced to revise the previous order that Licensee may petition for reinstatement to practice medicine in three months. The Board's Order is attached hereto and incorporated by reference.

A verbatim account of this proceeding was recorded by Melissa Saxton, Court Reporter.

HEARING OF MALACHY MALVIN DEHENRE, M.D., LAUREL, MISSISSIPPI
MEDICAL LICENSE NUMBER 12652

Dr. Dehenre was not present or represented by legal counsel. Dr. Burnett advised that the hearing with the Alabama State Board of Medical Examiners had been continued and that Dr. Dehenre's attorney, Venecca G. Green, Esq., Jackson, was requesting a continuance until after the Alabama hearing. Motion was made by Dr. Johnston, seconded by Dr. Bush, and carried unanimously to grant a continuance until January 20, 2005. The Order of Continuance is attached hereto and incorporated by reference.

A verbatim account of this proceeding was recorded by Melissa Saxton, Court Reporter.

**PERSONAL APPEARANCE BY TERRY KENT ELLIS, M.D., WINONA, MISSISSIPPI
MEDICAL LICENSE NUMBER 07978, TO REQUEST REMOVAL OF RESTRICTIONS**

Dr. Ellis was present but not represented by legal counsel. Ms. Wagner questioned Dr. Ellis regarding legal representation, and Dr. Ellis stated he wished to waive his right to an attorney and proceed without legal counsel.

Mr. Ingram entered a number of exhibits and reviewed the history of the disciplinary action taken on Dr. Ellis' license.

Dr. Ellis was sworn in and addressed the Board, requesting removal of the remaining restrictions. Following questions by the Board members, motion was made by Dr. Johnston, seconded by Dr. South, and carried unanimously that the Board consider going into Executive Session to consider entry of an order which may be appealable. With a motion by Dr. Bush, seconded by Dr. Johnston, the Board went into Executive Session.

Upon motion by Dr. Johnston, seconded by Dr. Bush, and carried unanimously, the Board came out of Executive Session at which time Dr. Crawford announced to remove the remaining restrictions. The Board's Order is attached hereto and incorporated by reference.

A verbatim account of this proceeding was recorded by Melissa Saxton, Court Reporter.

OTHER BUSINESS

Mr. Burnham commented on the Board meeting and that he was looking forward to working with the Board members.

Motion was made by Dr. Johnston, seconded by Dr. Harper, and carried unanimously to support Dr. Crawford's nomination to the Federation of State Medical Boards' Nominating Committee. Dr. Crawford and the staff will complete the necessary paperwork.

BOARD MINUTES
November 4, 2004
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ADJOURNMENT

The meeting was adjourned at 1:00 p.m. with the next meeting scheduled for Thursday, January 20, 2005.



Dewitt G. Crawford, M.D.
President

Minutes taken and transcribed
by Kathy Fortenberry
Administrative Assistant
November 4, 2004

**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
NOVEMBER 4, 2004**


AGENDA ITEM XIV

**PERSONAL APPEARANCE BY STEVE MORRIS, III, M.D., TAMPA, FLORIDA,
MISSISSIPPI MEDICAL LICENSE NUMBER 13836, TO REQUEST REINSTATEMENT
OF LICENSE**

Motion made by Dr. Johnston, seconded by Dr. South, and carried to reinstate Licensee's license, with conditions as stated in numbers 1, 2, 3, 4, and 5 of Licensee's letter to the Board Director dated September 16, 2004, and subject to the conditions that Licensee restrict his clinical practice of medicine, including emergency room work, to 48 hours per week; that Licensee may perform minor surgical procedures as clinically appropriate to a hospital emergency room setting; that Licensee will be under the care of a Board approved psychiatrist, who will submit quarterly reports to the Board; and that Licensee will inform the Board of any and all practice locations. Licensee may petition the Board in two years for removal of any and all restrictions.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.				X
Freda M. Bush, M.D.	X			
A. Wallace Conerly, M.D.	X			
Dewitt G. Crawford, M.D.	X			
William B. Harper, D.O.	X			
Joseph E. Johnston, M.D.	X			
Philip T. Merideth, M.D., J.D.	X			
Dwalia S. South, M.D.	X			

With a motion by Dr. Harper, seconded by Dr. South, the Board came out of Executive Session.


Dewitt G. Crawford, M.D.
President

**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
NOVEMBER 4, 2004**


AGENDA ITEM XV

**HEARING IN THE CASE OF THOMAS WEBBER GRAFTON, D.O., MEMPHIS,
TENNESSEE, MISSISSIPPI MEDICAL LICENSE NUMBER 12613**

Motion made by Dr. Johnston, seconded by Dr. Harper, and carried that Licensee's license to practice medicine is suspended indefinitely. Licensee may petition the Board in six months for reinstatement, provided that he fulfills the following requirements: (1) enters into and abides by the terms of a contract with MPHP; (2) evaluation and any recommended treatment by a Board approved psychiatrist; (3) completion of a neuropsychological evaluation by a Board approved neuropsychologist.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.				X
Freda M. Bush, M.D.	X			
A. Wallace Conerly, M.D.				X
Dewitt G. Crawford, M.D.	X			
William B. Harper, D.O.	X			
Joseph E. Johnston, M.D.	X			
Philip T. Merideth, M.D., J.D.	X			
Dwalia S. South, M.D.	X			

With a motion by Dr. Johnston, seconded by Dr. South, the Board came out of Executive Session.


Dewitt G. Crawford, M.D.
President

**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
NOVEMBER 4, 2004**

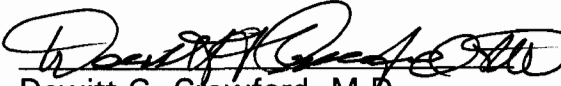
AGENDA ITEM XV

**HEARING IN THE CASE OF THOMAS WEBBER GRAFTON, D.O., MEMPHIS,
TENNESSEE, MISSISSIPPI MEDICAL LICENSE NUMBER 12613**

Motion made by Dr. South, seconded by Dr. Johnston, and carried to revise the previous order that Licensee may petition for reinstatement to practice medicine in three months.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycocock, M.D.				X
Freda M. Bush, M.D.	X			
A. Wallace Conerly, M.D.				X
Dewitt G. Crawford, M.D.	X			
William B. Harper, D.O.	X			
Joseph E. Johnston, M.D.	X			
Philip T. Merideth, M.D., J.D.		X		
Dwalia S. South, M.D.	X			

With a motion by Dr. Johnston, seconded by Dr. South, the Board came out of Executive Session.


Dewitt G. Crawford, M.D.
President

**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
NOVEMBER 4, 2004**

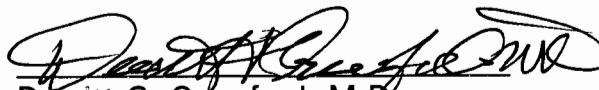
AGENDA ITEM XIII

**PERSONAL APPEARANCE BY TERRY KENT ELLIS, M.D., WINONA, MISSISSIPPI
MEDICAL LICENSE NUMBER 07978, TO REQUEST REMOVAL OF RESTRICTIONS**

Motion made by Dr. Johnston, seconded by Dr. Bush, and carried to remove all remaining restrictions.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycocock, M.D.				X
Freda M. Bush, M.D.	X			
A. Wallace Conerly, M.D.				X
Dewitt G. Crawford, M.D.	X			
William B. Harper, D.O.	X			
Joseph E. Johnston, M.D.	X			
Philip T. Merideth, M.D., J.D.			X	
Dwalia S. South, M.D.	X			

With a motion by Dr. Johnston, seconded by Dr. Bush, the Board came out of Executive Session.


Dewitt G. Crawford, M.D.
President

ADMINISTRATIVE PROCEDURES FILING NOTICE

Agency Mississippi State Board of Medical Licensure
Address 1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216
Phone (601) 987-3079

Person to contact Rhonda Freeman
Address 1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216
Transmittal date November 24, 2004

Copy attached: Yes No

Name or number of rule(s) XXVII. Regulations Pertaining to Emergency Telemedicine Within the State

Terms or substance of the actions or description of the subject and issues:
This filing amends the Board's regulation to extend the repeal date for one additional year until October 18, 2005.

Printed name and title
of person authorized to file rules: Rhonda Freeman Division Director
Name Title
Rhonda Freeman
Signature

EMERGENCY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect _____ days Effective date: <input type="checkbox"/> Immediately on <input type="checkbox"/> Other (specify): _____	Action proposed: <input type="checkbox"/> New rule(s) <input type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed date of adoption: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____	Action taken: <input checked="" type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn Date action taken <u>November 4, 2005</u> <input checked="" type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
<div style="border: 1px solid black; height: 150px; width: 100%;"></div>	<div style="border: 1px solid black; height: 150px; width: 100%;"></div>	<div style="border: 1px solid black; padding: 10px; text-align: center;">FILED NOV 24 2004 MISSISSIPPI SECRETARY OF STATE</div>

Accepted for filing by _____ Accepted for filing by _____ Accepted for filing by [Signature]

**XXVII. REGULATIONS PERTAINING TO EMERGENCY
TELEMEDICINE WITHIN THE STATE**

A. SCOPE/PURPOSE

These regulations apply to only those individuals licensed to practice medicine or osteopathic medicine in the State of Mississippi and who are performing duties as employees of the University of Mississippi Medical Center. This regulation does not authorize any communication across state lines.

B. DEFINITIONS

For the purpose of Article XXVII only, the following terms have the meanings indicated:

1. "Physician" means any person licensed to practice medicine or osteopathic medicine in the State of Mississippi.
2. "Telemedicine" is the diagnosis or treatment of human injury, illness and diseases using interactive audio, video or data communications by electronic or other means.
3. "Teleemergency medicine" is a unique combination of telemedicine and the collaborative/supervisory role of a physician Board certified in emergency medicine, and an appropriate skilled health professional (Nurse Practitioner or Physician Assistant).

C. BOARD REVIEW

The same requirements as outlined in Article XIII shall apply.

D. COLLABORATIVE/SUPERVISING PHYSICIAN LIMITED

No physician practicing teleemergency medicine shall be authorized to function in a collaborative/supervisor role as outlined in Article XIII unless his or her practice location is a level 1 hospital trauma center that is able to provide continuous twenty-four hour coverage and has an existing air ambulance system in place. Coverage will be authorized only for those emergency departments of licensed hospitals who have an average daily census of thirty (30) or fewer Acute Care/Medical Surgical occupied beds as defined by their Medicare Cost Report.

E. REPORTING REQUIREMENTS

Quarterly reports detailing quality assurance activities, adverse or sentinel events shall be submitted for review to the Mississippi State Board of Medical Licensure. The Board of Nursing requires, in addition to these regulations, submission of quarterly reports to the Board of Nursing and reserves the right to re-evaluate and change reporting requirements, if need be.

F. EFFECTIVE DATE OF REGULATION

This above rules and regulations pertaining to telemergency medicine shall become effective October 18, 2002. This regulation shall stand repealed one (1) year from final adoption. This regulation shall be extended from October 19, 2003, to October 18, 2004. This regulation shall be extended from October 19, 2004, to October 18, 2005.



1867 Crane Ridge Drive, Suite 200B
Jackson, Mississippi 39216
Telephone 601-987-3079
Fax 601-987-6822

Psychiatrists Approved By
The Mississippi State Board of Medical Licensure

Donald Cameron Guild, M.D.
640 Lakeland East Drive
Suite E
Jackson, MS 39208
Telephone: 601-936-6781
Fax: 601-932-2898

Karen Holloway, M.D.
COPAC, Inc.
3949 Hwy 43 N
Brandon, MS 39047
Telephone: 601-829-2500
Fax: 601-829-4278

Sandra Faye Holly, M.D.
300 N Farish
P O Box 9483
Jackson, MS 39286
Telephone: 601-353-3342
Fax: 601-939-0647

Alexandria G. Polles, M.D.
South MS Psychiatric Group
1101B S 28th Avenue
Hattiesburg, MS 39401
Telephone: 601-288-8050
Fax: 601-288-8058

Philip Leslie Scott, D.O.
MS State Hospital
Jackson, MS
Telephone: 601 351-8000
extension: 4090

William Warren Smith, M.D.
801½ Washington Avenue
Ocean Springs, MS 39564
Telephone: 228-872-6595
Fax: 228-872-6593

John Montgomery, D.O.
129 S President Street, #B
Jackson, MS 39201
Telephone: 601-454-7538
Evaluations Only

Psychiatrists to be considered for approval
11/04/2004

Marshall Edward Belaga, M.D.
98 Burnham Rd Ste D
Brandon 39042

June A Powell, M.D.
401 Waldron St
Corinth 38834

Beverly Jean Bryant, M.D.
Hattiesburg Clinic
415 S 28th Avenue
Hattiesburg 39401

Douglas William Byrd, M.D.
1855 Lakeland Dr Ste P-231
Jackson 39216

John Westbrook Norton, M.D.
UMC Dept of Psychiatry
2500 N State St
Jackson 39216

John William Pruett, M.D.
UMC Dept of Psychiatry
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Jackson 39216

Susan C Younger, M.D.
Jackson Mental Health Ctr
969 Lakeland Dr
Jackson 39216

David J P Sauls, M.D.
1170 W Railroad
Long Beach 39560

Richard Lee Gibson, M.D.
Tulane Dept of Psychiatry
New Orleans LA 70112

Timothy Richard Kelly, M.D.
510 Azalea Dr Ste 200
Oxford 38655

Mark Patrick McLain, M.D.
576 Highland Colony Pkwy
Ste 100
Ridgeland 39157

Philip Louis Scurria, M.D.
1115 N Frontage Rd
Vicksburg 39180

TELEPHONE: (601) 987-3079



FAX: (601) 987-4159

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

Board Accepted Neuropsychologists

Edward L. Manning, Ph.D.
Clinical Associate Professor
Department of Neurology
University of Mississippi Medical Center
2500 North State Street
Jackson, MS 39216

(601) 984-5520

Judith O'Jile, Ph.D.
Associate Professor
Department of Psychiatry
University of Mississippi Medical Center
2500 North State Street
Jackson, MS 39216

(601) 984-5804

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

STEVE MORRIS, III, M.D.

ORDER OF REINSTATEMENT

THIS MATTER came on regularly for consideration on November 4, 2004, before the Mississippi State Board of Medical Licensure, in response to the request of Steve Morris, III, M.D. (hereinafter "Licensee"), seeking reinstatement of his license to practice medicine in the State of Mississippi.

PROCEDURAL HISTORY

By that certain Consent Order, dated October 31, 2002, the Board indefinitely suspended Licensee's certificate to practice medicine in the State of Mississippi, giving Licensee the right to petition for reinstatement after six (6) months from the effective date of that Order. Licensee was directed to take the following actions prior to requesting reinstatement of his license:

1. Undergo a comprehensive psychological and psychiatric evaluation, performed by a Board-approved psychiatrist, and direct the final report of the evaluation be provided to the Board's Executive Director.
2. Submit for the Board's consideration and approval a Practice Plan, which was to include the following specific provisions:

- a. Licensee shall not perform any procedures involving breast augmentation, breast reduction or any surgical procedures inside or outside a hospital. At such time as he may successfully complete a Board approved surgical residency, Licensee may request removal of this restriction.
- b. Licensee shall not prescribe, dispense or administer any controlled substances for treatment of obesity, weight loss or weight control. Licensee may utilize legend drugs for treating patients for obesity, weight loss or weight control only if said drug has an FDA approved indication for such purpose. Licensee will not recommend any over the counter (OTC) or herbal products for weight loss purposes.
- c. Licensee shall abide by and comply with all Federal and State laws and shall abide by and comply with all of the rules and regulations of the Mississippi State Board of Medical Licensure.
- d. Within one (1) year of the effective date of this Consent Order, Licensee shall attend and successfully complete courses in medical record keeping and medical ethics, with said courses approved in advance by the Executive Director of the Board. Following completion of these courses, Licensee shall submit to the Board documentary proof of successful completion.
- e. Licensee's practice of medicine shall be subject to periodic surveillance by the Mississippi State Board of Medical Licensure. The Board's Executive Director, any member of the Board or medical consultant

appointed by the Board, or investigative staff of the Board, shall have the right to inspect and copy records maintained in Licensee's practice location in order to perform patient chart reviews of a representative sample of Licensee's patients.

In its October 31st Order, the Board specifically reserved the right to impose additional conditions on the medical license of Licensee, if reinstated. The Consent Order also specifically required Licensee to pay investigative costs pursuant to Miss. Code Ann. Section 73-25-30.

FACTS

Licensee appeared before the Board at its regularly meeting on November 4, 2004, represented by counsel. Licensee presented proof that John Montgomery, D.O., a Board-approved psychiatrist, had completed the psychological and psychiatric evaluation required by the October 31, 2002, Consent Order. Evidence was presented that in June of 2004, Licensee paid the sum of \$3,000.00 for the costs of investigation and disciplinary proceedings. Licensee presented to the Board a practice plan, evidenced in correspondence dated September 16, 2004, encompassing all the components required by the October 31, 2004, Consent Order. Licensee indicated a desire to return to providing emergency room coverage on an as-needed basis. Licensee's practice plan indicated restriction of his clinical hours, including any emergency room coverage, to no more than sixty (60) hours per week, and that Licensee would not participate in any in-patient care. Licensee presented proof of completion of the required courses in medical record keeping and medical ethics.

ORDER

Based on the foregoing, the Board, having taken this request under consideration, and having reviewed the documentation and evidence produced in support of this request, finds the request for reinstatement to be well-taken.

IT IS THEREFORE ORDERED that Licensee's license to practice medicine in the State of Mississippi be reinstated, subject to the following limitations:

1. Licensee shall not perform any procedures involving breast augmentation or breast reduction. Licensee may perform minor surgical procedures as medically appropriate to a hospital emergency setting. Licensee may request removal of this restriction upon presentation to the Board of evidence of successful completion of a Board-approved surgical residency.
2. Licensee shall not prescribe, dispense or administer any controlled substances for treatment of obesity, weight loss or weight control. Licensee may utilize legend drugs for treating patients for obesity, weight loss or weight control only if said drug has an FDA approved indication for such purpose. Licensee will not recommend any over the counter (OTC) or herbal products for weight loss purposes.
3. Licensee shall abide by and comply with all Federal and State laws and shall abide by and comply with all of the rules and regulations of the Mississippi State Board of Medical Licensure.
4. Licensee's practice of medicine shall be subject to periodic surveillance by the Mississippi State Board of Medical Licensure. The Board's Executive Director, any member of the Board or medical consultant appointed by the Board, or

investigative staff of the Board, shall have the right to inspect and copy records maintained in Licensee's practice location in order to perform patient chart reviews of a representative sample of Licensee's patients.

5. Licensee's clinical practice shall be limited to forty (48) hours per week.
6. For the entire duration of this Order, Licensee shall remain under the care of a Board-approved psychiatrist, who will be authorized by Licensee to submit quarterly reports to the Board. A revised list of Board-approved psychiatrists will be sent to Licensee.
7. Licensee will inform the Board of any and all practice locations.

The Board recognizes that the Licensee has already completed courses in medical record keeping and medical ethics, and requires no further training on Licensee's part in these areas.

IT IS FURTHER ORDERED that Licensee shall have the right to petition the Mississippi State Board of Medical Licensure for release of any or all of the above enumerated conditions after the expiration of two (2) years from the effective date of this Order of Reinstatement. Thereafter, any right to petition the Board for reconsideration shall be at reasonable intervals, but not less than twelve (12) months from the date of last appearance.

SO ORDERED this the 4th day of November, 2004.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**


**DEWITT GREY CRAWFORD, M.D.
PRESIDENT**

BEFORE THE MISSISSIPPI MEDICAL LICENSURE BOARD

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

THOMAS W. GRAFTON, D.O.

DETERMINATION AND ORDER

THIS MATTER came on regularly for hearing on November 4, 2004, before the Mississippi State Board of Medical Licensure, pursuant to Title 73, Chapters 25 and 26, Miss. Code (1972) Annotated. The Board initiated these proceedings on May 13, 2004, by issuance of an Summons against Thomas W. Grafton, D.O. (hereinafter "Licensee"), charging Licensee with violation of Subsections (8)(d) and (13) of Section 73-25-29 and Section 73-25-83(a), Miss. Code (1972) Annotated, as amended. The specific allegations were set forth by Affidavit of same date from Thomas Washington, Investigator, attached to and made a part of the Summons, wherein Licensee was charged with violation of a provision of an existing Board Order; and unprofessional conduct, including, but not limited to, any dishonorable or unethical conduct likely to deceive, defraud and harm the public.

The hearing was convened on November 4, 2004, Licensee being present, and represented by Honorable David M. Ratcliff. Complaint Counsel for the Board was Honorable Stan T. Ingram. Sitting as legal advisor for the Board was Honorable Heather Wagner, Special Assistant Attorney General. Evidence and testimony was then presented. Based upon the above, the Board renders the following Findings of Fact, Conclusions of Law, and Order.

FINDINGS OF FACT

I.

Licensee was licensed to practice medicine in the State of Mississippi in July 1990, by issuance of Mississippi Medical License No. 12613.

II.

On October 31, 2002, following a full evidentiary hearing before the Board, Licensee was found guilty of violating Subsection (8)(d) of Section 73-25-29 and Section 73-25-83(a), Mississippi Code of 1972. A Determination and Order was entered on that date, placing certain restrictions on Licensee's practice of medicine in the State of Mississippi; no action has been taken by the Board of modify or rescind any conditions or terms of that Order.

III.

Restriction number two (2) in the aforementioned Order states: "For the full duration of this Order, Licensee shall remain totally abstinent. That is, at no time shall Licensee consume or use alcohol or any intoxicating liquor in any form."

Restriction number three (3) provided that "Licensee shall be subject to periodic, unannounced and witnessed breath, urine and/or blood serum screens by the investigative staff of the Board."

IV.

On April 12, 2004, Investigator Thomas Washington collected a urine sample from Licensee in accordance with restriction number three (3). The results of the test confirmed a positive result for 950 mg/ml of Ethyl Glucuronide, metabolite of Ethanol (alcohol).

V.

That, based upon this positive test result, Licensee was referred by the Board for the completion of a multi-disciplinary assessment at the Professional Renewal Center in Lawrence Kansas. The assessment was completed between September 13, 2004, and September 17, 2004. A report of that assessment was provided to the Board during its hearing on November 4, 2004, and introduced as an exhibit. Additionally, a substantial portion of the report was read into the record, specifically, the recommendations, which are summarized as follows:

1. With a reasonable degree of psychological certainty, the assessment team finds Dr. Grafton fit to return to the practice of medicine with skill and safety provided he follows all of the recommendations outlined below, and that he continue to be required to abstain from the consumption of alcohol. Dr. Grafton should be considered unable to adequately make judgments with regard to his patients' healthcare needs if he does not follow the recommendations precisely;
2. Dr. Grafton should enter into a monitoring contract with the Mississippi Recovering Physicians Program (MRPP) (now known as the Mississippi Professionals Health Program, or MPHP);
3. Dr. Grafton should enter an intensive outpatient process of treatment and then ongoing counseling for alcohol abuse that is fully integrated with the MRPP (MPHP) monitoring process, and should continue on ongoing treatment and monitoring by a psychiatrist and a psychotherapist;
4. Dr. Grafton should be on medication for anxiety control;

5. Dr. Grafton's work hours should be limited; and
6. Once Dr. Grafton has entered into the above treatment and monitoring process and his anxiety and depressive symptoms have been appropriately managed, Dr. Grafton should undergo extensive neuropsychological testing to rule out possible structural basis for cognitive difficulties.

Evidence supported the willingness of the MPHP to entering into a monitoring contract with Dr. Grafton, and Dr. Grafton indicated it is his intent to enter into such a contract. Dr. Grafton has a meeting scheduled to initiate this process within a week from the date of this hearing.

CONCLUSIONS OF LAW

Based upon the Findings of Fact as enumerated above, Licensee is guilty of violation of Subsections (8)(d) and (13) of Section 73-25-29 and Section 73-25-83(a), Miss. Code (1972) Annotated, as amended; as a result of Licensee being guilty of violation of a provision of an existing Board Order and guilty of unprofessional conduct, which includes, but is not limited to, any dishonorable or unethical conduct likely to deceive, defraud and harm the public.

During the hearing, no evidence or testimony was entered indicating that a patient was harmed as a result of Licensee failing to comply with the October 31, 2002, Consent Order. Notwithstanding, Licensee does not contest the charge that he consumed alcohol in violation of the October 31, 2002, Consent Order, a violation of Miss. Code Ann. Section 73-25-29(13). It is the opinion of this Board that early detection and intervention is in the best interest of the public. To practice medicine while under the influence of alcohol, with

or without patient harm, is deemed unethical and unprofessional. Miss. Code Ann. Section 73-25-29(8)(d) specifically authorizes this Board to discipline licensees for any unprofessional or unethical conduct "likely to harm the public." The Board finds that it does not have to wait for proof of actual patient harm to intervene and protect the public.

The Board is also concerned, after thorough review of the evaluation report from the Professional Renewal Center, that it would not be in Licensee's best interests, nor in the best interests of his patients, to continue his practice at this time. This evaluation recommended return to practice after complying with all the recommendations, one of which was stabilization of Licensee's anxiety and depressive symptoms, and entering into monitoring and treatment programs. None of these conditions have yet been met.

ORDER

IT IS HEREBY ORDERED, that based upon the Findings of Fact and Conclusions of Law enumerated above, the Mississippi medical license of Thomas W. Grafton, D.O., be suspended indefinitely.

IT IS FURTHER ORDERED that upon expiration of three (3) months from the effective date of this Order, Licensee may petition the Board for reinstatement of Licensee's license to practice medicine, provided that:

1. Licensee enters into and abides by the terms of a contract with the Mississippi Professionals Health Program (MPHP), which shall include provisions to totally abstain from any use of alcohol and limitations on the number of hours which Licensee shall work;

2. Licensee enters into intensive outpatient treatment and counseling for alcohol abuse and anxiety control by a Board-approved psychiatrist and a psychotherapist, said treatment to be fully integrated with the MPHP monitoring process; and
3. Licensee completes a neuropsychological evaluation by a Board-approved neuropsychologist.

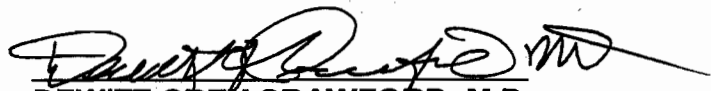
If Licensee's Mississippi license to practice medicine is reinstated, the Board specifically reserves the right to impose appropriate and necessary restrictions on said license.

IT IS FURTHER ORDERED, that pursuant to Section 73-25-27, a copy of this Determination and Order shall be sent by registered mail, or personally served upon Thomas W. Grafton, D.O, through counsel. The effective date of this Order shall be November 8, 2004.

SO ORDERED, this the 4th day of November, 2004.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY:



**DEWITT GREY CRAWFORD, M.D.
PRESIDENT**

BEFORE THE MISSISSIPPI MEDICAL LICENSURE BOARD

IN THE MATTER OF THE PHYSICIAN'S LICENSE OF

MALACHY MALVIN DEHENRE, M.D.

ORDER OF CONTINUANCE

THIS MATTER was set for hearing on November 4, 2004, before the Mississippi State Board of Medical Licensure (Board). Pursuant to its authority under Section 73-25-89 of the Mississippi Code of 1972, the Board, on August 19, 2004, served Malachy Malvin Dehenre, M.D. (Licensee), with an Order of Prohibition, enjoining Licensee from engaging in the practice of medicine in the State of Mississippi, and noticed Licensee for a hearing on September 2, 2004. Licensee, through counsel, requested a continuance of the hearing until sometime after September 22, 2004, being the date initially set for hearing based on similar charges before the Medical Licensure Commission in the State of Alabama. By order of the Board, the matter was continued until this date. The Board is now advised that the matter pending before the Alabama Medical Licensure Commission has not been concluded. Therefore, a continuance is again requested by Licensee.

IT IS, THEREFORE, ORDERED that this matter is continued until Thursday, January 20, 2005, at 9:00 a.m. All terms and conditions of the Order of Prohibition dated August 19, 2004, shall remain in full force and effect until further action by the Board.

IT IS FURTHER ORDERED that a copy of this Order of Continuance be mailed to Licensee's counsel of record.

SO ORDERED, this the 4th day of November, 2004.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY:


**DEWITT GREY CRAWFORD, M.D.
BOARD PRESIDENT**

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

TERRY KENT ELLIS, M.D.

ORDER REMOVING RESTRICTION

THIS MATTER came on regularly for consideration on November 4, 2004, before the Mississippi State Board of Medical Licensure, in response to the request of Terry Kent Ellis, M.D. (hereinafter "Licensee"), for removal of the restriction imposed on his license. By Order of the Board on April 12, 2001, certain restrictions were imposed on Licensee's license. By Order dated October 15, 2003, all restrictions were removed with the exception of one. Licensee now requests that this final restriction be removed. The Board, after hearing said request and reviewing documentation relevant to this request, finds the same to be well-taken.

IT IS THEREFORE ORDERED that Licensee's request for removal of the final restriction imposed on his license by Order dated April 12, 2001, extended by Order of the Board dated October 15, 2003, which restricted Licensee's practice to General Practice/Urgent Care, and prohibited Licensee from practicing emergency medicine until the completion of a Board approved emergency medicine board review course, is hereby granted. Licensee now holds an unrestricted license to practice medicine, and may practice emergency medicine.

IT IS FURTHER ORDERED that a copy of this Order be sent by registered mail or personally served upon Terry Kent Ellis, M.D., pursuant to the provisions of Miss. Code Ann. Sections 73-25-27 and 73-25-32.

ORDERED this the 4th day of November, 2004.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

A handwritten signature in black ink, appearing to read "Dewitt Grey Crawford, M.D.", written in a cursive style.

**DEWITT GREY CRAWFORD, M.D.
PRESIDENT**