

EXECUTIVE COMMITTEE

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2009

**MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
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JANUARY 2009

**MINUTES
EXECUTIVE COMMITTEE MEETING
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
JANUARY 14, 2009**

MEMBERS PRESENT:

Philip T. Merideth, M.D., J.D., Jackson, President
Don A. Gibson, M.D., Richland, Vice President
William S. Mayo, D.O., Oxford, Secretary

ALSO PRESENT:

H. Vann Craig, M.D., Director
Stan T. Ingram, Complaint Counsel for the Board
Ellen O'Neal, Assistant Attorney General
Rhonda Freeman, Bureau Director, Licensure Division
Leslie Ross, Investigations Supervisor
Frances Scott, Special Projects Officer, Investigative Division
Ruby Litton, RN, Compliance Nurse
Mickey Boyette, Investigator, Investigative Division
Sherry Harris, Staff Officer

NOT PRESENT:

Thomas Washington, Bureau Director, Investigative Division

The Executive Committee of the Mississippi State Board of Medical Licensure met on Wednesday, January 14, 2009, at 2:00 p.m. in the Executive Conference Room of the Office of the Board located at 1867 Crane Ridge Drive, Jackson, Mississippi.

**STANLEY CLAY RUSSELL, M.D., BRANDON, MISSISSIPPI MEDICAL LICENSE
NUMBER 03623**

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

Dr. Craig advised that at the November 19, 2008, Executive Committee meeting that the Executive Committee unanimously agreed to allow Dr. Russell until March 31, 2009, to pay the \$10,000.00 investigative costs due the Board. Dr. Craig advised that Dr. Russell was here today to address the Board concerning this matter.

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Dr. Russell addressed the Executive Committee and discussed his current financial situation and a possible extension or a reduction in the amount to be paid. After a brief discussion and several questions, Dr. Russell was asked to wait in the reception area.

Motion was made by Dr. Mayo, seconded by Dr. Gibson, and carried unanimously to advise Dr. Russell that the Executive Committee affirmed their previous decision and he is expected to pay the \$10,000.00 no later than March 31, 2009.

RONALD GLASS, M.D., MINNETONKA, MN, APPLICANT

Dr. Craig advised that Dr. Glass is an IMG applicant and that he lacks one (1) year of the required post graduate training. Dr. Craig advised that he was requesting a waiver since he is board certified because ABR accepted his foreign training and grand fathered him in. Dr. Craig advised that our rules and regulations require three (3) years of post graduate training and does not allow for a waiver. After a brief discussion, motion was made by Dr. Mayo that Dr. Glass needs to acquire the additional year of post graduate training that he needs to become qualified to receive a Mississippi medical license. Dr. Gibson seconded the motion and it carried unanimously.

WERNER SCOTT HADDON, M.D., RALEIGH, NC, MISSISSIPPI MEDICAL LICENSE NUMBER 15080, SURRENDER OF MEDICAL LICENSE

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

Dr. Craig advised that Dr. Haddon had voluntarily surrendered his Mississippi medical license. After a brief discussion, motion was made by Dr. Mayo, seconded by Dr. Gibson, and carried unanimously to accept Dr. Haddon's surrender. A copy of Dr. Haddon's Surrender of Medical License is attached hereto and incorporated by reference.

FURHAN YUNUS, M.D., MEMPHIS, TN, MISSISSIPPI MEDICAL LICENSE NUMBER 15052

Dr. Craig briefly discussed the letter the Board had sent to Dr. Yunus. Dr. Craig advised that there is an on-going problem with information not being reported accurately on the yearly licensure renewal forms. Dr. Craig advised that not only did Dr. Yunus not list the names or the name of the clinic for any nurse practitioners that he was supervising, but that the Board had received information that he had received a DUI in Tennessee in 2007 and he failed to show this on his renewal. Dr. Craig requested that the Executive Committee advise him how they would like this case and future incidents handled.

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After a brief discussion motion, was made by Dr. Mayo, seconded by Dr. Gibson, and carried unanimously to bring these individuals before the Executive Committee to explain why they responded untruthfully/incorrectly on their renewals. Dr. Merideth suggested that we also contact the Mississippi State Medical Association to see if they could put an article in their journal to address this matter. The Executive Committee unanimously agreed to invite Dr. Yunus to the March Executive Committee meeting to address these issues.

RAMESH YALAMANCHILI, M.D., GERMANTOWN, TN, MISSISSIPPI MEDICAL LICENSE NUMBER 18860

Dr. Craig advised that the Board had received information that Dr. Yalamanchili had received discipline in Tennessee. After briefly discussing Dr. Yalamanchili's Consent Order, motion was made by Dr. Gibson, seconded by Dr. Mayo, and carried unanimously to mirror the actions of the Tennessee Board.

REQUEST FROM HAROLD T. COULTER, M.D., OCEAN SPRINGS, MISSISSIPPI MEDICAL LICENSE NUMBER 14334

Dr. Craig advised that the Board had received a letter from Dr. Coulter concerning the Board's request in our letter dated November 25, 2008, for him to pay the Board the \$10,000.00 investigative costs due from his hearing that was held on November 8, 2007. Dr. Craig advised that Dr. Coulter was requesting that the Board work out a payment plan. Dr. Craig advised that the Board's accounting system does not allow for this and it would cause serious administrative problems. After a brief discussion, motion was made by Dr. Mayo, seconded by Dr. Gibson, and carried unanimously to send Dr. Coulter a letter advising him that he had 30 days from the date of the letter to pay the Board the \$10,000.00 due.

JOHN MCFADDEN, M.D., TUPELO, MISSISSIPPI MEDICAL LICENSE NUMBER 05129

For informational purposes only, Dr. Craig briefly discussed emails received from Dr. McFadden. Dr. Craig advised that Dr. McFadden had been invited to the Executive Committee meeting but Dr. McFadden advised that he would be out of the country. Dr. Craig advised that Dr. McFadden would need to appear before the Board to address the issues that were placed in abeyance on June 17, 2003.

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REPLACEMENT OF CONSUMER HEALTH MEMBER, MARTHA THOMPSON

Dr. Craig advised that Ms. Thompson had advised the Board that she was resigning her position on the Consumer Health Committee. After a brief discussion, the Executive Committee agreed that they would research the matter and submit names for a replacement at a later date.

EMAIL REQUESTING CLARIFICATION OF LAW 73-25-34

Dr. Craig briefly discussed an email received from Rush Hospital in Meridian, MS, concerning telemedicine. The Executive Committee unanimously agreed that according to law as long as physician B does not have a doctor/patient relationship with the patient and is only a consult, then no Mississippi medical license is required.

APPROVAL OF STAFF ATTENDING AIM AND FSMB ANNUAL MEETINGS IN ARLINGTON, VA, APRIL 29 THRU MAY 2, 2009

Motion was made by Dr. Mayo, seconded by Dr. Gibson, with Dr. Merideth abstaining to approve expenses for the following individuals to attend the Administrators in Medicine and Federation of State Medical Boards' Annual Meeting in Arlington, VA, April 29 thru May 2: Thomas Washington, Rhonda Freeman and Sherry Harris. The Executive Committee also approved expenses for Dr. Craig to attend the AIM meeting.

REVIEW OF JANUARY 15, 2009, BOARD AGENDA

Dr. Craig briefly reviewed the agenda for tomorrow's meeting.

ADJOURNMENT

There being no further business, the meeting adjourned at 3:40 p.m.



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

President

Minutes taken and transcribed
by Sherry Harris
Staff Officer
January 14, 2009

AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE

I, Stanley Russell, 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 14 day of Jan, 2009.

Witness, Sherry Harris

Stanley Russell

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

WERNER SCOTT HADDON, M.D.

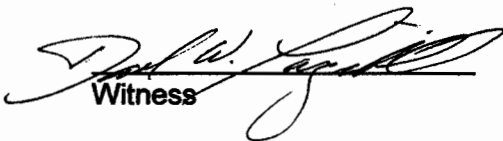
SURRENDER OF MEDICAL LICENSE

WHEREAS, I, WERNER SCOTT HADDON, M.D., hereinafter referred to as "Licensee," am the current holder of License Number 15080 issued in September, 1996, to practice medicine in the State of Mississippi;

WHEREAS, It is my wish to surrender my current license (No. 15080) to practice medicine in the State of Mississippi;

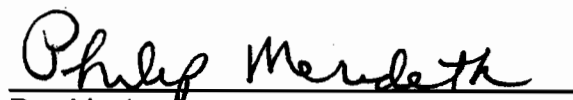
NOW, THEREFORE, I hereby voluntarily surrender my medical license (No. 15080) to practice medicine in the State of Mississippi. I understand that this is an unconditional surrender, is reportable as disciplinary action to the National Practitioner Data Bank, and is a public record of the State of Mississippi. Further, I understand that in the event I later decide to practice medicine in the State of Mississippi, it will be necessary for me to make application with the Board. At such time, the Board reserves the right to utilize all evidence, including all facts developed during the current investigation, as part of the consideration of any application.

EXECUTED this the 9th day of December, 20 08.


Witness


WERNER SCOTT HADDON, M.D.

ACCEPTED AND APPROVED this the 15th day of January, 2009, by the Mississippi State Board of Medical Licensure.


President



BOARD

MEETING

MINUTES

**BOARD MINUTES
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
JANUARY 15, 2009**

The regularly scheduled meeting of the Mississippi State Board of Medical Licensure was held on Thursday, January 15, 2009, in the Board Room of the Office of the Board located at 1867 Crane Ridge Drive, Jackson, Mississippi.

The following members were present:

Philip T. Merideth, M.D., J.D., Jackson, President
Don A. Gibson, M.D., Richland, Vice President
William S. Mayo, D.O., Oxford, Secretary
Larry B. Aycock, M.D., McComb
Dewitt G. Crawford, M.D., Louisville
Virginia M. Crawford, M.D., Hattiesburg
A. Wallace Conerly, M.D., Jackson
S. Randall Easterling, M.D., Vicksburg

Also present:

H. Vann Craig, M.D., Director
Stan T. Ingram, Complaint Counsel for the Board
Ellen O'Neal, Assistant Attorney General
Rhonda Freeman, Bureau Director, Licensure Division
Thomas Washington, Bureau Director, Investigative Division
Frances Scott, Special Projects Officer, Investigative Division
Sherry Harris, Staff Officer
Wesley Breland, Hattiesburg, Consumer Health Committee
Cecil R. Burnham, Jackson, Consumer Health Committee

The meeting was called to order at 9:00 a.m. by Dr. Merideth, President. The invocation was given by Dr. Aycock and the pledge was led by Dr. Easterling. Dr. Merideth welcomed Aleshia Johnson, Court Reporter, and extended a welcome to all visitors present at the meeting.

Dr. Merideth opened the floor for public comments but there were none.

**APPROVAL OF CERTIFICATION OF MISSISSIPPI LICENSES TO OTHER ENTITIES
FOR THE PERIOD NOVEMBER 01, 2008, THROUGH DECEMBER 31, 2008**

One hundred forty-five (145) licenses were certified to other entities for the period November 01, 2008, through December 31, 2008. Motion was made by Dr.

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Mayo, seconded by Dr. Easterling, and carried unanimously to approve these certifications.

APPROVAL OF LICENSES ISSUED FOR THE PERIOD NOVEMBER 01, 2008, THROUGH DECEMBER 31, 2008

Forty-eight (48) licenses were issued for the period November 01, 2008, through December 31, 2008. Motion was made by Dr. Easterling, seconded by Dr. Mayo, and carried unanimously to approve these licenses.

REVIEW OF MINUTES OF THE EXECUTIVE COMMITTEE MEETING DATED NOVEMBER 19, 2008, AND MINUTES OF THE BOARD MEETING DATED NOVEMBER 20, 2008

Minutes of the Executive Committee meeting dated November 19, 2008, and Minutes of the Board meeting dated November 20, 2008, were reviewed. Dr. D. Crawford moved for approval of the minutes as submitted. Dr. Mayo seconded the motion, and it carried unanimously.

REPORT OF JANUARY 14, 2009, EXECUTIVE COMMITTEE MEETING

Dr. Craig advised that the Executive Committee had accepted a voluntary surrender of medical license from Werner Scott Haddon, M.D. Dr. Craig also advised that Dr. Stanley C. Russell had appeared before the Executive Committee concerning investigative costs owed the Board. Dr. Craig advised that the Executive Committee advised Dr. Stanley that he has until March 31, 2009, to pay these costs. Dr. Craig advised that the Executive Committee had agreed to invite physicians to appear before the Executive Committee when they submit inaccurate or false information on their license renewals. Information pertaining to the Executive Committee's decisions for those mentioned above are included in the Executive Committee Minutes dated January 14, 2009.

Dr. Craig advised that the Executive Committee had granted approval of expenses for Thomas Washington, Rhonda Freeman and Sherry Harris to attend the AIM and FSMB annual meetings in Arlington, Va., to be held April 29, 2009, through May 2, 2009, as well as expenses on him for the AIM meeting.

Dr. Craig briefly covered a response from Mississippi Professionals Health Program concerning questions the Board had relative to their audit. After a brief discussion, Dr. Merideth suggested that this matter be referred to the Professionals Health Program Committee for further study and report back to the Board.

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Motion was made by Dr. Easterling, seconded by Dr. D. Crawford, and carried unanimously to ratify the actions of the Executive Committee.

REPORTS FROM COMMITTEES

Consumer Health - Mr. Breland (Chair), Mr. Burnham

Mr. Breland advised there was no new information to report.

Education & Workforce - Dr. Conerly (Chair), Dr. D. Crawford, Dr. Mayo

Dr. D. Crawford advised that the Committee had a meeting this morning and will have information to handout later today.

Scope of Practice - Dr. V. Crawford (Chair), Dr. Easterling, Dr. Aycock

Dr. V. Crawford advised that the first issue that needs to be addressed is a terminology issue. Dr. V. Crawford advised that APRN, which stands for Advanced Practice Registered Nurse, needs to replace Nurse Practitioners in our regulations since it encompasses nurse practitioners, certified nurse midwives and certified registered nurse anesthetists.

Dr. V. Crawford handed out a proposed change to our current regulation concerning prescription guidelines - controlled substances. After a brief discussion, motion was made by Dr. D. Crawford, seconded by Dr. Easterling, and carried unanimously of the Board's intent to adopt the proposed amendment changes concerning the regulations pertaining to prescribing, administering, and dispensing of medication. A copy of the proposed amendment is attached hereto and incorporated by reference. The proposed amendment of the regulation will be filed with the Secretary of State under the Administrative Procedures Act.

Dr. V. Crawford advised that she would have additional information relating to a Quality Assurance Plan that would need to be discussed later in the meeting.

Professional Health Program - Dr. Gibson (Chair), Dr. Mayo, Dr. Merideth

Dr. Gibson advised there was no new information to report.

Rules, Regulation & Legislative - Dr. Easterling (Chair), Dr. D. Crawford

Dr. Easterling advised there was no new information to report.

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Ethics - Dr. Merideth (Chair), Dr. V. Crawford, Dr. Conerly

Dr. Merideth advised there was no new information to report.

Electronic Medical Records - Dr. Aycock (Chair), Dr. V. Crawford, Dr. Mayo

Dr. Aycock advised there was no new information to report.

PRESENTATION BY DEBORAH BROWN AND LELAND "MAC" MCDIVITT OF THE PHARMACY BOARD

Ms. Brown and Mr. McDivitt of the Pharmacy Board gave an informative presentation concerning the prescription monitoring program that was started three (3) years ago. Ms. Brown advised that the Mississippi Prescription Monitoring Program is migrating to a new electronic prescription program that is fully automated and will collect controlled substance prescription information. Ms. Brown advised that physicians will be able to obtain reports from the system regarding patient drug use.

Mr. Clarence DuBose, also with the Board of Pharmacy, addressed the Board and handed out proposed changes to Chapter 10 of our rules and regulations concerning the supervision of pharmacists. Mr. DuBose briefly discussed the proposed changes and advised that the Pharmacy Board was asking for the Board's support. Dr. Merideth suggested that the handouts be referred to the Scope of Practice Committee for further review and consideration. Members of the Medical Board asked Mr. DuBose to advise the Board when the changes are filed so that the Medical Board will have an opportunity to respond.

Dr. Merideth thanked Ms. Brown, Mr. McDivitt, and Mr. DuBose for coming to the meeting today.

THE BOARD RECESSED AT 10:45 A.M. AND RETURNED AT 10:55 A.M.

HEARING IN THE CASE OF DAVID L. DUGGER, M.D., OCEAN SPRINGS, MISSISSIPPI MEDICAL LICENSE NUMBER 06909

Dr. Dugger was present but was not represented by legal counsel. Stan Ingram, Complaint Counsel for the Board, questioned Dr. Dugger regarding legal representation, and Dr. Dugger stated that he wished to waive his right to an attorney and proceed without legal counsel.

After introducing Dr. Dugger, Mr. Ingram advised that Dr. Dugger was here today requesting release of the restrictions placed on his license on January 16, 1990.

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Mr. Ingram entered exhibits into the record and briefly summarized Dr. Dugger's request for restrictions to be removed from his Mississippi medical license.

Dr. Dugger was called to the witness stand and was sworn in by the court reporter before he addressed the Board. Dr. Dugger advised that he didn't realize he was still under a Consent Order until his nurse practitioner was advised by the Board of Nursing that he did not have an unrestricted license. Dr. Dugger advised that he was in compliance and was requesting that the current restrictions be lifted from his license. Also, Dr. Dugger advised that the restrictions on his license in the State of Louisiana have been removed and he now holds an unrestricted license in the State of Louisiana. The Board has received information from the State of Louisiana confirming that Dr. Dugger's restrictions have been removed.

Upon a motion by Dr. Aycock, seconded by Dr. Mayo, and carried unanimously the Board went into Executive Session to discuss the matter.

Upon a motion by Dr. D. Crawford, seconded by Dr. Aycock, and carried unanimously the Board came out of Executive Session at which time Dr. Merideth asked Dr. Mayo to report on the Board's decision. Dr. Mayo announced that the Board moved to remove all restrictions on Dr. Dugger's license. A copy of the Consent Order removing restrictions is attached hereto and incorporated by reference.

**SHOW CAUSE HEARING IN THE MATTER OF CHARLES STROUD KNIGHT, M.D,
JACKSON, APPLICANT FOR REINSTATEMENT**

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

Mr. Ingram addressed the Board and advised that through Dr. Knight's attorney, Joel Howell, that he was requesting a continuance. Mr. Ingram advised that Mr. Howell advised that pending this hearing that Dr. Knight has not and will not practice medicine.

Motion was made by Dr. Mayo, seconded by Dr. V. Crawford, and carried unanimously to grant the continuance until the March 12, 2009, meeting. A copy of the Order of Continuance is attached hereto and incorporated by reference.

**HEARING IN THE CASE OF NEIL B. SLOAN, M.D., CORINTH, MISSISSIPPI
MEDICAL LICENSE NUMBER 19029**

Dr. Sloan was present but not represented by legal counsel.

Before Dr. Sloan was invited in the meeting, Mr. Ingram advised that Dr. Sloan had executed a Consent Order on April 14, 2008, and a portion of the restrictions could be lifted after six (6) months and that was the reason Dr. Sloan was here today. Mr. Ingram said that he talked to Dr. Sloan about being here without counsel and advised him that the Board had the right to question him today. Dr. Sloan called his attorney who advised him to withdraw his petition to a hearing until he could be present.

Dr. Sloan entered the meeting and Mr. Ingram briefly discussed the matter with Dr. Sloan. Dr. Sloan advised that he did want to withdraw his petition for a hearing today and request that this matter be handled at a later date. Dr. Merideth advised that the Board would accept Dr. Sloan's request. A copy of the Order of Dismissal Without Prejudice is attached hereto and incorporated by reference.

CALIFORNIA APPROVED/DISAPPROVED MEDICAL SCHOOL LIST UPDATE

Dr. D. Crawford advised that the Education & Workforce Committee had met this morning and was proposing amendment changes to Chapter 2 of the Board's rules and regulations. Dr. D. Crawford passed out a copy of the recommended changes to the current rules and regulations. After a brief discussion, motion was made by Dr. D. Crawford and the Education & Workforce Committee of the Board's intent to adopt the proposed amendment changes concerning the regulations licensure requirements for the practice of medical doctors and osteopathic physicians. A copy of the proposed amendment is attached hereto and incorporated by reference. The proposed amendment of the regulation will be filed with the Secretary of State under the Administrative Procedures Act.

**RESPONSE FROM ROBERT L. GALLI, M.D., UMC TELEMERGENCY UPDATE
RESPONSE**

Dr. Craig advised that the Board had received a letter from Dr. Galli advising that the Board gave them approval at the Executive Committee meeting on November 7, 2007, to expand their program to allow nurse practitioners working in hospitals in the emergency room to follow patients over the weekend once they were admitted on the floor.

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After a brief discussion, it was recommended that the Electronic Medical Records Committee review and revisit our telemedicine regulation and Dr. Galli's request for expanding weekend coverage with nurse practitioners.

INFORMATION CONCERNING THE FEDERATION OF STATE MEDICAL BOARDS

The Federation of State Medical Board's telemedicine policy model was briefly discussed. The Board requested that Dr. Craig advise the Federation the Board's concern for a concise definition of telemedicine.

The analysis of the impact of maintenance of licensure on state medical boards was briefly discussed. Questions were raised from Board members concerning what to do with the physicians that are not board certified, and the costs of programs to become board certified. The Board requested that Dr. Craig advise the Federation of the Board's concerns.

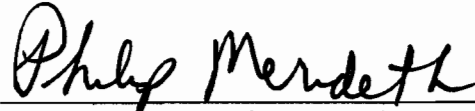
OTHER BUSINESS

Dr. V. Crawford advised that the Scope of Practice Committee would like to propose amendment changes to Chapter 09 of the Board's rules and regulations to define the quality assurance/quality improvement program required between a nurse practitioner and their collaborating physician. Dr. V. Crawford passed out a copy of the proposal and advised that it would be jointly promulgated with the Board of Nursing. After a brief discussion, Dr. V. Crawford and the Scope of Practice Committee made a motion of the Board's intent to adopt the proposed amendment changes concerning the regulations concerning collaboration/consultation with nurse practitioners. The motion was voted upon and passed unanimously. A copy of the proposed amendment is attached hereto and incorporated by reference. The proposed amendment of the regulation will be filed with the Secretary of State under the Administrative Procedures Act.

ADJOURNMENT

The meeting adjourned at 12:25 p.m., with the next meeting scheduled for Thursday, March 12, 2009.

BOARD MINUTES
January 15, 2009
Page 8



Philip T. Merideth, M.D., J. D.
President

Minutes taken and transcribed
by Sherry Harris
Staff Officer
January 15, 2009

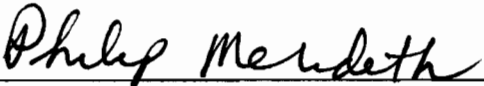
**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
JANUARY 15, 2009**

AGENDA ITEM: XI. Hearing in the case of David L. Dugger, M.D.

Motion made by Dr. Aycock, seconded by Dr. D. Crawford, and carried unanimously to remove all restrictions on Dr. Dugger's license.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.	X			
A. Wallace Conerly, M.D.	X			
Dewitt G. Crawford, M.D.	X			
Virginia M. Crawford, M.D.	X			
S. Randall Easterling, M.D.	X			
Don A. Gibson, M.D.	X			
William S. Mayo, D.O.	X			
Philip T. Merideth, M.D., J.D.	X			

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



Philip T. Merideth, M.D., J.D.
President

FILED
JAN 16 2009
MISSISSIPPI
SECRETARY OF STATE

NOTICE OF PROPOSED RULE ADOPTION

COPY

STATE OF MISSISSIPPI
Mississippi State Board of Medical Licensure

Mississippi State Board of Medical Licensure
c/o Rhonda Freeman
1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216

(601) 987-3079
rhonda@msbml.state.ms.us

Specific Legal Authority authorizing the promulgation of Rule: { Insert citation to state or federal statute, or rule Section 73-43-11 }

Reference to Rules repealed, amended or suspended by the Proposed Rule : { Insert citation to specific rule(s) repealed, amended or suspended Chapter 25 Regulations to Prescribing, Administering and Dispensing of Medication }

Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule: { Insert here }
This amends section 900 of the current regulation to remove the statement that physicians must never delegate to non-physician personnel the responsibility to determine the type, dosage form, frequency of application and number of refills of any controlled substances prescribed to a patient.

This rule is proposed as a Final Rule, and/or a Temporary Rule (Check one or both boxers as applicable.)

Persons may present their views on the proposed rule by addressing written comments to the agency at the above address. Persons making comments should include their name and address, as well as other contact information, and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

Oral Proceeding: Check one box below:

An oral proceeding is scheduled on this rule on Date: _____ Time: _____
Place: _____

If you wish to be heard and present evidence at the oral proceeding you must make a written request to the agency at the above address at least _____ day(s) prior to the proceeding to be placed on the agenda. The request should include your name, address, telephone number as well as other contact information; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

An oral proceeding is not scheduled on this rule. Where an oral proceeding is not scheduled, an oral proceeding will be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address and telephone number of the person(s) making the request; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

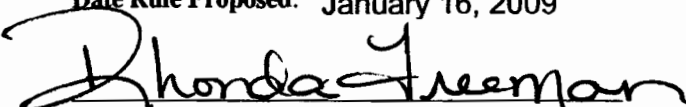
Economic Impact Statement: Check one box below:

The agency has determined that an economic impact statement is not required for this rule, or
 The concise summary of the economic impact statement required is attached.

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Date Rule Proposed: January 16, 2009

Proposed Effective Date of Rule: 30 days from final filing.


Signature and Title of Person Submitting Rule for Filing
Rhonda Freeman, Bureau Director



TELEPHONE: (601) 987-3079

FAX: (601) 987-4159

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

To: Mississippi Secretary of State
From: Mississippi State Board of Medical Licensure
Date: January 16, 2009
Subject: Notice of Proposed Rule Adoption

Mississippi Code §73-43-11 gives the Mississippi State Board of Medical Licensure the authority to promulgate and publish reasonable rules and regulations necessary to enable it to discharge its functions and to enforce the provisions of law regulating the practice of medicine and the conduct of physicians.

This amends section 900 of the current regulation to remove the statement that physicians must never delegate to non-physician personnel the responsibility to determine the type, dosage form, frequency of application and number of refills of any controlled substances prescribed to a patient.

Any comments concerning the proposed regulation may be sent to the following address:

Mississippi State Board of Medical Licensure
1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216

Chapter 25 Regulations Pertaining to Prescribing, Administering and Dispensing of Medication

Scope

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

Definitions

- 200 For the purpose of Chapter 25 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, 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 Section 601 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.

Registration for Controlled Substances Certificate

- 300 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.
- 301 Pursuant to authority granted in Mississippi Code, 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 Section 300 above. In the event, however, a physician has had limitations or other restrictions placed

upon his or her license wherein he or she 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.

- 302 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, Sections 41-29-101 et seq.
- 303 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, 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, Section 41-29-105(q).

Maintenance of Records and Inventories

- 400 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 chapter.
- 401 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.
- 402 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:
1. The date the controlled substance was dispensed or administered.
 2. The name, quantity and strength/dose of the controlled substance dispensed or

administered.

3. The method of administration of the controlled substance, i.e. oral, IV or subcutaneous.
4. The name and address of the patient to whom the controlled substance was dispensed or administered.
5. 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.

403 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 Appendixes "C" and "D" to these regulations.

404 Patient Record. A physician who prescribes, dispenses or administers a controlled substance shall maintain a complete record of his or her 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 section 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, Section 41-29-125.

405 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

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 or she may recommend a course of treatment to relieve the symptoms and cure the patient of his or her ailment or maintain him or her 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

- 406 A physician shall not sell or trade any medication which he or she receives as prepackaged samples or starter packs, whether or not said samples are controlled substances, legend drugs or other medication.
- 407 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, Section 41-29-125.
- 408 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 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

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 or her 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.

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.

Use of Diet Medication

- 500 Pursuant to Mississippi Code, 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.
- 501 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:
1. Before initiating treatment utilizing a Schedules III, IV or V controlled substance, the physician determines through review of his or her 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.
 2. 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.
 3. The physician shall not utilize any Schedules III, IV or V controlled substance when he or she knows or has reason to believe that a recognized contraindication to its use exists.
 4. The physician shall not utilize any Schedules III, IV or V controlled substance in the treatment of a patient whom he or she knows or should know is pregnant.
 5. 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:
 - a. 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 or her first such treatment attempt may be treated with a different controlled substance for an additional thirty (30) days.

- b. 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.
- c. That the patient has a history of or shows a propensity for alcohol or drug abuse.
- d. 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 (30) day supply; and a patient's use of stimulants, whether by dispensation or prescription shall be limited to no more than six (6) thirty (30) day supplies during any twelve (12) 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.

6. 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 501.5.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.

502 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.

Use of Controlled Substances for Chronic (Non-Terminal) Pain

600 Definitions

For the purpose of Section 600 only, the following terms have the meanings indicated:

1. "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.

2. “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.
3. “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.
4. “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.
5. “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.
6. “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.

601 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.

602 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:

1. 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 or her 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.

2. 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.
3. 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.
4. 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.

603 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.

604 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.

- 605 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.

Drug Maintenance Requirements

- 700 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 section 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.
- 701 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.
- 702 The drug storage and dispensing area shall be maintained in a sanitary fashion.
- 703 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.
- 704 All drug products shall be maintained, stored and dispensed in such a manner as to maintain the integrity of the product.

Labeling Requirements for Dispensing Physicians

- 800 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.
- 801 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:
1. The name of the patient to whom the medication was dispensed.
 2. The date that the medication was dispensed.
 3. The name, strength and quantity of the medication.
 4. Direction for taking or administering the medication.
 5. The name and address of the physician dispensing the medication.
- The label required by this section 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.
- 802 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.

Prescription Guidelines—Controlled Substances

- 900 ~~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~~ It is the responsibility of the physician or physician assistant to determine the type, dosage, form, frequency of application and number of refills of any controlled substances prescribed to a patient. It is recognized that other healthcare providers may prescribe controlled substances. The following requirements apply to all prescriptions for controlled substances written by healthcare professionals with controlled substance prescriptive authority regulated by the Mississippi State Board of Medical Licensure:
1. All prescriptions for controlled substances must be written in strict compliance with Mississippi Code, Sections 41-29-101 through 41-29-311 and Title 21 of U.S. Code

of Federal Regulations, Part 1306.

2. On all prescriptions of controlled substances wherein refills are permitted, physicians shall indicate the appropriate refills, not to exceed five (5), or mark "none."
3. 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.
4. 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.
5. A physician shall not pre-sign blank prescription pads or order forms under any circumstances.
6. 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:
 - a. 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 section are in addition to, and not in lieu of documentation required in Section 404.

- b. 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 Section 900.6.a above.
 - c. 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 Section 900.6.a above.
 - d. Each system shall have policies and procedures that address the following:
 - i. The patient shall not be restricted from access to the pharmacy of their choice.
 - ii. 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.
 - iii. 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.
7. No more than one (1) controlled substance shall be issued on a single prescription blank.

Prescription Guidelines - All Medications

1000 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:

1. Electronic prescription transmissions are allowed using standards established and

approved by the United States Department of Health and Human Services--Agency for Healthcare Research and Quality (HHS-AHRQ). E-prescribing is the electronic entry of a prescription by a practitioner, the secure electronic transmission of the prescription to a pharmacy, the receipt of an electronic message by the pharmacy and E-prescription renewal requests sent electronically by the pharmacy to the practitioner. Electronic transmissions may be computer to computer or computer to facsimile.

2. 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 electronic prescriptions and telefaxed prescriptions (but not e-mail) for non-controlled drugs to the pharmacy of the patient's choice. Such telefaxed or electronic prescriptions shall be authorized by a written or electronic signature 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 or electronically transmitted.
3. All written 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. Each prescription form shall bear the pre-printed name of the physician, or the physician shall clearly print his or her 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. In the case of a prescription that is electronically generated and transmitted, the physician must make an overt act when transmitting the prescription to indicate either "dispense as written" or "substitution permissible". When done in conjunction with the electronic transmission of the prescription, the prescriber's overt act indicates to the pharmacist that the brand name drug prescribed is medically necessary.
4. If a prescription form which does not contain two signature lines required in Section 1000.3 of this Chapter is utilized by the physician, he or she shall write in his or her own handwriting the words "dispense as written" thereupon to prevent product selection.
5. 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.

6. A prescription shall no longer be valid after the occurrence of any one of the following events:
 - a. Thirty (30) days after the death of the issuing physician.
 - b. Thirty (30) days after the issuing physician has moved or otherwise changed the location of his or her 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.
 - c. Insofar as controlled substances are concerned, immediately after loss of DEA Controlled Substances Privilege by the issuing physician.
 - d. Immediately after revocation, suspension or surrender of the physician's license.

Freedom of Choice

1100 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.

1101 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.

- 1102 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.

Other Drugs Having Addiction-forming Liability

- 1200 All physicians shall maintain inventory, dispensation/administration and patient records in the same format as that required by Section 400 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.

Security of Controlled Substances

- 1300 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 or she 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.
- 1301 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.

Violation of Regulations

- 1400 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, Section 73-25-29(3).
- 1401 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, Section 73-25-29(8)(d).

Effective Date of Regulations

- 1500 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; as amended October 14, 2004; as amended November 8, 2007; and as amended May 15, 2008.

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

DAVID LEON DUGGER, M.D.

ORDER REMOVING ALL RESTRICTIONS

THIS MATTER came on regularly for consideration on January 15, 2009, before the Mississippi State Board of Medical Licensure, in response to the request of David Leon Dugger, M.D. (hereinafter "Licensee"), for removal of all restrictions imposed on his Mississippi medical license by virtue of that certain Consent Order dated January 18, 1990. Pursuant to said order, the Board placed restrictions on Licensee's certificate to practice of medicine in the State of Mississippi, similar to those imposed by the Louisiana State Board of Medical Examiners. The Board was advised that all restrictions imposed by the Medical Board of Louisiana have been removed. The Mississippi State Board of Medical Licensure after hearing said request, and being advised that the Licensee has complied with the requirements imposed upon him by the January 18, 1990, Consent Order, finds the same to be well-taken.

IT IS HEREBY ORDERED, that Licensee's request for removal of all restrictions on his Mississippi medical license is hereby granted. Licensee now holds an unrestricted license to practice medicine in the State of Mississippi.

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 David Leon Dugger, M.D.

ORDERED, this the 15th day of January 2009.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY:


**PHILIP T. MERIDETH, M.D., J.D.
PRESIDENT**

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

OF

CHARLES KNIGHT, M.D.

ORDER OF CONTINUANCE

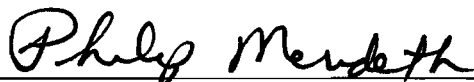
THIS MATTER came on regularly for hearing on January 15, 2009, before the Mississippi State Board of Medical Licensure, in response to a request for continuance made by Charles Knight, M.D. (hereinafter "Licensee"), through his attorney, Joel Howell. After consideration of the matter, the Board finds that the request is well taken.

IT IS, THEREFORE, ORDERED, that this matter is continued until the next available meeting date when such hearing can be conducted. At such time as the hearing date has been set, Licensee shall receive at least thirty (30) days written notice.

SO ORDERED, this the 15th day of January, 2009.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY:



**PHILIP T. MERIDETH, M.D., J.D.
PRESIDENT**

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

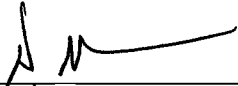
**IN THE MATTER OF THE PHYSICIAN'S LICENSE OF
NEIL BURTON SLOAN, M.D.**

AGREED ORDER OF DISMISSAL WITHOUT PREJUDICE

By agreement, the petition of Neil B. Sloan, M.D. to reinstate privileges to prescribe, administer and/or dispense Scheduled III and III.N controlled substances is hereby dismissed without prejudice to re-file a petition to reinstate such prescribing privileges in the future.

SO ORDERED this the 15th day of January, 2009.

AGREED:



ATTORNEY FOR NEIL B. SLOAN, M.D.

MISSISSIPPI BOARD OF MEDICAL
LICENSURE

BY: 

PHILIP T. MERIDETH, M.D., J.D.,
PRESIDENT

COPY

NOTICE OF PROPOSED RULE ADOPTION

FILED
JAN 16 2009

STATE OF MISSISSIPPI
Mississippi State Board of Medical Licensure

MISSISSIPPI
SECRETARY OF STATE

Mississippi State Board of Medical Licensure
c/o Rhonda Freeman
1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216

(601) 987-0223
rhonda@msbml.state.ms.us

Specific Legal Authority authorizing the promulgation of Rule: {Insert citation to state or federal statute, or rule Section 73-43-11

Reference to Rules repealed, amended or suspended by the Proposed Rule :{ Insert citation to specific rule(s) repealed, amended or suspended Chapter 02 Licensure Requirements for the Practice of Medical Doctors and Osteopathic Physicians

Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule: {Insert here}
Amendments to this regulation will require applicants for medical license to graduate from a medical school approved by the California Medical Board or the Caribbean Accreditation Authority.

This rule is proposed as a Final Rule, and/or a Temporary Rule (Check one or both boxers as applicable.)

Persons may present their views on the proposed rule by addressing written comments to the agency at the above address. Persons making comments should include their name and address, as well as other contact information, and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

Oral Proceeding: Check one box below:

An oral proceeding is scheduled on this rule on Date: _____ Time: _____
Place: _____

If you wish to be heard and present evidence at the oral proceeding you must make a written request to the agency at the above address at least _____ day(s) prior to the proceeding to be placed on the agenda. The request should include your name, address, telephone number as well as other contact information; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

An oral proceeding is not scheduled on this rule. Where an oral proceeding is not scheduled, an oral proceeding will be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address and telephone number of the person(s) making the request; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

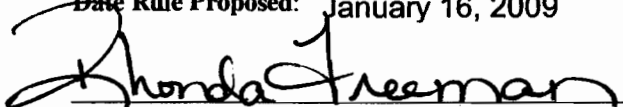
Economic Impact Statement: Check one box below:

- The agency has determined that an economic impact statement is not required for this rule, or
- The concise summary of the economic impact statement required is attached.

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Date Rule Proposed: January 16, 2009

Proposed Effective Date of Rule: July 1, 2009



Signature and Title of Person Submitting Rule for Filing
Rhonda Freeman, Bureau Director



TELEPHONE: (601) 987-3079

FAX: (601) 987-4159

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

To: Mississippi Secretary of State
From: Mississippi State Board of Medical Licensure
Date: January 16, 2009
Subject: Notice of Proposed Rule Adoption

Mississippi Code §73-43-11 gives the Mississippi State Board of Medical Licensure the authority to promulgate and publish reasonable rules and regulations necessary to enable it to discharge its functions and to enforce the provisions of law regulating the practice of medicine and the conduct of physicians.

This amendment will require applicants for medical license to graduate from a medical school approved by the California Medical Board or the Caribbean Accreditation Authority.

Any comments concerning the proposed regulation may be sent to the following address:

Mississippi State Board of Medical Licensure
1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216

Chapter 02 Licensure Requirements for the Practice of Medical Doctors and Osteopathic Physicians

Licensure by Examination

- 100 To qualify for admission by examination, an individual shall meet the following requirements, provided that the Board may admit any individual to the examination while reserving its right to deny licensure if that individual fails to meet all requirements for licensure subsequent to success or completion of the examination:
1. Applicant must satisfy the Board that he or she is at least twenty-one (21) years of age and of good moral character.
 2. Present a diploma from a reputable medical college or college of osteopathic medicine, subject to the following conditions:
 - a. If the degree is from a medical college or a college of osteopathic medicine in the United States or Puerto Rico, the medical college must be accredited at the time of graduation by the Liaison Committee on Medical Education (LCME), a Joint Committee of the Association of American Medical Colleges (AAMC) and the American Medical Association (AMA), or if a college of osteopathic medicine, must be accredited by the Professional Education Committee of the American Osteopathic Association (AOA).
 - b. If the degree is from a Canadian medical school, the school must be accredited at the time of graduation by the Liaison Committee on Medical Education (LCME) and by the Committee on Accreditation for Canadian Medical Schools, as sponsored by the Canadian Medical Association and Association of Canadian Medical Colleges.
 - c. If the degree is from a foreign medical school, the school must be included in the list of medical schools recognized by the Medical Board of California at the time of graduation. However, if the medical school is located in the British Overseas Territories, the medical school must be accredited by the Caribbean Accreditation Authority for Education in Medicine and Other Health Professions (CAAM-HP) at the time of graduation. In addition, the applicant must either (i) possess a valid certificate from the ECFMG or (ii) document successful completion of a Fifth Pathway program, as described in Section 101.
 - d. Any diploma or other document required to be submitted to the Board by an applicant which is not in the English language must be accompanied by a certified translation thereof into English.
 3. Applicants for licensure by examination must present documentation of having completed at least one (1) year of postgraduate training in the United States accredited by the Accreditation Council for Graduate Medical Education (ACGME) or by the AOA; or training in Canada accredited by the Royal College of Physicians and Surgeons.
 4. Present certified copy of birth certificate or valid passport.
 5. Subject to the provisions of Section 300.1 and 300.2, an applicant must successfully complete and pass all parts/steps of the FLEX or USMLE.

6. Complete an application for medical license and submit it to the Board in the manner prescribed by the Board with a recent passport type photograph.
7. Submit fee prescribed by the Board; however, any fees related to permanent licensure may be deferred for applicants indicating a desire to practice medicine under a Temporary License or Limited License within the confines of an ACGME or AOA approved postgraduate training program pursuant to Chapter 04 of these regulations.
8. Appear for a personal interview in the office of the Mississippi State Board of Medical Licensure, ~~and~~ successfully pass the Jurisprudence Examination as administered by the Board, and submit for a criminal background check.

101 A Fifth Pathway Program, as a prerequisite for licensure by examination pursuant to Section 100.2.c.ii, will be considered on an individual basis. Students who have completed the academic curriculum in a foreign medical school and who have fulfilled the conditions set forth, may be offered the opportunity to substitute for an internship required by the foreign medical school, an academic year of supervised clinical training prior to entrance into the first year of ACGME or AOA approved postgraduate medical education. The supervised clinical training (Fifth Pathway) must be under the direction of a medical school accredited by the LCME. Fifth Pathway will be available to students who have fulfilled the following conditions:

1. Completed, in an accredited American college or university, undergraduate pre-medical work of the quality acceptable for matriculation in an accredited U.S. medical school.
2. Studied medicine at a medical school located outside the United States, Puerto Rico and Canada but which is recognized by the World Health Organization.
3. Completed all of the formal requirements of the foreign medical school except internship and/or social service.

102 The Board will accept for examination or licensure only those individuals completing Fifth Pathway Programs by December 31, 2009.

1023 Prior to issuance of a permanent Mississippi medical license, a graduate of a foreign medical school who has successfully completed all other requirements of application for licensure by examination must present documentation of having completed at least three (3) years of ACGME-approved postgraduate training in the United States or training in Canada approved by the Royal College of Physicians and Surgeons.

Licensure by Reciprocity or Endorsement

200 The Board endorses, for the purpose of reciprocity, licenses to practice medicine obtained in most states by written examination prior to March 8, 1973. Subject to the provisions of Section 300 below, all applicants for medical licensure by reciprocity who took the FLEX between March 8, 1973, and January 24, 1985, must have passed the FLEX taken in one three-day sitting with a weighted average of 75 or higher in order to obtain licensure in Mississippi. The Board will not accept scores of more than one administration of the FLEX which have been combined (factored) to provide a FLEX weighted average of 75 or higher.

From and after January 24, 1985, an applicant for medical licensure by reciprocity must have passed both Components I and II of the FLEX with a score of 75 to be considered the passing grade for each component. From and after June 1994, the Board shall endorse, for the purpose of reciprocity, licenses to practice medicine from applicants who have successfully taken Steps 1, 2 and 3 of the USMLE.

- 201 Those doctors of osteopathic medicine who graduated prior to June 1, 1973, and who make application for licensure by reciprocity with another state will be considered only if they took and passed the same written licensure examination given in that state at that time to graduates of medical schools. A statement to this effect will be obtained by this Board from that licensing board.
- 202 The Board may affiliate with and recognize for the purpose of waiving examination and may grant licenses to Diplomates of the NBME; on or after February 13, 1973, to Diplomates of the NBOME and licentiates of the Medical Council of Canada. If a Diplomate of the NBME or NBOME, the applicant must have a Certification of Endorsement from that Board submitted directly to the Board. If seeking endorsement with the Medical Council of Canada, the applicant must have a Certificate of Standing submitted directly to the Board.
- 203 The applicant must have the state board where the original license was obtained by examination submit a certified copy of the examination to the Board.
- 204 The Board may grant a license by reciprocity to a graduate of a foreign medical school who was licensed in another state by written examination prior to March 8, 1973, if he or she is certified by a board recognized by the American Board of Medical Specialties. A statement verifying that the applicant is currently certified must be submitted directly to the Board by the American Board of Medical Specialties Board. The applicant must comply with all other licensure requirements for foreign medical graduates.
- 205 In addition to the above requirements for licensure by reciprocity and/or endorsement, an individual shall meet the following requirements:
1. Applicant must be twenty-one (21) years of age and of good moral character.
 2. Present a diploma from a reputable medical college or college of osteopathic medicine, subject to the following conditions:
 - a. If the degree is from a medical college or a college of osteopathic medicine in the United States or Puerto Rico, the medical college must be accredited at the time of graduation by the Liaison Committee on Medical Education (LCME), a Joint Committee of the Association of American Medical Colleges (AAMC) and the American Medical Association (AMA) or the College of Osteopathic Medicine must be accredited by the American Osteopathic Association (AOA).
 - b. If the degree is from a Canadian medical school, the school must be accredited at the time of graduation by the Liaison Committee on Medical Education (LCME) and by the Committee on Accreditation for Canadian Medical Schools, as sponsored by the Canadian Medical Association and

Association of Canadian Medical Colleges.

- c. If the degree is from a foreign medical school, the school must be included in the list of medical schools recognized by the Medical Board of California at the time of graduation. However, if the medical school is located in the British Overseas Territories, the medical school must be accredited by the Caribbean Accreditation Authority for Education in Medicine and Other Health Professions (CAAM-HP) at the time of graduation. In addition, the applicant must either (i) possess a valid certificate from the ECFMG or (ii) document successful completion of a Fifth Pathway program, as described in Section 101, and be currently board certified by a specialty board recognized by the American Board of Medical Specialties or the American Osteopathic Association.
 - d. Any diploma or other document required to be submitted to the Board by an applicant which is not in the English language must be accompanied by a certified translation thereof into English.
3. If a graduate from a medical college or college of osteopathic medicine in the United States, Canada or Puerto Rico, applicant must present documentation of having completed at least one (1) year of postgraduate training in the United States accredited by the Accreditation Council for Graduate Medical Education (ACGME) or by the AOA; or training in Canada accredited by the Royal College of Physicians and Surgeons.
 4. If a graduate from a foreign medical school, applicant must present documentation of having completed either:
 - a. three (3) or more years of ACGME-approved postgraduate training in the United States or training in Canada approved by the Royal College of Physicians and Surgeons; or
 - b. at least one (1) year of ACGME-approved postgraduate training in the United States or training in Canada approved by the Royal College of Physicians and Surgeons, be currently board certified by a specialty board recognized by the American Board of Medical Specialties or the American Osteopathic Association and must have approval by the Mississippi State Board of Medical Licensure.
 5. An applicant who otherwise possesses all of the qualifications for licensure by reciprocity/endorsement, but has not taken a medical proficiency examination or licensure examination within ten (10) years prior to filing his or her application, must pass the Special Purpose Examination (SPEX)* as administered by and under auspices of the Board, unless the applicant:
 - a. Submits satisfactory proof of current certification by an American Board of Medical Specialties or American Osteopathic Association approved specialty

* SPEX (SPECIAL PURPOSE EXAMINATION) is a cognitive examination assisting licensing jurisdictions in their assessment of current competence requisite for general, undifferentiated medical practice by physicians who hold or have held a valid license in a U.S. jurisdiction. SPEX is made available through the Federation of State Medical Boards of the United States, Incorporated.

- board; or
- b. Submits proof that the applicant's sole purpose for seeking licensure is to serve as the Dean, Chairman of the Department or Faculty of the University of Mississippi School of Medicine. In such case, a license shall remain in effect so long as Licensee is a member of the faculty of the University School of Medicine.
6. Present certified copy of birth certificate or valid passport.
 7. Complete an application for medical license and submit it to the Board in a manner prescribed by the Board with a recent passport type photograph.
 8. Submit fee prescribed by the Board.
 9. Appear for a personal interview in the office of the Mississippi State Board of Medical Licensure, **and** successfully pass the Jurisprudence Examination as administered by the Board, and submit for a criminal background check.

206 Graduates of foreign medical schools seeking licensure by reciprocity or endorsement via Fifth Pathway Programs will be considered on an individual basis subject to those requirements set forth in Section 101.

Licensure Examinations

300 For the purpose of licensing by examination and reciprocity, the Board recognizes three (3) separate and distinct examinations, to-wit: The examinations administered by the NBME, FLEX and USMLE. The Board adopted the FLEX as a method of licensure by examination on March 8, 1973. Prior to this date, the Board administered a written examination and endorsed, for the purposes of reciprocity, licenses to practice medicine or osteopathic medicine obtained in most states by written examination. A separate discussion of each examination and this Board's requirements for the purpose of licensure is as follows:

1. FLEX
 - a. The Board adopted the Federation Licensing Examination (FLEX) as the method of licensure by examination on March 8, 1973. The last regular administration of the FLEX was December 1993. The Board will recognize FLEX as a valid medical licensing examination subject to all requirements heretofore and hereinafter set forth.
 - b. Prior to January 24, 1985, the FLEX examination was divided into three components:
 - Day I--Basic Science
 - Day II--Clinical Science
 - Day III--Clinical Competence

In order to pass this examination, each applicant must have obtained a FLEX weighted average of 75 with Day I given a value of 1/6 of the entire examination, Day II given a value of 2/6, and Day III given a value of 3/6. The Board may make an exemption to the weighted average of 75 if the applicant has completed an approved residency program and is currently certified by a specialty board recognized by the American Board of Medical Specialties or the American Osteopathic Association.

After January 24, 1985, the Board has approved administration of a new FLEX examination with a different design from that administered since 1973. This examination is a three-day examination, and is comprised of two components. Component I consists of one and one-half (1½) days and judges the readiness of a physician to practice medicine in a supervised setting. Component II consists of one and one-half (1½) days and judges the readiness of a physician to practice independently. A score of 75 is considered a passing grade for each component. If taken separately, Component I must be passed before taking Component II.

- c. An applicant has seven (7) years in which to pass both components of the FLEX. An applicant is required to repeat only that component failed. A candidate who is unsuccessful in passing the FLEX after three (3) attempts will be required to take one additional year of post-graduate training approved by the Accreditation Council for Graduate Medical Education (ACGME) before being eligible to take the FLEX again. Following completion of the year of postgraduate training, applicant may be allowed three (3) additional attempts to pass the FLEX.

2. USMLE

- a. The Board adopted the United States Medical Licensing Examination (USMLE) as an additional method of licensure by examination on September 16, 1993. The USMLE replaced FLEX and the NBME certification examinations during a phase-in period from 1992 to 1994. Unlike the three-day (two component) FLEX, USMLE is a three-step examination that consists of three two-day examinations, Step 1, Step 2 and Step 3. Each step is complementary to the other; no step can stand alone in the assessment of readiness for medical licensure. Unlike the FLEX, which must be taken upon or after graduation from medical school, most applicants will take Step 1 and 2 of the USMLE during their medical school years. Step 3 will be taken after graduation.
- b. To be eligible for Step 1 or Step 2 of the USMLE, an applicant must be an officially enrolled medical student or a graduate of a United States, Puerto Rican or Canadian medical school accredited by the LCME or the AOA, or an officially enrolled medical student or a graduate of a foreign medical school and eligible for examination by the ECFMG for a certificate.
- c. To be eligible to take Step 3 of USMLE, an applicant must (a) complete an application for a Mississippi medical license and (b) meet all other requirements for licensure, as provided in Section 100.
- d. A score of 75 is necessary to successfully pass each step of the USMLE.
- e. USMLE Steps 1, 2 and 3 must be passed within a seven-year time period beginning when the examinee passes his or her first Step. The Board, at its discretion, may waive this requirement based on extraordinary circumstances. The Board encourages all applicants to take Step 3 of the USMLE as soon as possible following receipt of the M.D. or D.O. degree. An applicant has seven (7) years in which to pass all steps of the USMLE. A candidate who is unsuccessful in passing Step 3 after three (3) attempts will be required to take

one (1) additional year of ACGME-approved postgraduate training before being eligible to take Step 3 again. Following completion of the year of postgraduate training, the applicant may be allowed three (3) additional attempts to pass Step 3 of the USMLE.

3. NBME or NBOME

The Board recognizes for the purpose of reciprocity and waiving examination, diplomates of the NBME and on or after February 13, 1973, diplomates of the NBOME. Both examinations are administered in three (3) parts, Parts I, II and III. Applicants must have the NBME or NBOME submit a certificate evidencing successful completion of the examination directly to the Board.

4. EXAM COMBINATIONS

Now that the FLEX and examinations administered by the NBME have been phased out, the Board will accept passing scores for the following combinations of the FLEX, NBME and USMLE examinations:

EXAMINATION SEQUENCE	ACCEPTABLE COMBINATIONS
NBME Part I <i>plus</i> NBME Part II <i>plus</i> NBME Part III	NBME Part I or USMLE Step 1 <i>plus</i> NBME Part II or USMLE Step 2 <i>plus</i> NBME Part III or USMLE Step 3
FLEX Component I <i>plus</i> FLEX Component II	FLEX Component I <i>plus</i> USMLE Step 3 <i>or</i> NBME Part I or USMLE Step 1 <i>plus</i> NBME Part II or USMLE Step 2 <i>plus</i> FLEX Component II
USMLE Step 1 <i>plus</i> USMLE Step 2 <i>plus</i> USMLE Step 3	

Amended September 13, 1997. Amended January 18, 2001. Amended February 18, 2003. Amended March 8, 2007. Amended May 17, 2007. Amended January 24, 2008.

FILED
JAN 16 2009
MISSISSIPPI
SECRETARY OF STATE

NOTICE OF PROPOSED RULE ADOPTION

COPY

STATE OF MISSISSIPPI
Mississippi State Board of Medical Licensure

Mississippi State Board of Medical Licensure
c/o Rhonda Freeman
1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216

(601) 987-3079
rhonda@msbml.state.ms.us

Specific Legal Authority authorizing the promulgation of Rule: {Insert citation to state or federal statute, or rule} Section 73-43-11

Reference to Rules repealed, amended or suspended by the Proposed Rule : { Insert citation to specific rule(s) repealed, amended or suspended } Chapter 09 Collaboration/Consultation with Nurse Practitioners

Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule: {Insert here}
This amendment defines the quality assurance/quality improvement program criteria required between a nurse practitioner and their collaborating physician.

This rule is proposed as a Final Rule, and/or a Temporary Rule (Check one or both boxers as applicable.)

Persons may present their views on the proposed rule by addressing written comments to the agency at the above address. Persons making comments should include their name and address, as well as other contact information, and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

Oral Proceeding: Check one box below:

An oral proceeding is scheduled on this rule on Date: _____ Time: _____
Place: _____

If you wish to be heard and present evidence at the oral proceeding you must make a written request to the agency at the above address at least _____ day(s) prior to the proceeding to be placed on the agenda. The request should include your name, address, telephone number as well as other contact information; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

An oral proceeding is not scheduled on this rule. Where an oral proceeding is not scheduled, an oral proceeding will be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address and telephone number of the person(s) making the request; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

Economic Impact Statement: Check one box below:

- The agency has determined that an economic impact statement is not required for this rule, or
 The concise summary of the economic impact statement required is attached.

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Date Rule Proposed: January 16, 2009

Proposed Effective Date of Rule: 30 days from final filing.



Signature and Title of Person Submitting Rule for Filing
Rhonda Freeman, Bureau Director

TELEPHONE: (601) 987-3079



FAX: (601) 987-4159

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

To: Mississippi Secretary of State
From: Mississippi State Board of Medical Licensure
Date: January 16, 2009
Subject: Notice of Proposed Rule Adoption

Mississippi Code §73-43-11 gives the Mississippi State Board of Medical Licensure the authority to promulgate and publish reasonable rules and regulations necessary to enable it to discharge its functions and to enforce the provisions of law regulating the practice of medicine and the conduct of physicians.

This amendment defines the quality assurance/quality improvement program criteria required between a nurse practitioner and their collaborating physician.

Any comments concerning the proposed regulation may be sent to the following address:

Mississippi State Board of Medical Licensure
1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216

Chapter 09 Collaboration/Consultation with Nurse Practitioners

Scope

- 100 These regulations apply to all individuals licensed to practice medicine or osteopathic medicine in the state of Mississippi.

Definitions

- 200 For the purpose of Chapter 09 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 who holds an unrestricted license or whose practice or prescriptive authority is not limited as a result of voluntary surrender or legal/regulatory order.
 2. **“Free Standing Clinic”** means a clinic or other facility wherein patients are treated by a nurse practitioner, which is more than fifteen (15) miles away from the primary office of the collaborative/consultative physician. Excluded from this definition are all licensed hospitals, state health department facilities, federally qualified community health clinics and volunteer clinics.
 3. **“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.
 4. **“Collaborating/Consulting Physician”** means a physician who, pursuant to a duly executed protocol has agreed to collaborate/consult with a nurse practitioner.
 5. **“Nurse Practitioner”** means any person licensed 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.
 6. **“Advanced Practice Registered Nurse”** includes all nurse practitioners, certified nurse midwives and certified registered nurse anesthetists.

Board Review

- 300 Physicians who wish to collaborate/consult with a nurse practitioner who plans or anticipates practicing in a free standing clinic, must first (a) appear personally or by telephone before the Mississippi State Board of Medical Licensure and/or the Joint Committee of the Board of Medical Licensure and the Board of Nursing if the Board of Medical Licensure determines that the collaborative/consultative relationship may not be approved absent action from the Joint Committee, (b) present and discuss the protocol, and (c) obtain approval from the Board to act as a collaborating/consulting physician. The facts and matters to be considered by the Board shall include, but are not limited to, how the collaborating/consulting physician and nurse practitioner plan to implement the protocol, the method and manner of collaboration, consultation, and referral.
- 301 The requirement for Board appearance and approval set forth in Section 300 above also applies to any physician collaborating/consulting with a nurse practitioner who later moves

to a free standing clinic under an existing protocol.

- 302 Where a nurse practitioner is practicing in a free standing clinic pursuant to an existing protocol as of the effective date of this regulation, the requirements of personal appearance or telephone interview and Board approval set forth in Section 300 above shall not be required until the next succeeding renewal date for said certificate as required by the Mississippi State Board of Nursing.
- 303 Where two or more physicians anticipate executing a protocol to collaborate/consult with a nurse practitioner practicing in a free standing clinic, it shall not be necessary that all of the physicians personally appear before the Mississippi State Board of Medical Licensure as required in Section 300. In this situation, the physician who will bear the primary responsibility for the collaboration/consultation with the nurse practitioner shall make the required personal appearance or telephone interview.
- 304 Each collaborative/consultative relationship shall include and implement a formal quality improvement program which shall be maintained on site and shall be available for inspection by representatives of the Mississippi State Board of Medical Licensure. ~~This~~ The quality assurance/quality improvement program ~~must be sufficient to provide a valid evaluation of the practice and be a valid basis for change, if any.~~ shall consist of:
1. Review by collaborative physician of a random sample of charts that represent 10% or 20 charts, whichever is less, of patients seen by the nurse practitioner every month. Charts should represent the variety of patient types seen by the nurse practitioner. Patients that the nurse practitioner and collaborating physician have consulted on during the month will count as one chart review.
 2. The nurse practitioner shall maintain a log of charts reviewed which include the identifier for the patient's charts, reviewers' names, and dates of review.
 3. Each nurse practitioner shall meet face to face with a collaborating physician once per quarter for the purpose of quality assurance and this meeting should be documented.

Re-evaluation of Nurse Practitioner Categories

- 400 Pursuant to authority granted in Mississippi Code, Section 73-15-5, the Mississippi State Board of Medical Licensure, along with the Mississippi Board of Nursing are granted authority to jointly promulgate rules and regulations governing nurse practitioners. In order to ensure the current nature and accuracy of said rules and regulations, the Board shall perform a review of said regulations every two (2) years. If changes are deemed necessary, joint action by the Board and Mississippi Board of Nursing shall be pursued.

Violation of Regulations

- 500 Any violation of the rules and regulations as enumerated above shall constitute unprofessional conduct in violation of Mississippi Code, Section 73-25-29(8).

Effective Date of Regulation

600 The above rules and regulations pertaining to collaborating/consulting physicians shall become effective September 21, 1991.

Amended May 19, 2005.

MARCH 2009

**MINUTES
EXECUTIVE COMMITTEE MEETING
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
MARCH 11, 2009**

MEMBERS PRESENT:

Philip T. Merideth, M.D., J.D., Jackson, President
Don A. Gibson, M.D., Richland, Vice President
William S. Mayo, D.O., Oxford, Secretary

ALSO PRESENT:

H. Vann Craig, M.D., Director
Stan T. Ingram, Complaint Counsel for the Board
Ellen O'Neal, Assistant Attorney General
Rhonda Freeman, Bureau Director, Licensure Division
Thomas Washington, Bureau Director, Investigative Division
Leslie Ross, Investigations Supervisor
Frances Scott, Special Projects Officer, Investigative Division
Ruby Litton, RN, Compliance Nurse
Sherry Harris, Staff Officer

The Executive Committee of the Mississippi State Board of Medical Licensure met on Wednesday, March 11, 2009, at 1:00 p.m. in the Executive Conference Room of the Office of the Board located at 1867 Crane Ridge Drive, Jackson, Mississippi.

MARC TAIWO AWOBULUYI, M.D., COEUR D' ALENE, ID, APPLICANT

Dr. Craig advised that Dr. Awobuluyi is an applicant and it took him ten (10) years to pass his USMLE Steps 1, 2 and 3. Dr. Craig advised that our rules and regulations state this must be completed within a seven (7) year time period unless the Board, at its discretion, waives this requirement based on extraordinary circumstances. After reviewing Dr. Awobuluyi's application, motion was made by Dr. Mayo, seconded by Dr. Gibson, and carried unanimously to grant Dr. Awobuluyi an exception due to extraordinary circumstances because records show that Dr. Awobuluyi was pursuing additional education during this time period.

DINESH RUGNATH, M.D., APPLICANT

Dr. Craig advised that Dr. Rugnath is another applicant that currently has a Limited License at UMC and has applied for a permanent license. Dr. Craig advised that it took Dr. Rugnath seven (7) years and three (3) months to complete Steps 1, 2 and 3 of the USMLE. After a review of Dr. Rugnath's application and a written

EXECUTIVE COMMITTEE MINUTES

March 11, 2009

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explanation to address the overage of the time period, the Executive Committee agreed that Dr. Rugnath did not meet the required criteria to grant a wavier. Dr. Mayo made a motion to advise Dr. Rugnath that he does not meet the Board's requirements for permanent licensure as there was no evidence to show extraordinary circumstances had occurred. The motion was seconded by Dr. Gibson. Dr. Merideth voted against the motion and suggested that UMC be contacted as to Dr. Rugnath's future plans.

UPDATE ON KIM ELLIOTT NAGEL, M.D., CLEVELAND, MISSISSIPPI MEDICAL LICENSE NUMBER 20088

For informational purposes only, Dr. Craig advised that Dr. Nagel is currently under a Consent Order pertaining to boundary issues and that he has received information that Dr. Nagel has a new supervising physician, Dr. Peter Schafer.

WILLIAM D. ATCHINSON, M.D., DESTIN, FL., MISSISSIPPI MEDICAL LICENSE NUMBER 04608

Dr. Craig advised that Dr. Atchinson is a retired pathologist living in Destin, FL. Dr. Craig advised that the Board had received information from a pharmacist that Dr. Atchinson had been writing Class III prescriptions without an active DEA license.

After a brief discussion, motion was made by Dr. Merideth, seconded by Dr. Mayo, and carried unanimously to ask Dr. Atchinson to surrender his license in lieu of appearing for a hearing at the May Board meeting.

CALVIN RAMSEY, M.D., LEXINGTON, MISSISSIPPI MEDICAL LICENSE NUMBER 07905

Dr. Craig advised that the Board had received information that Dr. Ramsey had been found guilty of income tax evasion and sentenced to 27 months incarceration. After a brief discussion, the Executive Committee unanimously agreed to refer the matter to the Full Board for a decision.

AKELLA CHENDRASEKHAR, M.D., LAKE HOPATOCONG, NJ, MISSISSIPPI MEDICAL LICENSE NUMBER 18657

Dr. Craig advised that the Board had been made aware of action taken against Dr. Chendrasekhar's Iowa medical license. Dr. Craig advised that a letter had been sent to Dr. Chendrasekhar with an order mirroring Iowa's actions and that Dr. Chendrasekhar had written a letter back requesting that we not take any action since he does not practice in Mississippi.

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After a brief discussion, motion was made by Dr. Gibson, seconded by Dr. Mayo, and carried unanimously to send Dr. Chendrasekhar a Consent Order where he agrees that he will not practice in Mississippi, will not renew his Mississippi license or try in the future to reinstate his Mississippi license and advise him that this is a reportable offense. If he elects not to sign the Consent Order the Board will begin the process for further disciplinary action.

RAMESH YALAMANCHILI, M.D., GERMANTOWN, TN, MISSISSIPPI MEDICAL LICENSE NUMBER 18860

For informational purposes only, Dr. Craig advised that the Board had sent Dr. Yalamanchili a letter with a proposed Agreed Order of Reprimand mirroring action of the Tennessee Board of Medical Examiners. Dr. Craig advised that at this time the Board has not received a response from Dr. Yalamanchili.

GREGG SPAULDING HUNTER, M.D., HOUMA, LA, MISSISSIPPI MEDICAL LICENSE NUMBER 14990

Dr. Craig advised that the Board had received information that the Louisiana State Board had issued a Summary Suspension on Dr. Hunter's Louisiana license. After a brief discussion, motion was made by Dr. Mayo, seconded by Dr. Gibson, and carried unanimously to offer Dr. Hunter a Consent Order where he would agree not to practice medicine until he has successfully resolved all licensure requirements of the Louisiana State Board of Medical Examiners. An alternative motion was made by Dr. Mayo, seconded by Dr. Gibson, and carried unanimously that if Dr. Hunter has not responded by March 30, 2009, or he refused to sign the Consent Order that the Board would issue a Summary Suspension on his Mississippi medical license.

CHARLES M. WREN, II, D.O., CORINTH, MISSISSIPPI MEDICAL LICENSE NUMBER 14798

Dr. Craig advised that Dr. Wren is practicing dermatology in Corinth but Dr. Wren is actually board certified in emergency medicine. Dr. Wren advises that he is certified by the American Board of Physician Specialities but this board is not recognized by our Board. Dr. Craig advised that Dr. Wren does not advertise as a dermatologist.

After a brief discussion, the Executive Committee unanimously agreed to send a letter to Dr. Wren that advises him that the Board of Medical Licensure only recognizes ABMS certification and therefore he is not certified in dermatology according to the Board's rules and regulations.

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NANCY LAWHON, M.D., JACKSON, MISSISSIPPI MEDICAL LICENSE NUMBER 06213

Dr. Craig advised that Dr. Lawhon's license was checked for a CME audit and that she had presently attested that she had the required 40 Category I CME hours on her renewal application. Upon review, and a letter from her husband, it has been determined that she does not have the required hours.

After a brief discussion, motion was made by Dr. Mayo, seconded by Dr. Gibson, and carried unanimously to send Dr. Lawhon a Letter of Concern that would be considered non-public and offer her the opportunity to edit her renewal application. Also, the Executive Committee agreed to allow her an additional six (6) months to be compliant with her CME requirement.

PERSONAL APPEARANCE BY FURHAN YUNUS, M.D., MEMPHIS, TN, MISSISSIPPI MEDICAL LICENSE NUMBER 38104

Dr. Craig advised that Dr. Yunus had been invited to attend the meeting to address issues concerning information the Board had received from Tennessee that he had received a DUI in 2007 and failed to show this on his renewal application. Also, Dr. Yunus had responded "yes" to supervising nurse practitioners on his renewal application but failed to include the other pertinent information required.

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

After discussing the matter with Dr. Yunus, he advised that his credentialing specialist had renewed his application and failed to get him to verify the information before it was submitted. Dr. Yunus advised that the office policy has changed and now each physician is to review the information prior to any license renewals being submitted. After further discussion, Dr. Yunus was asked to wait in the reception area to await the Committee's decision.

Motion was made by Dr. Mayo, seconded by Dr. Gibson, and carried unanimously to allow Dr. Yunus to resubmit his renewal correcting the information and to submit protocols for the nurse practitioners that he supervises.

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**PERSONAL APPEARANCE BY CHRISTEN A. ZUSCHKE, M.D., MOBILE, AL,
MISSISSIPPI MEDICAL LICENSE NUMBER 14249**

Dr. Craig advised that the Alabama Medical Board had asked Dr. Zuschke to surrender his Alabama DEA license after he had a relapse and was under treatment. Also, the Alabama Board had allowed Dr. Zuschke to practice only in an administrative fashion. Dr. Craig advised that during this time, Dr. Zuschke went to Lucedale and worked in the emergency room and wrote prescriptions.

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

Dr. Craig advised Dr. Zuschke of the information the Board had received and advised him that the Board was concerned with the spirit in which this was done. Dr. Zuschke addressed the Executive Committee and answered several questions before he was asked to wait in the reception area to await the Committee's decision.

After further discussion, motion was made by Dr. Merideth, seconded by Dr. Mayo, and carried unanimously to allow Dr. Zuschke to continue to practice in Mississippi as long as we receive favorable reports regularly from Alabama's PHP.

**PERSONAL APPEARANCE BY J. RANDALL JORDAN, M.D., JACKSON,
MISSISSIPPI MEDICAL LICENSE NUMBER 17643 AND MARLA LOFTON MOORE,
PA-C, SHREVEPORT, LA, MISSISSIPPI PA LICENSE NUMBER PA 00037**

Dr. Craig advised that Dr. Jordan and PA Moore had been invited to the Executive Committee to address why the Board was not notified within 30 days of their separation of employment as required by the Board's rules and regulations. Dr. Craig also advised that PA Moore was the past president of the Mississippi Academy of Physician Assistants.

Dr. Jordan and PA Moore joined the meeting and were not represented by legal counsel. Both individuals had executed a written agreement for this informal meeting, copies of which are attached hereto and incorporated by reference.

After a brief discussion, Dr. Jordan and PA Moore were asked to wait in the reception area to await the Committee's decision. Motion was made by Dr. Merideth, seconded by Dr. Mayo, and carried unanimously to issue both individuals a non-public Letter of Concern addressing the matter and advising them that the letter would become part of their permanent files.

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PERSONAL APPEARANCE BY ABDUL GHAFOUR BAHRO, M.D., VICKSBURG, MISSISSIPPI MEDICAL LICENSE NUMBER 16080

Dr. Craig advised that the Board had received information that Dr. Bahro was moving from River Region in Vicksburg to CMMC in Jackson and had supposedly threatened a nurse if she did not make the move with him.

Dr. Bahro joined the meeting and was represented by legal counsel, Keith Raulston. Dr. Bahro had executed a written agreement for this informal meeting, a copy of which is attached hereto and incorporated by reference.

Dr. Craig briefly discussed the information that the Board had received and advised Dr. Bahro that the Board does not take threats lightly. Dr. Bahro addressed the Executive Committee and answered several questions and explained the situation.

After a brief discussion, motion was made by Dr. Mayo, seconded by Dr. Gibson, and carried unanimously to issue a non-public Letter of Concern documenting this meeting and advising Dr. Bahro that the letter will become part of his permanent licensure file.

REVIEW OF MSBML ANNUAL REPORT DATED JUNE 30, 2008

The Executive Committee briefly reviewed MSBML's annual report.

APPROVAL REQUEST FOR EXECUTIVE DIRECTOR TO ATTEND MISSISSIPPI STATE MEDICAL ASSOCIATION MEETING MAY 27 - 31, AND ALSO THE AMERICAN MEDICAL ASSOCIATION MEETING IN CHICAGO, JUNE 12-17, 2009

Motion was made by Dr. Mayo, seconded by Dr. Gibson, and carried unanimously to approve of Dr. Craig attending both meetings.

REVIEW OF MARCH 12, 2009, BOARD AGENDA

Dr. Craig briefly reviewed the agenda for tomorrow's meeting.

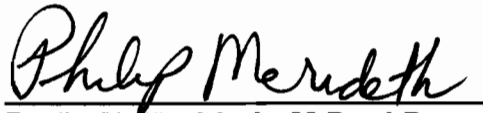
EXECUTIVE COMMITTEE MINUTES

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ADJOURNMENT

There being no further business, the meeting adjourned at 4:55 p.m.



**Philip T. Merideth, M.D., J.D.
President**

Minutes taken and transcribed
by Sherry Harris
Staff Officer
March 11, 2009

AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE

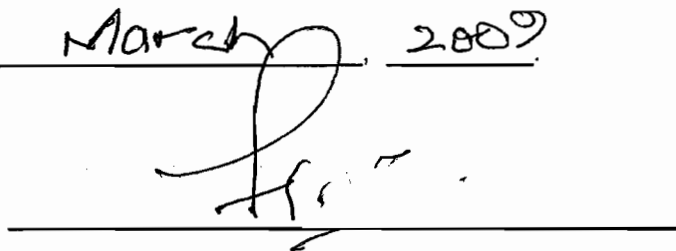
I, Furhun Yunus, M.D., have requested an opportunity to appear informally before the Executive Committee of the Mississippi State Board of Medical Licensure (hereinafter "Board") to discuss possible resolution of a pending disciplinary matter/investigation or to respond to a complaint duly received by 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:

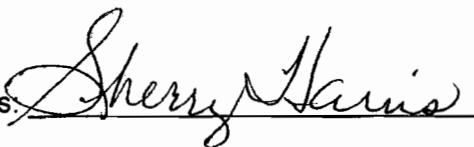
with legal counsel present (name of counsel: _____)

without legal counsel present

EXECUTED, this the 11 day of March, 2009.



Witness:



AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE

I, Christen Zuschke, 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:

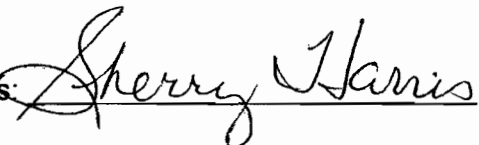
___ with legal counsel present (name of counsel: _____)

without legal counsel present

EXECUTED, this the 11th day of March, 2009.



Witness:



AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE

I, J. Randall Jordan, 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 11th day of March, 2009.

Witness:

Sherry Harris

JR Jordan

AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE

I, Marla L. Moore, PA-C., 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 _____ day of _____, _____.

Marla Moore

Witness:

Sherry Davis

AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE

I, Abdul Ghafour Bahro, 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: Keith, Raubton)

without legal counsel present

EXECUTED, this the 11 day of March, 2009.

Abdul Ghafour Bahro, M.D.

Witness:

Sherry Harris

BOARD

MEETING

MINUTES

**BOARD MINUTES
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
MARCH 12, 2009**

The regularly scheduled meeting of the Mississippi State Board of Medical Licensure was held on Thursday, March 12, 2009, in the Board Room of the Office of the Board located at 1867 Crane Ridge Drive, Jackson, Mississippi.

The following members were present:

Philip T. Merideth, M.D., J.D., Jackson, President
Don A. Gibson, M.D., Richland, Vice President
William S. Mayo, D.O., Oxford, Secretary
Larry B. Aycock, M.D., McComb
Dewitt G. Crawford, M.D., Louisville
Virginia M. Crawford, M.D., Hattiesburg
A. Wallace Conerly, M.D., Jackson
S. Randall Easterling, M.D., Vicksburg

Also present:

H. Vann Craig, M.D., Director
Stan T. Ingram, Complaint Counsel for the Board
Ellen O'Neal, Assistant Attorney General
Rhonda Freeman, Bureau Director, Licensure Division
Thomas Washington, Bureau Director, Investigative Division
Frances Scott, Special Projects Officer, Investigative Division
Sherry Harris, Staff Officer
Wesley Breland, Hattiesburg, Consumer Health Committee
Cecil R. Burnham, Jackson, Consumer Health Committee

The meeting was called to order at 9:00 a.m. by Dr. Merideth, President. The invocation was given by Dr. Gibson and the pledge was led by Mr. Burnham. Dr. Merideth welcomed Aleshia Johnson, Court Reporter. Dr. Merideth extended a welcome to all visitors present at the meeting.

Dr. Merideth opened the floor for public comments but there were none.

**APPROVAL OF CERTIFICATION OF MISSISSIPPI LICENSES TO OTHER ENTITIES
FOR THE PERIOD JANUARY 01, 2009, THROUGH FEBRUARY 28, 2009**

One hundred ninety-nine (199) licenses were certified to other entities for the period January 01, 2009, through February 28, 2009. Motion was made by Dr. V.

BOARD MINUTES

March 12, 2009

Page 2

Crawford, seconded by Dr. Mayo, and carried unanimously to approve these certifications.

APPROVAL OF LICENSES ISSUED FOR THE PERIOD JANUARY 01, 2009, THROUGH FEBRUARY 28, 2009

Forty-four (44) licenses were issued for the period January 01, 2009, through February 28, 2009. Motion was made by Dr. D. Crawford, seconded by Dr. Mayo, and carried unanimously to approve these licenses.

REVIEW OF MINUTES OF THE EXECUTIVE COMMITTEE MEETING DATED JANUARY 14, 2009, AND MINUTES OF THE BOARD MEETING DATED JANUARY 15, 2009

Minutes of the Executive committee meeting dated January 14, 2009, and Minutes of the Board meeting dated January 15, 2009, were reviewed. Dr. Mayo moved for approval of the minutes as submitted. Dr. Gibson seconded the motion, and it carried unanimously.

REPORT OF MARCH 11, 2009, EXECUTIVE COMMITTEE MEETING

Dr. Craig briefly discussed issues that were approved by the Executive Committee on March 11, 2009. Information pertaining to the Executive Committee's decisions are included in the Executive Committee Minutes dated March 11, 2009.

Dr. Craig advised that one matter had been referred to the Full Board for a decision. Dr. Craig advised that the Board had received information that Dr. Calvin Ramsey had been found guilty of income tax evasion and sentenced to 27 month incarceration. Dr. Craig advised that Dr. Ramsey had requested that the Board allow him to practice until he reports on May 4, 2009, to begin his sentence. Dr. Craig advised that the Executive Committee had discussed offering Dr. Ramsey a Consent Order that would indefinitely suspend his license beginning May 4, 2009, and that he obtain at least fifty (50) hours of Category 1 CME hours each year of his incarceration, and that Dr. Ramsey would need to petition the Board requesting reinstatement of his license once his incarceration was completed.

Motion was made by Dr. Aycock, seconded by Dr. Easterling, and carried unanimously to accept the recommendation of the Executive Committee.

Motion was made by Dr. D. Crawford, seconded by Dr. Conerly, and carried unanimously to ratify the actions of the Executive Committee.

BOARD MINUTES

March 12, 2009

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REPORTS FROM COMMITTEES

Consumer Health - Mr. Breland (Chair), Mr. Burnham

Mr. Breland advised that they had met and discussed the presentation given by the Pharmacy Board at the January 15, 2009, meeting. The committee feels the request is not in the best interest of public concern and wanted the Medical Board to oppose the regulation changes to Chapter 10 of our rules and regulations. Dr. Craig advised that the Pharmacy Board had filed the regulation without notifying our Board but that a letter had been written to them protesting the changes to the regulation, as well as a request had been sent to the Attorney General for an Opinion. After a brief discussion, it was requested that Dr. Craig attend the Pharmacy Board's next meeting and voice the Board's concerns. Ms. O'Neal, Assistant Attorney General, advised that she would advise the Board the date of their next meeting.

Education & Workforce - Dr. Conerly (Chair), Dr. D. Crawford, Dr. Mayo

Dr. Conerly advised there was no new information to report.

Scope of Practice - Dr. V. Crawford (Chair), Dr. Easterling, Dr. Aycock

Dr. V. Crawford advised there was no new information to report but did state the next Joint Committee meeting will be held the first Friday in April at 3:00 p.m. at the Board of Nursing.

Professional Health Program - Dr. Gibson (Chair), Dr. Mayo, Dr. Merideth

Dr. Gibson advised that the committee will be reviewing the MPHP audit and will report at the May meeting.

Rules, Regulation & Legislative - Dr. Easterling (Chair), Dr. D. Crawford

Dr. Easterling advised that House Bill 78 had been sent to the Senate with minor changes. Also, House Bill 1260 had passed the House and that the Senate wanted to put a reverter clause in the bill. There was a brief discussion as to exactly what the reverter clause would mean.

Ethics - Dr. Merideth (Chair), Dr. V. Crawford, Dr. Conerly

Dr. Merideth advised there was no new information to report.

BOARD MINUTES

March 12, 2009

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Electronic Medical Records - Dr. Aycock (Chair), Dr. V. Crawford, Dr. Mayo

Dr. Aycock advised that at some point the Board will need to revisit our Telemedicine law as it is apparent that the Federation of State Medical Boards is looking at new guidelines. Dr. Aycock advised that he will do further research and the matter will be revisited at a later date.

PRESENTATION BY FREDA BUSH, M.D., FEDERATION OF STATE MEDICAL BOARDS UPDATE

Dr. Merideth introduced Dr. Bush and advised that she was a past president of the Board, currently treasurer of the Federation, and will be nominated for chair elect of the Federation at the annual meeting this year.

Dr. Bush gave an informative update on the Federation's current issues and discussed several resolutions that the House of Delegates will consider at the meeting this year.

FINAL ADOPTION OF AMENDMENT TO THE REGULATION CONCERNING LICENSURE REQUIREMENTS FOR THE PRACTICE OF MEDICAL DOCTORS AND OSTEOPATHIC PHYSICIANS

Motion was made by Dr. D. Crawford, seconded by Dr. Mayo, and carried unanimously of the Board's intent to final adopt the amended regulation concerning licensure requirements for the practice of medical doctors and osteopathic physicians. A copy of the amended regulation is attached hereto and incorporated by reference. The regulation will be filed with the Secretary of State under the Administrative Procedures Act.

FINAL ADOPTION OF AMENDMENT TO THE REGULATION CONCERNING COLLABORATION/CONSULTATION WITH NURSE PRACTITIONERS

Motion was made by Dr. Gibson, seconded by Dr. Mayo, and carried unanimously of the Board's intent to final adopt the amended regulation concerning collaboration/consultation with nurse practitioners. A copy of the amended regulation is attached hereto and incorporated by reference. The regulation will be filed with the Secretary of State under the Administrative Procedures Act.

BOARD MINUTES

March 12, 2009

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FINAL ADOPTION OF AMENDMENT CONCERNING REGULATION TO PRESCRIBING, ADMINISTERING AND DISPENSING OF MEDICATION

Motion was made by Dr. D. Crawford, seconded by Dr. Mayo, and carried unanimously of the Board's intent to final adopt the amended regulation concerning prescribing, administering and dispensing of medication. A copy of the amended regulation is attached hereto and incorporated by reference. The regulation will be filed with the Secretary of State under the Administrative Procedures Act.

STATEMENT OF ECONOMIC INTEREST INSTRUCTIONS

Dr. Craig advised the Board members that the Statement of Economic Interest has changed this year and also there is a \$10.00 a day fine for late filing. The deadline for filing is May 1, 2009.

OTHER BUSINESS

The next Executive Committee meeting is scheduled for Wednesday, May 20, 2009, and the Full Board on Thursday, May 21, 2009.

Dr. Easterling advised the Board that Linda McMullen, Deputy Director and General Counsel for Mississippi State Medical Association, had tendered her resignation effective April 7th. Dr. Easterling advised that she will be returning to Florida and that her services will be greatly missed by both MSMA and the Medical Board.

THE BOARD RECESSED AT 10:15 A.M. AND RETURNED AT 10:40 A.M.

Dr. Merideth addressed the Board and advised that the order of business was a hearing being conducted at the request of Dr. Thomas Grafton for the purpose of lifting the Order of Prohibition previously imposed upon his license. Dr. Merideth advised that pursuant to Section 1102 of the Board's regulations that the Board President may delegate ruling on procedural and evidentiary issues to their Attorney General representative. Dr. Merideth advised that he was delegating this to Ms. O'Neal, the Board's Assistant Attorney General. Also, Dr. Merideth advised that the same ruling will apply for the show cause hearing scheduled for Dr. Charles Knight later today. Dr. Merideth yielded the chair to Dr. Gibson to preside over the next two (2) hearings.

BOARD MINUTES

March 12, 2009

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HEARING IN THE CASE OF THOMAS W. GRAFTON, D.O., SOUTHAVEN, MISSISSIPPI MEDICAL LICENSE NUMBER 12613

Mr. Ingram, Complaint Counsel for the Board, introduced Dr. Grafton and advised the Board that he was here today requesting the Order of Prohibition imposed on his medical license on September 27, 2008, be lifted. Mr. Ingram advised that Dr. Grafton was here today without counsel. Ms. O'Neal questioned Dr. Grafton regarding legal representation, and Dr. Grafton stated that he wished to waive his right to an attorney and proceed without legal counsel.

Mr. Ingram entered exhibits into the record and briefly summarized Dr. Grafton's request for the Order of Prohibition to be lifted.

Dr. Grafton was called to the witness stand and was sworn in by the court reporter before he addressed the Board. Dr. Grafton advised that he has now completed all the requirements that the Board had requested of him and would like to return to work. After addressing the Board and answering several questions about future plans and work, the Board allowed Dr. Grafton to leave the witness stand.

Gary Carr, M.D., Medical Director, Mississippi Professionals Health Program (MPHP), was called as a witness and was sworn in by the court reporter. Dr. Carr addressed the Board and advised that Dr. Grafton has been working with MPHP and that Dr. Grafton is in compliance with their requests. Dr. Carr advised the Board that he was here today to advocate for Dr. Grafton.

Upon a motion by Dr. Aycock, seconded by Dr. Easterling, and carried unanimously the Board went into Executive Session to discuss the matter.

Upon a motion by Dr. Aycock, seconded by Dr. V. Crawford, and carried unanimously the Board came out of Executive Session at which time Dr. Gibson asked Dr. Mayo to report on the Board's decision. Dr. Mayo announced that the Board in a vote of 6 for, 1 against, and 1 member abstaining, to rescind the Order of Prohibition to practice medicine and impose the following restrictions on Dr. Grafton's ability to practice medicine:

- 1) No collaboration with APRN's and/or PA's
- 2) Limit his ER shifts to no more than three (3) 12 hour shifts per week
- 3) Comply with his MPHP contract; and
- 4) Appear before the Board and/or Executive Committee in 6 months.

A copy of the Order Lifting the Prohibition is attached hereto and incorporated by reference.

BOARD MINUTES
March 12, 2009
Page 7

A verbatim account of this proceeding was recorded by Aleshia Johnson, Court Reporter.

SHOW CAUSE HEARING IN THE MATTER OF CHARLES STROUD KNIGHT, M.D., JACKSON, MISSISSIPPI MEDICAL LICENSE NUMBER 06210

As previously discussed, the responsibility of ruling on procedural and evidentiary issues has been delegated to Ms. O'Neal, Assistant Attorney General. Dr. Gibson presided over this hearing.

Mr. Ingram introduced Dr. Knight and advised the Board that he was being represented by his son, Jeffrey Knight, Esq.

Mr. Ingram entered a number of exhibits and explained the charges as outlined in the Summons and Affidavit as well as providing the Board a brief history of Dr. Knight's non-compliance.

Mr. J. Knight addressed the Board and briefly explained the reasons why Dr. Knight felt that the Board should not revoke his Mississippi medical license and allow him the opportunity to comply with the previous Board's Order.

Mr. Ingram again addressed the Board and entered additional exhibits one of which was the Abstract of Court Record dated November 18, 2008. Mr. J. Knight objected to the exhibit of the Court Record from Flowood. After a brief discussion and input from Ms. O'Neal, motion was made by Dr. Mayo, seconded by Dr. Easterling, with only Dr. Merideth voting against, to accept the conviction from the Abstract of Court Record into evidence to be discussed.

Dr. Knight was sworn in and addressed the Board, requesting that they not revoke his Mississippi medical license. After Dr. Knight addressed the Board he answered questions from Board members as well as from Mr. Ingram and Mr. Knight.

DR. MERIDETH EXITED THE MEETING AT 12:15 P.M.

Closing comments were made by Mr. Ingram and Mr. J. Knight.

Upon a motion by Dr. Easterling, seconded by Dr. Mayo, and carried unanimously the Board went into Executive Session to discuss the matter.

Upon a motion by Dr. Aycock, seconded by Dr. D. Crawford, and carried unanimously the Board came out of Executive Session at which time Dr. Gibson asked Dr. Mayo to report on the Board's decision. Dr. Mayo announced that the Board in a 7

BOARD MINUTES

March 12, 2009

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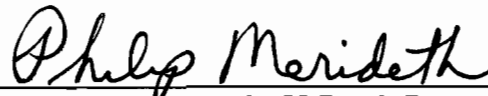
vote for, 1 vote absent, for the revocation of Dr. Knight's license. Dr. Mayo advised that the Board found Dr. Knight guilty as to Count I, not guilty of Count II, because it was not found to be a crime of moral turpitude, and guilty to Count III.

A copy of the Determination and Order is attached hereto and incorporated by reference.

A verbatim account of this proceeding was recorded by Aleshia Johnson, Court Reporter.

ADJOURNMENT

There being no further business, the meeting adjourned at 1:50 p.m., with the next scheduled meeting for Thursday, May 21, 2009.



Philip T. Merideth, M.D., J. D.
President



Don A. Gibson, M.D.
Vice President

Minutes taken and transcribed
by Sherry Harris
Staff Officer
March 12, 2009

COPY

NOTICE OF RULE ADOPTION—FINAL RULE

FILED
MAR 13 2009

STATE OF MISSISSIPPI
Mississippi State Board of Medical Licensure

MISSISSIPPI
SECRETARY OF STATE

Mississippi State Board of Medical Licensure
c/o Rhonda Freeman
1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216

(601) 987-3079
rhonda@msbml.state.ms.us

Specific Legal Authority Authorizing the promulgation of
Rule: {Insert citation to state or federal statute, or
rule Section 73-43-11

Reference to Rules repealed, amended or suspended by the
Proposed Rule : {Insert citation to specific rule(s) repealed,
amended or suspended Chapter 09 Collaboration/Consultation with
Nurse Practitioners

Date Rule Proposed:

Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule: {Insert here

This amendment defines the quality assurance/quality improvement program criteria required between a nurse practitioner and their collaborating physician.

_____ }

The Agency Rule Making Record for this rule including any written comments received during the comment period and the record of any oral proceeding is available for public inspection by contacting the Agency at the above address.

An oral proceeding was held on this rule:

Date:
Time:
Place:

An oral proceeding was not held on this rule.

The Agency has considered the written comments and the presentations made in any oral proceedings, and

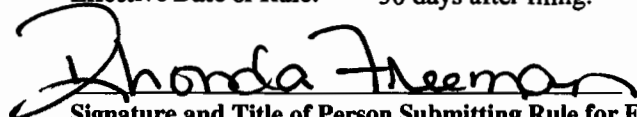
This rule as adopted is without variance from the proposed rule.

This rule as adopted differs from the proposed rule as there are minor editorial changes which affect the form rather than the substance of the rule.

The rule as adopted differs from the proposed rule. The differences however are:
Within the scope of the matters in the Notice of Proposed Rule Adoption, the logical outgrowth of the contents of the Notice of Proposed Rule Adoption and the comments submitted in response thereto, and
The Notice of Proposed Rule Adoption provided fair warning that the outcome of the proposed rule adoption could be the rule in question.

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Effective Date of Rule: 30 days after filing.



Signature and Title of Person Submitting Rule for Filing

Rhonda Freeman
Bureau Director

TELEPHONE: (601) 987-3079



FAX: (601) 987-4159

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

TO: Mississippi Secretary of State
From: Mississippi State Board of Medical Licensure
Date: March 12, 2009
Subject: Notice of Proposed Rule Adoption - Final Rule

Mississippi Code §73-43-11 gives the Mississippi State Board of Medical Licensure the power to promulgate and publish reasonable rules and regulations necessary to enable it to discharge its functions and to enforce the provisions of law regulating the practice of medicine.

This rule as adopted is without variance from the proposed rule.

This is an amendment to Board regulation, Chapter 09, Section 300, Collaboration/Consultation with Nurse Practitioners. This amendment defines the quality assurance/quality improvement program criteria required between a nurse practitioner and their collaborating physician.

Chapter 09 Collaboration/Consultation with Nurse Practitioners

Scope

- 100 These regulations apply to all individuals licensed to practice medicine or osteopathic medicine in the state of Mississippi.

Definitions

- 200 For the purpose of Chapter 09 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 who holds an unrestricted license or whose practice or prescriptive authority is not limited as a result of voluntary surrender or legal/regulatory order.
 2. "Free Standing Clinic" means a clinic or other facility wherein patients are treated by a nurse practitioner, which is more than fifteen (15) miles away from the primary office of the collaborative/consultative physician. Excluded from this definition are all licensed hospitals, state health department facilities, federally qualified community health clinics and volunteer clinics.
 3. "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.
 4. "Collaborating/Consulting Physician" means a physician who, pursuant to a duly executed protocol has agreed to collaborate/consult with a nurse practitioner.
 5. "Nurse Practitioner" means any person licensed 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.
 6. "Advanced Practice Registered Nurse" includes all nurse practitioners, certified nurse midwives and certified registered nurse anesthetists.

Board Review

- 300 Physicians who wish to collaborate/consult with a nurse practitioner who plans or anticipates practicing in a free standing clinic, must first (a) appear personally or by telephone before the Mississippi State Board of Medical Licensure and/or the Joint Committee of the Board of Medical Licensure and the Board of Nursing if the Board of Medical Licensure determines that the collaborative/consultative relationship may not be approved absent action from the Joint Committee, (b) present and discuss the protocol, and (c) obtain approval from the Board to act as a collaborating/consulting physician. The facts and matters to be considered by the Board shall include, but are not limited to, how the collaborating/consulting physician and nurse practitioner plan to implement the protocol, the method and manner of collaboration, consultation, and referral.
- 301 The requirement for Board appearance and approval set forth in Section 300 above also applies to any physician collaborating/consulting with a nurse practitioner who later moves to a free standing clinic under an existing protocol.

- 302 Where a nurse practitioner is practicing in a free standing clinic pursuant to an existing protocol as of the effective date of this regulation, the requirements of personal appearance or telephone interview and Board approval set forth in Section 300 above shall not be required until the next succeeding renewal date for said certificate as required by the Mississippi State Board of Nursing.
- 303 Where two or more physicians anticipate executing a protocol to collaborate/consult with a nurse practitioner practicing in a free standing clinic, it shall not be necessary that all of the physicians personally appear before the Mississippi State Board of Medical Licensure as required in Section 300. In this situation, the physician who will bear the primary responsibility for the collaboration/consultation with the nurse practitioner shall make the required personal appearance or telephone interview.
- 304 Each collaborative/consultative relationship shall include and implement a formal quality improvement program which shall be maintained on site and shall be available for inspection by representatives of the Mississippi State Board of Medical Licensure. The quality assurance/quality improvement program shall consist of:
1. Review by collaborative physician of a random sample of charts that represent 10% or 20 charts, whichever is less, of patients seen by the nurse practitioner every month. Charts should represent the variety of patient types seen by the nurse practitioner. Patients that the nurse practitioner and collaborating physician have consulted on during the month will count as one chart review.
 2. The nurse practitioner shall maintain a log of charts reviewed which include the identifier for the patient's charts, reviewers' names, and dates of review.
 3. Each nurse practitioner shall meet face to face with a collaborating physician once per quarter for the purpose of quality assurance and this meeting should be documented.

Re-evaluation of Nurse Practitioner Categories

- 400 Pursuant to authority granted in Mississippi Code, Section 73-15-5, the Mississippi State Board of Medical Licensure, along with the Mississippi Board of Nursing are granted authority to jointly promulgate rules and regulations governing nurse practitioners. In order to ensure the current nature and accuracy of said rules and regulations, the Board shall perform a review of said regulations every two (2) years. If changes are deemed necessary, joint action by the Board and Mississippi Board of Nursing shall be pursued.

Violation of Regulations

- 500 Any violation of the rules and regulations as enumerated above shall constitute unprofessional conduct in violation of Mississippi Code, Section 73-25-29(8).

Effective Date of Regulation

600 The above rules and regulations pertaining to collaborating/consulting physicians shall become effective September 21, 1991.

Amended May 19, 2005. Amended March 12, 2009.

**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
MARCH 12, 2009**

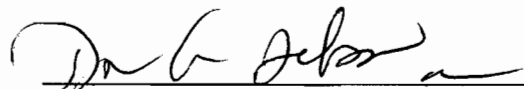
AGENDA ITEM: XII. Hearing in the case of Thomas W. Grafton, D.O.

Motion made by Dr. Easterling, seconded by Dr. D. Crawford, with 6 members voting for, 1 voting against, and 1 abstaining, to rescind the Order of Prohibition to practice medicine and impose the following restrictions on Dr. Grafton's ability to practice medicine:

- 1) No collaboration with APRN's and/or PA's
- 2) Limit his ER shifts to no more than 3 12 hour shifts per week
- 3) Comply with his MPHP contract
- 4) Appear before the Board and/or Executive Committee in 6 months

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.	X			
A. Wallace Conerly, M.D.	X			
Dewitt G. Crawford, M.D.	X			
Virginia M. Crawford, M.D.	X			
S. Randall Easterling, M.D.	X			
Don A. Gibson, M.D.	X			
William S. Mayo, D.O.		X		
Philip T. Merideth, M.D., J.D.				X

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



Don A. Gibson
Vice President


**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
MARCH 12, 2009**

AGENDA ITEM: XI. Show Cause Hearing in the matter of Charles Stroud Knight, M.D.

Motion made by Dr. Aycock, seconded by Dr. D. Crawford, with 7 members voting for and 1 member absent, to find Dr. Knight guilty as to Count I.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.	X			
A. Wallace Conerly, M.D.	X			
Dewitt G. Crawford, M.D.	X			
Virginia M. Crawford, M.D.	X			
S. Randall Easterling, M.D.	X			
Don A. Gibson, M.D.	X			
William S. Mayo, D.O.	X			
Philip T. Merideth, M.D., J.D.				X

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


Don A. Gibson
Vice President

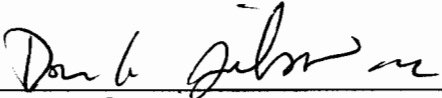
**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
MARCH 12, 2009**

AGENDA ITEM: XI. Show Cause Hearing in the matter of Charles Stroud Knight, M.D.

Motion made by Dr. D. Crawford, seconded by Dr. Aycock, with 6 members voting for, 1 voting against, and 1 member absent, to find Dr. Knight not guilty as to Count II because it was not found to be a crime of moral turpitude.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.	X			
A. Wallace Conerly, M.D.	X			
Dewitt G. Crawford, M.D.	X			
Virginia M. Crawford, M.D.	X			
S. Randall Easterling, M.D.		X		
Don A. Gibson, M.D.	X			
William S. Mayo, D.O.	X			
Philip T. Merideth, M.D., J.D.				X

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



Don A. Gibson
Vice President


**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
MARCH 12, 2009**

AGENDA ITEM: XI. Show Cause Hearing in the matter of Charles Stroud Knight, M.D.

Motion made by Dr. Aycock, seconded by Dr. V. Crawford, with 7 members voting for and 1 member absent, to find Dr. Knight guilty as to Count III.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.	X			
A. Wallace Conerly, M.D.	X			
Dewitt G. Crawford, M.D.	X			
Virginia M. Crawford, M.D.	X			
S. Randall Easterling, M.D.	X			
Don A. Gibson, M.D.	X			
William S. Mayo, D.O.	X			
Philip T. Merideth, M.D., J.D.				X

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



Don A. Gibson
Vice President

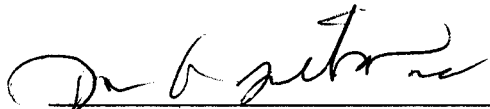
**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
MARCH 12, 2009**

AGENDA ITEM: XI. Show Cause Hearing in the matter of Charles Stroud Knight, M.D.

Motion made by Dr. Aycock, seconded by Dr. V. Crawford, with 7 members voting for and 1 member absent, for the revocation of Dr. Knight's license.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.	X			
A. Wallace Conerly, M.D.	X			
Dewitt G. Crawford, M.D.	X			
Virginia M. Crawford, M.D.	X			
S. Randall Easterling, M.D.	X			
Don A. Gibson, M.D.	X			
William S. Mayo, D.O.	X			
Philip T. Merideth, M.D., J.D.				X

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



Don A. Gibson
Vice President

NOTICE OF RULE ADOPTION—FINAL RULE

COPY FILED
MAR 13 2009
MISSISSIPPI
SECRETARY OF STATE

STATE OF MISSISSIPPI
Mississippi State Board of Medical Licensure

Mississippi State Board of Medical Licensure
c/o Rhonda Freeman
1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216

(601) 987-3079
rhonda@msbml.state.ms.us

Specific Legal Authority Authorizing the promulgation of Rule: {Insert citation to state or federal statute, or rule Section 73-43-11

Reference to Rules repealed, amended or suspended by the Proposed Rule :{Insert citation to specific rule(s) repealed, amended or suspended Chapter 02 Licensure Requirements for the Practice of Medical Doctors and Osteopathic Physicians

Date Rule Proposed:

Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule: {Insert here Amendments to this regulation will require applicants for medical license to graduate from a medical school approved by the California Medical Board or the Caribbean Accreditation Authority.

The Agency Rule Making Record for this rule including any written comments received during the comment period and the record of any oral proceeding is available for public inspection by contacting the Agency at the above address.

An oral proceeding was held on this rule:

Date:
Time:
Place:

An oral proceeding was not held on this rule.

The Agency has considered the written comments and the presentations made in any oral proceedings, and

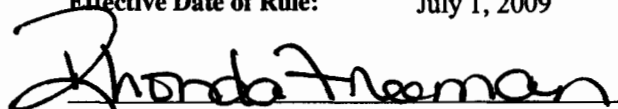
This rule as adopted is without variance from the proposed rule.

This rule as adopted differs from the proposed rule as there are minor editorial changes which affect the form rather than the substance of the rule.

The rule as adopted differs from the proposed rule. The differences however are:
Within the scope of the matters in the Notice of Proposed Rule Adoption, the logical outgrowth of the contents of the Notice of Proposed Rule Adoption and the comments submitted in response thereto, and
The Notice of Proposed Rule Adoption provided fair warning that the outcome of the proposed rule adoption could be the rule in question.

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Effective Date of Rule: July 1, 2009


Signature and Title of Person Submitting Rule for Filing

Rhonda Freeman
Bureau Director

TELEPHONE: (601) 987-3079



FAX: (601) 987-4159

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

TO: Mississippi Secretary of State
From: Mississippi State Board of Medical Licensure
Date: March 12, 2009
Subject: Notice of Proposed Rule Adoption - Final Rule

Mississippi Code §73-43-11 gives the Mississippi State Board of Medical Licensure the power to promulgate and publish reasonable rules and regulations necessary to enable it to discharge its functions and to enforce the provisions of law regulating the practice of medicine.

This rule as adopted is without variance from the proposed rule.

This is an amendment to Board regulation, Chapter 02, Licensure Requirements for the Practice of Medical Doctors and Osteopathic Physicians. This amendment will require applicants for medical license to graduate from a medical school approved by the California Medical Board or the Caribbean Accreditation Authority.

Chapter 02 Licensure Requirements for the Practice of Medical Doctors and Osteopathic Physicians

Licensure by Examination

- 100 To qualify for admission by examination, an individual shall meet the following requirements, provided that the Board may admit any individual to the examination while reserving its right to deny licensure if that individual fails to meet all requirements for licensure subsequent to success or completion of the examination:
1. Applicant must satisfy the Board that he or she is at least twenty-one (21) years of age and of good moral character.
 2. Present a diploma from a reputable medical college or college of osteopathic medicine, subject to the following conditions:
 - a. If the degree is from a medical college or a college of osteopathic medicine in the United States or Puerto Rico, the medical college must be accredited at the time of graduation by the Liaison Committee on Medical Education (LCME), a Joint Committee of the Association of American Medical Colleges (AAMC) and the American Medical Association (AMA), or if a college of osteopathic medicine, must be accredited by the Professional Education Committee of the American Osteopathic Association (AOA).
 - b. If the degree is from a Canadian medical school, the school must be accredited at the time of graduation by the Liaison Committee on Medical Education (LCME) and by the Committee on Accreditation for Canadian Medical Schools, as sponsored by the Canadian Medical Association and Association of Canadian Medical Colleges.
 - c. If the degree is from a foreign medical school, the school must be included in the list of medical schools recognized by the Medical Board of California at the time of graduation. However, if the medical school is located in the British Overseas Territories, the medical school must be accredited by the Caribbean Accreditation Authority for Education in Medicine and Other Health Professions (CAAM-HP) at the time of graduation. In addition, the applicant must either (i) possess a valid certificate from the ECFMG or (ii) document successful completion of a Fifth Pathway program, as described in Section 101.
 - d. Any diploma or other document required to be submitted to the Board by an applicant which is not in the English language must be accompanied by a certified translation thereof into English.
 3. Applicants for licensure by examination must present documentation of having completed at least one (1) year of postgraduate training in the United States accredited by the Accreditation Council for Graduate Medical Education (ACGME) or by the AOA; or training in Canada accredited by the Royal College of Physicians and Surgeons.
 4. Present certified copy of birth certificate or valid passport.
 5. Subject to the provisions of Section 300.1 and 300.2, an applicant must successfully complete and pass all parts/steps of the FLEX or USMLE.

6. Complete an application for medical license and submit it to the Board in the manner prescribed by the Board with a recent passport type photograph.
 7. Submit fee prescribed by the Board; however, any fees related to permanent licensure may be deferred for applicants indicating a desire to practice medicine under a Temporary License or Limited License within the confines of an ACGME or AOA approved postgraduate training program pursuant to Chapter 04 of these regulations.
 8. Appear for a personal interview in the office of the Mississippi State Board of Medical Licensure, successfully pass the Jurisprudence Examination as administered by the Board, and submit for a criminal background check.
- 101 A Fifth Pathway Program, as a prerequisite for licensure by examination pursuant to Section 100.2.c.ii, will be considered on an individual basis. Students who have completed the academic curriculum in a foreign medical school and who have fulfilled the conditions set forth, may be offered the opportunity to substitute for an internship required by the foreign medical school, an academic year of supervised clinical training prior to entrance into the first year of ACGME or AOA approved postgraduate medical education. The supervised clinical training (Fifth Pathway) must be under the direction of a medical school accredited by the LCME. Fifth Pathway will be available to students who have fulfilled the following conditions:
1. Completed, in an accredited American college or university, undergraduate pre-medical work of the quality acceptable for matriculation in an accredited U.S. medical school.
 2. Studied medicine at a medical school located outside the United States, Puerto Rico and Canada but which is recognized by the World Health Organization.
 3. Completed all of the formal requirements of the foreign medical school except internship and/or social service.
- 102 The Board will accept for examination or licensure only those individuals completing Fifth Pathway Programs by December 31, 2009.
- 103 Prior to issuance of a permanent Mississippi medical license, a graduate of a foreign medical school who has successfully completed all other requirements of application for licensure by examination must present documentation of having completed at least three (3) years of ACGME-approved postgraduate training in the United States or training in Canada approved by the Royal College of Physicians and Surgeons.

Licensure by Reciprocity or Endorsement

- 200 The Board endorses, for the purpose of reciprocity, licenses to practice medicine obtained in most states by written examination prior to March 8, 1973. Subject to the provisions of Section 300 below, all applicants for medical licensure by reciprocity who took the FLEX between March 8, 1973, and January 24, 1985, must have passed the FLEX taken in one three-day sitting with a weighted average of 75 or higher in order to obtain licensure in Mississippi. The Board will not accept scores of more than one administration of the FLEX which have been combined (factored) to provide a FLEX

weighted average of 75 or higher. From and after January 24, 1985, an applicant for medical licensure by reciprocity must have passed both Components I and II of the FLEX with a score of 75 to be considered the passing grade for each component. From and after June 1994, the Board shall endorse, for the purpose of reciprocity, licenses to practice medicine from applicants who have successfully taken Steps 1, 2 and 3 of the USMLE.

- 201 Those doctors of osteopathic medicine who graduated prior to June 1, 1973, and who make application for licensure by reciprocity with another state will be considered only if they took and passed the same written licensure examination given in that state at that time to graduates of medical schools. A statement to this effect will be obtained by this Board from that licensing board.
- 202 The Board may affiliate with and recognize for the purpose of waiving examination and may grant licenses to Diplomates of the NBME; on or after February 13, 1973, to Diplomates of the NBOME and licentiates of the Medical Council of Canada. If a Diplomate of the NBME or NBOME, the applicant must have a Certification of Endorsement from that Board submitted directly to the Board. If seeking endorsement with the Medical Council of Canada, the applicant must have a Certificate of Standing submitted directly to the Board.
- 203 The applicant must have the state board where the original license was obtained by examination submit a certified copy of the examination to the Board.
- 204 The Board may grant a license by reciprocity to a graduate of a foreign medical school who was licensed in another state by written examination prior to March 8, 1973, if he or she is certified by a board recognized by the American Board of Medical Specialties. A statement verifying that the applicant is currently certified must be submitted directly to the Board by the American Board of Medical Specialties Board. The applicant must comply with all other licensure requirements for foreign medical graduates.
- 205 In addition to the above requirements for licensure by reciprocity and/or endorsement, an individual shall meet the following requirements:
 1. Applicant must be twenty-one (21) years of age and of good moral character.
 2. Present a diploma from a reputable medical college or college of osteopathic medicine, subject to the following conditions:
 - a. If the degree is from a medical college or a college of osteopathic medicine in the United States or Puerto Rico, the medical college must be accredited at the time of graduation by the Liaison Committee on Medical Education (LCME), a Joint Committee of the Association of American Medical Colleges (AAMC) and the American Medical Association (AMA) or the College of Osteopathic Medicine must be accredited by the American Osteopathic Association (AOA).
 - b. If the degree is from a Canadian medical school, the school must be accredited at the time of graduation by the Liaison Committee on Medical Education (LCME) and by the Committee on Accreditation for Canadian

Medical Schools, as sponsored by the Canadian Medical Association and Association of Canadian Medical Colleges.

- c. If the degree is from a foreign medical school, the school must be included in the list of medical schools recognized by the Medical Board of California at the time of graduation. However, if the medical school is located in the British Overseas Territories, the medical school must be accredited by the Caribbean Accreditation Authority for Education in Medicine and Other Health Professions (CAAM-HP) at the time of graduation. In addition, the applicant must either (i) possess a valid certificate from the ECFMG or (ii) document successful completion of a Fifth Pathway program, as described in Section 101, and be currently board certified by a specialty board recognized by the American Board of Medical Specialties or the American Osteopathic Association.
 - d. Any diploma or other document required to be submitted to the Board by an applicant which is not in the English language must be accompanied by a certified translation thereof into English.
3. If a graduate from a medical college or college of osteopathic medicine in the United States, Canada or Puerto Rico, applicant must present documentation of having completed at least one (1) year of postgraduate training in the United States accredited by the Accreditation Council for Graduate Medical Education (ACGME) or by the AOA; or training in Canada accredited by the Royal College of Physicians and Surgeons.
 4. If a graduate from a foreign medical school, applicant must present documentation of having completed either:
 - a. three (3) or more years of ACGME-approved postgraduate training in the United States or training in Canada approved by the Royal College of Physicians and Surgeons; or
 - b. at least one (1) year of ACGME-approved postgraduate training in the United States or training in Canada approved by the Royal College of Physicians and Surgeons, be currently board certified by a specialty board recognized by the American Board of Medical Specialties or the American Osteopathic Association and must have approval by the Mississippi State Board of Medical Licensure.
 5. An applicant who otherwise possesses all of the qualifications for licensure by reciprocity/endorsement, but has not taken a medical proficiency examination or licensure examination within ten (10) years prior to filing his or her application, must pass the Special Purpose Examination (SPEX)* as administered by and under auspices of the Board, unless the applicant:
 - a. Submits satisfactory proof of current certification by an American Board of Medical Specialties or American Osteopathic Association approved

* SPEX (SPECIAL PURPOSE EXAMINATION) is a cognitive examination assisting licensing jurisdictions in their assessment of current competence requisite for general, undifferentiated medical practice by physicians who hold or have held a valid license in a U.S. jurisdiction. SPEX is made available through the Federation of State Medical Boards of the United States, Incorporated.

- specialty board; or
 - b. Submits proof that the applicant's sole purpose for seeking licensure is to serve as the Dean, Chairman of the Department or Faculty of the University of Mississippi School of Medicine. In such case, a license shall remain in effect so long as Licensee is a member of the faculty of the University School of Medicine.
6. Present certified copy of birth certificate or valid passport.
 7. Complete an application for medical license and submit it to the Board in a manner prescribed by the Board with a recent passport type photograph.
 8. Submit fee prescribed by the Board.
 9. Appear for a personal interview in the office of the Mississippi State Board of Medical Licensure, successfully pass the Jurisprudence Examination as administered by the Board, and submit for a criminal background check.
- 206 Graduates of foreign medical schools seeking licensure by reciprocity or endorsement via Fifth Pathway Programs will be considered on an individual basis subject to those requirements set forth in Section 101.

Licensure Examinations

- 300 For the purpose of licensing by examination and reciprocity, the Board recognizes three (3) separate and distinct examinations, to-wit: The examinations administered by the NBME, FLEX and USMLE. The Board adopted the FLEX as a method of licensure by examination on March 8, 1973. Prior to this date, the Board administered a written examination and endorsed, for the purposes of reciprocity, licenses to practice medicine or osteopathic medicine obtained in most states by written examination. A separate discussion of each examination and this Board's requirements for the purpose of licensure is as follows:
1. FLEX
 - a. The Board adopted the Federation Licensing Examination (FLEX) as the method of licensure by examination on March 8, 1973. The last regular administration of the FLEX was December 1993. The Board will recognize FLEX as a valid medical licensing examination subject to all requirements heretofore and hereinafter set forth.
 - b. Prior to January 24, 1985, the FLEX examination was divided into three components:
 - Day I--Basic Science
 - Day II--Clinical Science
 - Day III--Clinical CompetenceIn order to pass this examination, each applicant must have obtained a FLEX weighted average of 75 with Day I given a value of 1/6 of the entire examination, Day II given a value of 2/6, and Day III given a value of 3/6. The Board may make an exemption to the weighted average of 75 if the applicant has completed an approved residency program and is currently certified by a specialty board recognized by the American Board of Medical Specialties or the American Osteopathic Association.

After January 24, 1985, the Board has approved administration of a new FLEX examination with a different design from that administered since 1973. This examination is a three-day examination, and is comprised of two components. Component I consists of one and one-half (1½) days and judges the readiness of a physician to practice medicine in a supervised setting. Component II consists of one and one-half (1½) days and judges the readiness of a physician to practice independently. A score of 75 is considered a passing grade for each component. If taken separately, Component I must be passed before taking Component II.

- c. An applicant has seven (7) years in which to pass both components of the FLEX. An applicant is required to repeat only that component failed. A candidate who is unsuccessful in passing the FLEX after three (3) attempts will be required to take one additional year of post-graduate training approved by the Accreditation Council for Graduate Medical Education (ACGME) before being eligible to take the FLEX again. Following completion of the year of postgraduate training, applicant may be allowed three (3) additional attempts to pass the FLEX.

2. USMLE

- a. The Board adopted the United States Medical Licensing Examination (USMLE) as an additional method of licensure by examination on September 16, 1993. The USMLE replaced FLEX and the NBME certification examinations during a phase-in period from 1992 to 1994. Unlike the three-day (two component) FLEX, USMLE is a three-step examination that consists of three two-day examinations, Step 1, Step 2 and Step 3. Each step is complementary to the other; no step can stand alone in the assessment of readiness for medical licensure. Unlike the FLEX, which must be taken upon or after graduation from medical school, most applicants will take Step 1 and 2 of the USMLE during their medical school years. Step 3 will be taken after graduation.
- b. To be eligible for Step 1 or Step 2 of the USMLE, an applicant must be an officially enrolled medical student or a graduate of a United States, Puerto Rican or Canadian medical school accredited by the LCME or the AOA, or an officially enrolled medical student or a graduate of a foreign medical school and eligible for examination by the ECFMG for a certificate.
- c. To be eligible to take Step 3 of USMLE, an applicant must (a) complete an application for a Mississippi medical license and (b) meet all other requirements for licensure, as provided in Section 100.
- d. A score of 75 is necessary to successfully pass each step of the USMLE.
- e. USMLE Steps 1, 2 and 3 must be passed within a seven-year time period beginning when the examinee passes his or her first Step. The Board, at its discretion, may waive this requirement based on extraordinary circumstances. The Board encourages all applicants to take Step 3 of the USMLE as soon as possible following receipt of the M.D. or D.O. degree. An applicant has seven (7) years in which to pass all steps of the USMLE. A candidate who is unsuccessful in passing Step 3 after three (3) attempts will be required to take one (1) additional year of ACGME-approved

postgraduate training before being eligible to take Step 3 again. Following completion of the year of postgraduate training, the applicant may be allowed three (3) additional attempts to pass Step 3 of the USMLE.

3. NBME or NBOME

The Board recognizes for the purpose of reciprocity and waiving examination, diplomates of the NBME and on or after February 13, 1973, diplomates of the NBOME. Both examinations are administered in three (3) parts, Parts I, II and III. Applicants must have the NBME or NBOME submit a certificate evidencing successful completion of the examination directly to the Board.

4. EXAM COMBINATIONS

Now that the FLEX and examinations administered by the NBME have been phased out, the Board will accept passing scores for the following combinations of the FLEX, NBME and USMLE examinations:

EXAMINATION SEQUENCE	ACCEPTABLE COMBINATIONS
NBME Part I <i>plus</i> NBME Part II <i>plus</i> NBME Part III	NBME Part I or USMLE Step 1 <i>plus</i> NBME Part II or USMLE Step 2 <i>plus</i> NBME Part III or USMLE Step 3
FLEX Component I <i>plus</i> FLEX Component II	FLEX Component I <i>plus</i> USMLE Step 3 <i>or</i> NBME Part I or USMLE Step 1 <i>plus</i> NBME Part II or USMLE Step 2 <i>plus</i> FLEX Component II
USMLE Step 1 <i>plus</i> USMLE Step 2 <i>plus</i> USMLE Step 3	

Amended September 13, 1997. Amended January 18, 2001. Amended February 18, 2003. Amended March 8, 2007. Amended May 17, 2007. Amended January 24, 2008. Amended July 1, 2009.

COPY

NOTICE OF RULE ADOPTION—FINAL RULE

FILED
MAR 13 2009

STATE OF MISSISSIPPI
Mississippi State Board of Medical Licensure

MISSISSIPPI
SECRETARY OF STATE

Mississippi State Board of Medical Licensure
c/o Rhonda Freeman
1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216

(601) 987-3079
rhonda@msbml.state.ms.us

Specific Legal Authority Authorizing the promulgation of Rule: {Insert citation to state or federal statute, or rule Section 73-43-11}

Reference to Rules repealed, amended or suspended by the Proposed Rule :{Insert citation to specific rule(s) repealed, amended or suspended Chapter 25 Regulations to Prescribing, Administering and Dispensing of Medication}

Date Rule Proposed:

Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule: {Insert here
This amends section 900 of the current regulation to remove the statement that physicians must never delegate to non-physician personnel the responsibility to determine the type, dosage, frequency of application and number of refills of any controlled substances prescribed.

The Agency Rule Making Record for this rule including any written comments received during the comment period and the record of any oral proceeding is available for public inspection by contacting the Agency at the above address.

An oral proceeding was held on this rule:

Date:
Time:
Place:

An oral proceeding was not held on this rule.

The Agency has considered the written comments and the presentations made in any oral proceedings, and

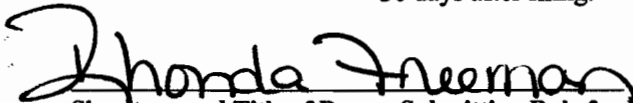
This rule as adopted is without variance from the proposed rule.

This rule as adopted differs from the proposed rule as there are minor editorial changes which affect the form rather than the substance of the rule.

The rule as adopted differs from the proposed rule. The differences however are:
Within the scope of the matters in the Notice of Proposed Rule Adoption, the logical outgrowth of the contents of the Notice of Proposed Rule Adoption and the comments submitted in response thereto, and
The Notice of Proposed Rule Adoption provided fair warning that the outcome of the proposed rule adoption could be the rule in question.

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Effective Date of Rule: 30 days after filing.



Signature and Title of Person Submitting Rule for Filing

Rhonda Freeman
Bureau Director

TELEPHONE: (601) 987-3079



FAX: (601) 987-4159

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

TO: Mississippi Secretary of State

From: Mississippi State Board of Medical Licensure

Date: March 12, 2009

Subject: Notice of Proposed Rule Adoption - Final Rule

Mississippi Code §73-43-11 gives the Mississippi State Board of Medical Licensure the power to promulgate and publish reasonable rules and regulations necessary to enable it to discharge its functions and to enforce the provisions of law regulating the practice of medicine.

This rule as adopted is without variance from the proposed rule.

This is an amendment to Board regulation, Chapter 25, Section 900, Regulations Pertaining to Prescribing, Administering and Dispensing of Medication, Prescription Guidelines - Controlled Substances. It removes the statement that physicians must never delegate to non-physician personnel the responsibility to determine the type, dosage, frequency of application and number of refills of any controlled substances prescribed.

Chapter 25 Regulations Pertaining to Prescribing, Administering and Dispensing of Medication

Scope

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

Definitions

- 200 For the purpose of Chapter 25 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, 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 Section 601 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.

Registration for Controlled Substances Certificate

- 300 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.
- 301 Pursuant to authority granted in Mississippi Code, 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 Section 300 above. In the event, however, a physician has had limitations or other

restrictions placed upon his or her license wherein he or she 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.

- 302 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, Sections 41-29-101 et seq.
- 303 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, 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, Section 41-29-105(q).

Maintenance of Records and Inventories

- 400 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 chapter.
- 401 Controlled substances inventory record. All controlled substances classified under Schedules II, IIN, III, IIN, 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, IIN, 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.
- 402 Controlled substances dispensation/administration record. Every physician who shall dispense or administer Schedules II, IIN, III, IIN, 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, IIN, 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, IIN, IV and V controlled substances. The record shall contain the following information:
1. The date the controlled substance was dispensed or administered.
 2. The name, quantity and strength/dose of the controlled substance dispensed or

- administered.
3. The method of administration of the controlled substance, i.e. oral, IV or subcutaneous.
 4. The name and address of the patient to whom the controlled substance was dispensed or administered.
 5. 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.

403 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 Appendixes "C" and "D" to these regulations.

404 Patient Record. A physician who prescribes, dispenses or administers a controlled substance shall maintain a complete record of his or her 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 section 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, Section 41-29-125.

405 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

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 or she may recommend a course of treatment to relieve the symptoms and cure the patient of his or her ailment or maintain him or her 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

- 406 A physician shall not sell or trade any medication which he or she receives as prepackaged samples or starter packs, whether or not said samples are controlled substances, legend drugs or other medication.
- 407 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, Section 41-29-125.
- 408 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 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

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 P2d 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 or her 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.

State Board of Medical Licensure.

Use of Diet Medication

- 500 Pursuant to Mississippi Code, 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.
- 501 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:
1. Before initiating treatment utilizing a Schedules III, IV or V controlled substance, the physician determines through review of his or her 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.
 2. 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.
 3. The physician shall not utilize any Schedules III, IV or V controlled substance when he or she knows or has reason to believe that a recognized contraindication to its use exists.
 4. The physician shall not utilize any Schedules III, IV or V controlled substance in the treatment of a patient whom he or she knows or should know is pregnant.
 5. 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:
 - a. 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 or her first such treatment attempt may be treated with a different controlled substance for

an additional thirty (30) days.

- b. 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.
- c. That the patient has a history of or shows a propensity for alcohol or drug abuse.
- d. 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 (30) day supply; and a patient's use of stimulants, whether by dispensation or prescription shall be limited to no more than six (6) thirty (30) day supplies during any twelve (12) 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.

- 6. 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 501.5.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.

502 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.

Use of Controlled Substances for Chronic (Non-Terminal) Pain

600 Definitions

For the purpose of Section 600 only, the following terms have the meanings indicated:

- 1. "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.

2. "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.
3. "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.
4. "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.
5. "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.
6. "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.

601 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.

602 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:

1. 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 or her 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.

2. 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.
3. 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.
4. 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.

603 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.

604 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.

605 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.

Drug Maintenance Requirements

- 700 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 section 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.
- 701 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.
- 702 The drug storage and dispensing area shall be maintained in a sanitary fashion.
- 703 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.
- 704 All drug products shall be maintained, stored and dispensed in such a manner as to maintain the integrity of the product.

Labeling Requirements for Dispensing Physicians

800 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.

801 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:

1. The name of the patient to whom the medication was dispensed.
2. The date that the medication was dispensed.
3. The name, strength and quantity of the medication.
4. Direction for taking or administering the medication.
5. The name and address of the physician dispensing the medication.

The label required by this section 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.

802 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.

Prescription Guidelines—Controlled Substances

900 It is the responsibility of the physician or physician assistant to determine the type, dosage, form, frequency of application and number of refills of any controlled substances prescribed to a patient. It is recognized that other healthcare providers may prescribe controlled substances. The following requirements apply to all prescriptions for controlled substances written by healthcare professionals with controlled substance prescriptive authority regulated by the Mississippi State Board of Medical Licensure:

1. All prescriptions for controlled substances must be written in strict compliance with Mississippi Code, Sections 41-29-101 through 41-29-311 and Title 21 of U.S. Code of Federal Regulations, Part 1306.
2. On all prescriptions of controlled substances wherein refills are permitted, physicians shall indicate the appropriate refills, not to exceed five (5), or mark “none.”
3. 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.
4. 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.
5. A physician shall not pre-sign blank prescription pads or order forms under any circumstances.
6. 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:

- a. 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 section are in addition to, and not in lieu of documentation required in Section 404.

- b. 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 Section 900.6.a above.

- c. 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 Section 900.6.a above.
 - d. Each system shall have policies and procedures that address the following:
 - i. The patient shall not be restricted from access to the pharmacy of their choice.
 - ii. 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.
 - iii. 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.
7. No more than one (1) controlled substance shall be issued on a single prescription blank.

Prescription Guidelines - All Medications

- 1000 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:
1. Electronic prescription transmissions are allowed using standards established and approved by the United States Department of Health and Human Services-- Agency for Healthcare Research and Quality (HHS-AHRQ). E-prescribing is the electronic entry of a prescription by a practitioner, the secure electronic transmission of the prescription to a pharmacy, the receipt of an electronic message by the pharmacy and E-prescription renewal requests sent electronically by the pharmacy to the practitioner. Electronic transmissions may be computer to computer or computer to facsimile.
 2. 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 electronic prescriptions and telefaxed prescriptions (but not e-mail) for non-controlled drugs to the pharmacy of the patient's choice. Such telefaxed or electronic prescriptions shall be authorized by a written or electronic signature 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 or electronically transmitted.

3. All written 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. Each prescription form shall bear the pre-printed name of the physician, or the physician shall clearly print his or her 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. In the case of a prescription that is electronically generated and transmitted, the physician must make an overt act when transmitting the prescription to indicate either "dispense as written" or "substitution permissible". When done in conjunction with the electronic transmission of the prescription, the prescriber's overt act indicates to the pharmacist that the brand name drug prescribed is medically necessary.
4. If a prescription form which does not contain two signature lines required in Section 1000.3 of this Chapter is utilized by the physician, he or she shall write in his or her own handwriting the words "dispense as written" thereupon to prevent product selection.
5. 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.
6. A prescription shall no longer be valid after the occurrence of any one of the following events:
 - a. Thirty (30) days after the death of the issuing physician.
 - b. Thirty (30) days after the issuing physician has moved or otherwise changed the location of his or her 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.
 - c. Insofar as controlled substances are concerned, immediately after loss of DEA Controlled Substances Privilege by the issuing physician.
 - d. Immediately after revocation, suspension or surrender of the physician's license.

Freedom of Choice

- 1100 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.
- 1101 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.
- 1102 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.

Other Drugs Having Addiction-forming Liability

- 1200 All physicians shall maintain inventory, dispensation/administration and patient records in the same format as that required by Section 400 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.

Security of Controlled Substances

- 1300 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 or she 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.
- 1301 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.

Violation of Regulations

- 1400 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, Section 73-25-29(3).
- 1401 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, Section 73-25-29(8)(d).

Effective Date of Regulations

- 1500 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; as amended October 14,

2004; as amended November 8, 2007; as amended May 15, 2008; and as amended March 12, 2009.

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

THOMAS W. GRAFTON, D.O.

DETERMINATION AND ORDER

WHEREAS, Thomas Webber Grafton, D.O., hereinafter referred to as "Licensee", was issued Medical License Number 12613 On July 23, 1990, by the Mississippi State Board of Medical Licensure, hereinafter referred to as "the Board", to practice medicine in the State of Mississippi;

WHEREAS, on September 23, 2008, the Board issued an Order of Prohibition immediately prohibiting Licensee from practicing medicine until such time as Licensee underwent a complete evaluation for impairment by a treatment facility approved by the Board and, thereafter, found capable of returning to the practice of medicine by the Board.

WHEREAS, on February 10, 2009, Licensee submitted a written request to the Board for a hearing to lift the Order of Prohibition to allow Licensee to return to the practice of medicine.

WHEREAS, on March 12, 2009, Licensee appeared before the Board seeking authorization to return to the practice of medicine. Appearing with Licensee was Gary D. Carr, M.D., Medical Director of the Mississippi Professionals Health Program ("MPHP"), who notified the Board that the MPHP advocated Licensee's return to practice. The Board determined Licensee had completed evaluation and treatment from the Extended Care Program at Bradford Health Services and that Licensee had undergone recommended neuropsychological evaluation by a Board approved neuropsychologist who determined Licensee was without significant cognitive deficits that would preclude his ability to return to practice.

WHEREAS, sufficient documentation has been placed in possession of the Board evidencing full and complete compliance with the conditions set forth in the order of September 23, 2008;

NOW THEREFORE, the September 23, 2008 Order, of Prohibition is hereby lifted and Licensee is hereby authorized to return to the practice of medicine, subject, however, to the following special terms and provisions set forth, to-wit:

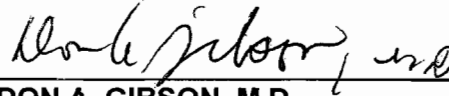
1. Licensee is prohibited for engaging in any collaborative or supervisory relationship with any registered nurse practitioner or physician assistant.
2. Licensee is prohibited from to working more than three (3) twelve (12) hour shifts per week.
3. Licensee shall obtain and maintain affiliation and enter into a recovery contract with the Mississippi Health Professionals Program and shall comply with all affiliation requirements of the MPHP, its Medical Director or the Mississippi Impaired Physician's Committee (MIPC).
4. Licensee shall appear before the Board or the Board's Executive Committee within six (6) months from the date of this Order to provide the Board a status update regarding compliance with this Order and Licensee's continued recovery.

IT IS FURTHER ORDERED, that pursuant to Section 73-25-27, a copy of this Order shall be sent by registered mail or personally served upon Thomas W. Grafton, D.O.

SO ORDERED, this the 12th day of March, 2009.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY:


DON A. GIBSON, M.D.
VICE PRESIDENT

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

CHARLES KNIGHT, M.D.

DETERMINATION AND ORDER

THIS MATTER came on regularly for a hearing before the Mississippi State Board of Medical Licensure, hereinafter referred to as the "Board", pursuant to Title 73, Chapter 25, Mississippi Code of 1972, Annotated.

Charles Knight, M.D., hereinafter referred to as "Licensee", is a physician licensed to practice medicine in the State of Mississippi, currently holding lapsed or expired Mississippi License Number 06210. The Board initiated these proceedings on February 10, 2009, by issuance of an Order to Show Cause with attached Affidavit from Thomas Washington, Bureau Director, after Licensee had been found guilty of practicing a profession without a license by the Flowood Municipal Court. The Order to Show Cause and Affidavit were served upon Licensee on February 10, 2009. Based on the finding of guilty by the Flowood Municipal Court and Licensee's failure to comply with previous order of the Board, the affidavit set forth three (3) claims against Licensee, alleging violations of Subsections (6) and (8)(d) of Mississippi Code Annotated, Section 73-25-29 and Subsection (a) of Section 73-25-83.

Licensee appeared before the Board on March 12, 2009, and heard all testimony and evidence introduced against him. Licensee was represented by Honorable Jeffery Knight, who was also present for all proceedings in this matter. Complaint Counsel for the Board was Honorable Stan T. Ingram and Pamela S. Ratliff. Sitting as legal advisor to the Board was Honorable Ellen O'Neal, Assistant Attorney General. Board members present for the hearing were Randall Easterling, M.D.; Virginia Crawford, M.D.; Larry Aycock, M.D.; Don A. Gibson, M.D.; William Mayo, D.O.; Dewitt Crawford, M.D.; and Wallace Conerly, M.D. Philip Meredith, M.D., J.D. (Board

President), was present during a portion of the proceeding and delegated the duties of Board President to Don A. Gibson, M.D. Dr. Meredith did not participate in the final decision of the Board.

Witnesses testifying during the proceeding on the merits of the charges against Licensee were Dr. Charles Knight.

Based upon the evidence and testimony presented, the Board renders the following Findings of Fact and Conclusions of Law:

FINDINGS OF FACT

At the hearing, Licensee acknowledged and testified that he failed to comply with all the terms of the July 25, 2007, Order. Specifically, Licensee acknowledged and testified that he no longer schedules or attends monthly meetings with H. Vann Craig, M.D., Executive Director; that his last meeting with Dr. Craig took place in May 2008; and that he has not completed a clinical skills assessment exam. More importantly, Licensee acknowledged and testified that he has not insured that each of his health care providers submitted monthly progress reports to the Board, all as required by the aforementioned Board order of July 25, 2007.

During the hearing, Licensee acknowledged and testified that on June 11, 2008, he performed a circumcision on an infant while Licensee visited River Oaks Hospital. Licensee further acknowledged and testified that as of date of the circumcision, June 11, 2008, Licensee did not have an active medical license nor did he have medical/surgical staff privileges at River Oaks Hospital or at any hospital.

Licensee further acknowledged and testified to having been convicted of the charge of practicing a profession without a license as a result of Licensee's plea of no contest to the charge, pursuant to a certified copy of the November 18, 2008, Abstract of Court Record from the Flowood Municipal Court, adjudicating guilt to Licensee for practicing a profession without a license.

CONCLUSIONS OF LAW

COUNT I

Based upon the evidenced presented, the Board finds sufficient evidence to support this charge. The Board finds that Licensee is guilty of being in violation of an order, stipulation or agreement with the Board, as a result of his failure to abide by the terms and conditions for licensure reinstatement as set forth in the July 25, 2007, Order entered by the Mississippi State Board of Medical Licensure, in violation of Subsection (13) of Section 73-25-29, Mississippi Code Annotated and Licensee is guilty of unprofessional conduct, in violation of Mississippi Code Annotated, Section 73-25-29(8)(d) and Section 73-25-83(a).

COUNT II

Based upon the specific facts and evidence presented, the Board finds insufficient evidence to support the charge that Licensee has been convicted of a misdemeanor involving moral turpitude, in violation of Subsection (6) of Section 73-25-29, Miss. Code Ann.

COUNT III

Based upon the evidenced presented, which includes Licensee's testimony acknowledging and admitting to performing a circumcision on an infant while Licensee visited River Oaks Hospital on June 11, 2008; and that Licensee did not have an active medical license or medical/surgical staff privileges at River Oaks Hospital or any hospital at the time Licensee performed said circumcision, the Board finds sufficient evidence to support this charge. The Board finds that Licensee is guilty of unprofessional conduct, which includes, but is not limited to, any dishonorable or unethical conduct likely to deceive, defraud and harm the public, all in violation of Mississippi Code Annotated, Section 73-25-29(8)(d) and Section 73-25-83(a).

ORDER

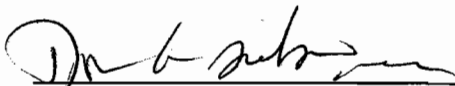
IT IS THEREFORE, ORDERED that based upon the Findings of Fact and Conclusions of Law enumerated above, and in accordance with the Board's duty to protect the public, that Mississippi Medical License No. 06210, duly issued to Charles Knight, M.D., should be, and is hereby, revoked pursuant to Section 73-25-29 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 Charles Knight, M.D. Because Dr. Charles Knight was informed of this decision following Board deliberations, the Order shall be given immediate effect.

SO ORDERED, this the 12th day of March, 2009.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

By:



DON A. GIBSON, M.D.
VICE PRESIDENT

MAY 2009

**MINUTES
EXECUTIVE COMMITTEE MEETING
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
MAY 20, 2009**

MEMBERS PRESENT:

Philip T. Merideth, M.D., J.D., Jackson, President
Don A. Gibson, M.D., Richland, Vice President
William S. Mayo, D.O., Oxford, Secretary

ALSO PRESENT:

H. Vann Craig, M.D., Director
Stan T. Ingram, Complaint Counsel for the Board
Ellen O'Neal, Assistant Attorney General
Rhonda Freeman, Bureau Director, Licensure Division
Thomas Washington, Bureau Director, Investigative Division
Frances Scott, Special Projects Officer, Investigative Division
Sherry Harris, Staff Officer

The Executive Committee of the Mississippi State Board of Medical Licensure met on Wednesday, May 20, 2009, at 1:00 p.m. in the Executive Conference Room of the Office of the Board located at 1867 Crane Ridge Drive, Jackson, Mississippi.

WILLIAM D. ATCHISON, M.D., DESTIN, FL., MISSISSIPPI MEDICAL LICENSE NUMBER 04608, SURRENDER OF MEDICAL LICENSE

Dr. Craig advised that at the March 11, 2009, Executive Committee meeting a decision was made to offer Dr. Atchison an opportunity to surrender his license in lieu of appearing for a hearing at the May Board meeting. Dr. Craig advised that the Board had received the signed surrender from Dr. Atchison.

Motion was made by Dr. Mayo, seconded by Dr. Gibson, and carried unanimously to accept Dr. Atchison's Surrender of Medical License. A copy of the Surrender of Medical License is attached hereto and incorporated by reference.

RAMESH YALAMANCHILI, M.D., GERMANTOWN, TN., MISSISSIPPI MEDICAL LICENSE NUMBER 18860, AGREED ORDER OF REPRIMAND

Dr. Craig advised that the Board had previously sent Dr. Yalamanchili an Agreed Order of Reprimand mirroring action of the Tennessee Board of Medical Examiners. Dr. Craig advised that Dr. Yalamanchili had signed and returned the Agreed Order for the Board's approval.

EXECUTIVE COMMITTEE MINUTES

May 20, 2009

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After a brief discussion, motion was made by Dr. Mayo, seconded by Dr. Gibson, and carried unanimously to accept Dr. Yalamanchili's Agreed Order of Reprimand. A copy of the Agreed Order of Reprimand is attached hereto and incorporated by reference.

AKELLA CHENDRASEKHAR, M.D., LAKE HOPATOCONG, NJ., MISSISSIPPI MEDICAL LICENSE NUMBER 18657, AGREED ORDER NOT TO RENEW OR SEEK REINSTATEMENT OF MEDICAL LICENSE

Dr. Craig advised that the Board had previously sent Dr. Chendrasekhar an Agreed Order not to renew or seek reinstatement of his Mississippi medical license. Dr. Craig advised that Dr. Chendrasekhar had signed and returned the Agreed Order for the Board's approval.

After a brief discussion, motion was made by Dr. Mayo, seconded by Dr. Gibson, and carried unanimously to accept Dr. Chendrasekhar's Agreed Order. A copy of the Agreed Order not to Renew or Seek Reinstatement of Medical License is attached hereto and incorporated by reference.

GREGG S. HUNTER, M.D., HOUMA, LA., MISSISSIPPI MEDICAL LICENSE NUMBER 14990, CONSENT ORDER

Dr. Craig advised that the matter concerning Dr. Hunter had been discussed at the March 11, 2009, Executive Committee meeting. Dr. Craig advised that the Executive Committee had unanimously agreed to offer Dr. Hunter a Consent Order where he would agree not to practice medicine in Mississippi until he has successfully resolved all licensure requirements of the Louisiana State Board of Medical Examiners. Dr. Craig advised that the Board had received the signed Consent Order and he was requesting the Board's approval.

After a brief discussion, motion was made by Dr. Mayo, seconded by Dr. Gibson, and carried unanimously to accept Dr. Hunter's Consent Order. A copy of the Consent Order is attached hereto and incorporated by reference.

UPDATE ON CALVIN RAMSEY, M.D., LEXINGTON, MS., MISSISSIPPI MEDICAL LICENSE NUMBER 07905, CONSENT ORDER

Dr. Craig advised that the matter concerning Dr. Ramsey had been discussed at the March 12, 2009, Board meeting. Dr. Craig advised that the Board had agreed to offer Dr. Ramsey a Consent Order indefinitely suspending his medical license. Dr. Craig advised that the Consent Order had been sent to Dr. Ramsey and that he had signed and returned the Consent Order.

EXECUTIVE COMMITTEE MINUTES

May 20, 2009

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A copy of the Consent Order is attached hereto and incorporated by reference.

WAYNE TERRY LAMAR, M.D., OXFORD, MS., MISSISSIPPI MEDICAL LICENSE NUMBER 05285

Dr. Craig advised that the Board had received a copy of an evaluation conducted at Semmes Murphey Neurologic & Spine Institute located in Memphis, TN, that revealed severe problems with Dr. Lamar's long and short term memory. Dr. Craig advised that he had drafted a letter for the Executive Committee's review and approval.

After a brief discussion and several editorial changes, the Executive Committee unanimously agreed to send Dr. Lamar a letter containing a signed agreement that he would retire from the practice of medicine, which would be considered non-reportable.

DINESH RUGNATH, M.D., MADISON, MS., APPLICANT REQUESTING RECONSIDERATION

Dr. Craig advised that the Executive Committee had discussed Dr. Rugnath at the March 11, 2009, meeting due to the fact that it took him seven (7) years and three (3) months to complete Steps 1, 2 and 3 of the USMLE. Dr. Craig advised that Dr. Rugnath was sent a letter advising that he did not meet the required criteria to be granted a waiver.

Dr. Craig advised that the Board had received a letter from Dr. Rugnath and Dr. Steven Bigler at UMC requesting reconsideration due to Dr. Rugnath being offered an Instructor position in the Pathology Department at UMC, which is contingent on his obtaining a permanent medical license.

After a brief discussion, motion was made by Dr. Mayo, seconded by Dr. Gibson, and carried unanimously to refer the matter to the Full Board for reconsideration.

JAMES MASON SHIFLETT, M.D., APPLICANT

Dr. Craig advised that Dr. Shiflett is another applicant that has exceeded the seven (7) year rule to complete Steps 1, 2 and 3 of the USMLE. After reviewing Dr. Shiflett's application, motion was made by Dr. Mayo, seconded by Dr. Gibson, and carried unanimously to grant Dr. Shiflett an exception due to extraordinary circumstances because he completed a year of research between medical school and his residency.

EXECUTIVE COMMITTEE MINUTES

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VENKATASUBRAMANIAN BASKARARAJAN, M.D., APPLICANT

Dr. Craig advised that Dr. Baskararajan is another applicant that has exceeded the seven (7) year rule to complete Steps 1, 2 and 3 of the USMLE. After reviewing Dr. Baskararajan's application, motion was made by Dr. Mayo, seconded by Dr. Gibson, and carried unanimously to grant Dr. Baskararajan an exception due to extraordinary circumstances because he changed speciality during his residency.

OFFICIAL ATTORNEY GENERAL'S OPINION REQUESTED

Dr. Craig briefly discussed an Attorney General's opinion that will be brought to the Full Board's attention at tomorrow's meeting. Dr. Craig advised that when the Board of Pharmacy made their presentation at our January 15, 2009, Board meeting that they had already passed the rules and regulation changes at their December 10, 2008, meeting. Dr. Craig advised that the Board of Pharmacy filed the proposed changes with the Secretary of State on January 21, 2009, just six (6) days after advising that they would notify the Board of Medical Licensure prior to filing. Dr. Craig advised that when the Board realized that they had missed the 20 day comment period, a letter was drafted and sent to the Board of Pharmacy. In addition, Dr. Craig advised that he requested an Official Attorney General's Opinion concerning the matter.

Dr. Craig advised that a copy of the Official Opinion is in the Board material for tomorrow's meeting and confirms the Board's belief that allowing pharmacists to diagnose and prescribe drugs independent of a physician is considered the practice of medicine and outside the statutory scope of the practice of pharmacy.

Dr. Craig advised that he attended the April 22, 2009, Board of Pharmacy meeting and provided them with a copy of the Attorney General's opinion and encouraged them to reconsider their regulation changes.

**JOSEPH C. HILLMAN, JR., COLUMBUS, MISSISSIPPI MEDICAL LICENSE
NUMBER 06420**

Dr. Hillman was not present or represented by legal counsel. Stan Ingram, Complaint Counsel for the Board, addressed the Board and advised that he had been given permission by Dr. Hillman's attorney, J. Randolph Lipscomb, to discuss the matter with the Executive Committee. A copy of the email allowing Mr. Ingram to discuss Dr. Hillman is attached hereto and incorporated by reference.

EXECUTIVE COMMITTEE MINUTES

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Mr. Ingram advised that Dr. Hillman allegedly borrowed money from a patient, which could be a clear boundary violation, since Dr. Hillman executed a Consent Order and completed a boundary course. Also, Mr. Ingram advised that even though Dr. Hillman's Consent Order did not specifically address treatment of family members, there are indications that he possibly is still writing prescriptions to his sister and such conduct is not advisable.

After a brief discussion, the Executive Committee advised Mr. Ingram to inform Mr. Lipscomb that Dr. Hillman is currently under a Consent Order dated January 18, 2006, and that Dr. Hillman should petition the Board for removal of the restrictions on his license and request to appear before the Full Board.

OTHER BUSINESS

Dr. Craig advised that he had a meeting with Dr. Shirley Schlessinger of UMC due to concerns UMC has with the Board's amended regulations that require applicants to graduate from a medical school approved by the California Medical Board or the Carribean Accreditation Authority. After a brief discussion, the Executive Committee unanimously agreed to refer the matter to the Full Board for further discussion and possible modifications to our current regulation.

REVIEW OF MAY 21, 2009, BOARD AGENDA

Dr. Craig briefly reviewed the agenda for tomorrow's meeting.

Dr. Craig advised that due to the monetary expense to print, mail and update the Board's rules and regulations booklets that he was proposing that we no longer print the booklets but advise the physicians to download the information from the Board's website since it is updated with all the changes. The staff will provide copies to be used by the physicians when they appear for the jurisprudence examination as well as have copies available for Board members to use during Board meetings. Motion was made by Dr. Mayo, seconded by Dr. Gibson, and carried unanimously to approve the request to cease printing the Board's rules and regulations booklets.

Dr. Craig briefly reviewed a malpractice claim that he had received that resulted in a death. After a brief discussion, the Executive Committee unanimously agreed that Dr. Craig should request copies of the medical charts for review.

THE EXECUTIVE COMMITTEE RECESSED AT 3:05 P.M. AND RETURNED AT 3:20 P.M.

EXECUTIVE COMMITTEE MINUTES

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**PERSONAL APPEARANCE BY KAREN B. SHACKELFORD, M.D., JACKSON, MS.,
MISSISSIPPI MEDICAL LICENSE NUMBER 14931**

Gary Carr, M.D., Medical Director, Mississippi Professionals Health Program (MPHP) had been invited to the meeting to discuss MPHP's involvement with Dr. Shackelford. Also, Dr. Craig briefly covered a chronological summary concerning issues with Dr. Shackelford.

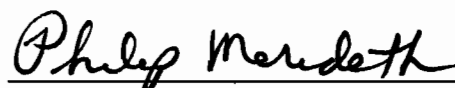
Dr. Shackelford joined the meeting and was accompanied by her husband, Stephen Shackelford. Dr. Shackelford had executed a written agreement for this informal meeting, a copy of which is attached hereto and incorporated by reference.

After introductions, Dr. Shackelford was allowed to make a statement concerning her request for reinstatement of her Mississippi medical license as well as respond to questions from the Executive Committee.

After a brief discussion and several questions from the Executive Committee, Dr. Shackelford and her husband exited the meeting and were told that the Board would advise her of their decision. Upon a motion by Dr. Mayo, seconded by Dr. Gibson, and carried unanimously, the Executive Committee agreed to draft a Consent Order to offer Dr. Shackelford that contained several restrictions and/or conditions for the reinstatement of her Mississippi medical license. Mr. Ingram offered to work with the Board in drafting the Consent Order.

ADJOURNMENT

There being no further business, the meeting adjourned at 4:45 p.m.



Philip T. Merideth, M.D., J.D.
President

Minutes taken and transcribed
by Sherry Harris
Staff Officer
May 20, 2009

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

WILLIAM DAVID ATCHISON, M.D.

SURRENDER OF MEDICAL LICENSE

WHEREAS, WILLIAM DAVID ATCHISON, M.D., hereinafter referred to as "Licensee," is the current holder of License Number 04608 issued on December 04, 1961, to practice medicine in the State of Mississippi and said license is current until June 30, 2009;

WHEREAS, during January 2009, the Mississippi State Board of Medical Licensure, hereinafter referred to as "the Board," received a complaint indicating that Licensee, who is a retired pathologist residing in Florida, was prescribing controlled substances without a valid Drug Enforcement Administration (DEA) certificate. An inquiry with DEA revealed that Licensee had two (2) controlled substance prescribing numbers (DEA No. BA1745770, which expired June 30, 1997) and DEA No. BA6008381, which expired on June 30, 2004. The Investigative Staff of the Board conducted a comprehensive investigation into the controlled substance prescribing of Licensee, and documented evidence indicating that Licensee has violated the Rules and Regulations of the Board, "Pertaining to Prescribing, Administration, and Dispensing of Medication," and has administered, dispensed or prescribed narcotic drugs or other drugs having addiction-forming or addiction-sustaining liability otherwise than in the course of legitimate professional practice;

WHEREAS, in a letter dated February 04, 2009, to the Board from Licensee, Licensee admits that *"I was derelict in not keeping up with my DEA . . . Unfortunately I did*

not follow up my parallel DEA registration obligations, for which in retrospect, I would never have used an expired DEA registration had I stayed alert to the registration dates. As a professional individual, I am ashamed to say I have no valid excuse.”

WHEREAS, such conduct constitutes grounds for which the Mississippi State Board of Medical Licensure may place Licensee’s medical license on probation, the terms of which may be set by the Board, suspend his right to practice for a time deemed proper by the Board, revoke said license, or take any other action in relation to said license as the Board may deem proper under the circumstances;

Pursuant to Miss. Code Ann., Section 73-25-30, Licensee shall pay all investigative costs associated with the disciplinary action taken herein. 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 receipt of the assessment notification.

WHEREAS, Licensee wishes to avoid an evidentiary hearing before the Board by voluntarily relinquishing his right to practice medicine in the State of Mississippi:

NOW, THEREFORE, Licensee hereby voluntarily surrenders his medical license (Number 04608) to practice medicine in the State of Mississippi. Licensee understands that this is an unconditional surrender, is reportable as disciplinary action to the National Practitioner Data Bank, and is a public record of the State of Mississippi. In the event Licensee later decides to practice medicine in the State of Mississippi, it will be necessary for him to submit a new application with the Board. At such time, the Board reserves the

right to utilize all evidence, including all facts developed during the current investigation,
as part of the consideration of any application.

EXECUTED this the 18 day of April, 2009.

William David Atchison, M.D.

William David Atchison, M.D.

ACCEPTED AND APPROVED this the 21st day of May 2009,
by the Mississippi State Board of Medical Licensure.

Philip T. Merideth

Philip T. Merideth, M.D., J.D., President
Mississippi State Board of Medical Licensure

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

OF

RAMESH YALAMANCHILI, M.D.

AGREED ORDER OF REPRIMAND

WHEREAS, Ramesh Yalamanchili, M.D., hereinafter referred to as "Licensee," is the current holder of License No. 18860, issued April 04, 2005, to practice medicine in the State of Mississippi;

WHEREAS, on November 06, 2008, Licensee entered into a Consent Order with the Tennessee Board of Examiners for violation of the Tennessee Medical Practice Act, Tenn. Code Ann. § 63-6-101, et seq. and Tenn. Comp. R. & Regs., specifically for failing to timely complete, sign and medically certify death certificates a violation of Tenn. Code Ann. §68-3-502(c)(1); said conduct constituting unprofessional, dishonorable or unethical conduct in the practice of medicine for the State of Tennessee. In order to avoid further administrative action Licensee agreed to a reprimand and to comply with certain terms and conditions (Exhibit A);

WHEREAS, pursuant to Subsections (8)(d) and (9) of Section 73-25-29, Mississippi Code (1972), Annotated, the aforementioned Consent Order constitutes restrictions placed on his license in another jurisdiction, grounds 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;

WHEREAS, Licensee wishes to avoid a hearing before the Mississippi State Board of Medical Licensure and in lieu thereof has consented to the issuance of a formal public reprimand by the Mississippi State Board of Medical Licensure;

NOW, THEREFORE, the Mississippi State Board of Medical Licensure, with the consent of Licensee as signified by his joinder herein, does hereby formally Reprimand Licensee.

Licensee further understands that violation of this Order or any other Orders or Agreements that Licensee has entered into, or is subject to from other Licensing authorities shall constitute evidence of unprofessional conduct and will be grounds for further disciplinary action by the Mississippi State Board of Medical Licensure. Licensee shall comply with all Federal and State laws governing the practice of medicine.

This Reprimand shall be subject to approval by the Mississippi State Board of Medical Licensure. If the Board fails to approve the Reprimand, 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 Reprimand to avoid a hearing before the Board. In this regard, Licensee authorizes the Board to review and examine any documentary evidence or materials concerning the Licensee prior to or in conjunction with its consideration of this Reprimand. Should this Reprimand not be accepted by the Board, it is agreed that presentation to and consideration of this Reprimand 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 Reprimand, if approved and executed by the Mississippi State Board of Medical Licensure, shall constitute a public record of the State of Mississippi.

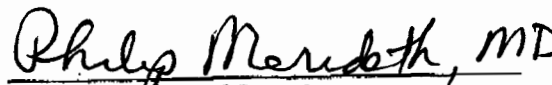
Recognizing his right to notice of charges specified against him, to have such charges adjudicated pursuant to Mississippi Code annotated, Section 73-25-27 (1972), to be represented therein by legal counsel of his choice and to a final decision rendered upon written findings of fact and conclusions of law, Ramesh Yalamanchili, 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 Reprimand.

Signed this the 2 day of APRIL 2009.


Ramesh Yalamanchili, M.D.

ACCEPTED AND APPROVED, this the 21st day of May, 2009,

by the Mississippi State Board of Medical Licensure.


Presiding Board Member
Mississippi State Board of Medical Licensure

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

OF

AKELLA CHENDRASEKHAR, M.D.

**AGREED ORDER NOT TO RENEW OR
SEEK REINSTATEMENT OF MEDICAL LICENSE**

WHEREAS, Akella Chendrasekhar, M.D., hereinafter referred to as "Licensee," is the current holder of License No. 18657, issued August 30, 2004, for the practice of medicine in the State of Mississippi, said license active through June 30, 2009;

WHEREAS, on August 17, 2006, Iowa Medical Board of Medicine filed formal disciplinary charges against Licensee alleging a pattern of professional incompetency and practice harmful or detrimental to the public in the practice of medicine, particularly bariatric surgery;

WHEREAS, on June 12, 2008, Licensee entered into a Settlement Agreement to resolve disputed claims with the Iowa Board of Medicine, thereby placing Licensee's Iowa medical license on five (5) years probation with terms and conditions. The Iowa Board of Medicine Settlement Agreement is attached hereto as composite "Exhibit A," and incorporated herein by reference;

WHEREAS, pursuant to Subsections (8d) and (9) of Section 73-25-29, Mississippi Code (1972), Annotated, the aforementioned Agreed Settlement constitutes unprofessional conduct and having restrictions placed on his license in another jurisdiction, grounds 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;

WHEREAS, pursuant to Mississippi law and the rules and regulations of the Board, Licensee has the right to seek reinstatement of licensure, a right which can only be relinquished by action of the Board or by agreement by and between Licensee and the Board;

WHEREAS, Licensee wishes to resolve the pending matter by relinquishing his right to renew his license and thereafter, his right too seek reinstatement of licensure.

NOW, THEREFORE, Akella Chendrasekhar, M.D., hereby agrees not to renew his license (No. 18657) to practice medicine in the State of Mississippi, said license effective until June 30, 2009, and Licensee does hereby agree to not practice medicine from and after the date of execution of this Agreed Order and never to seek renewal or reinstatement of said license at anytime in the future.

Pursuant to Miss. Code Ann., Section 73-25-30, Licensee shall pay all investigative costs associated with the disciplinary action taken herein. 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 receipt of the assessment notification.

This Agreed Order shall be subject to approval by the Board. If the Board fails to approve this Agreed 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 Agreed 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 Agreed Order. Should this Agreed Order not be accepted by the Board, it is agreed that presentation to and consideration of this Agreed 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 Agreed 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 National Practitioners's Data Bank, 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 Agreed Order shall not be used against Licensee in any other legal proceedings nor does execution of this Agreed 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 (1972) annotated, Sections 73-25-1 et seq., to be represented therein by legal counsel of his choice, and to a final decision based upon written findings of fact and conclusions of law, **Akella Chendrasekhar, M.D.**, nonetheless hereby waives his right to notice and a formal adjudication of charges, and authorizes the Board to enter this Agreed Order, thereby prohibiting Licensee from ever seeking renewal or reinstatement of his Mississippi medical license.

Executed, this the 25th, day of March, 2009.

Akella S 3/25/09
Akella Chendrasekhar, M.D.

ACCEPTED AND APPROVED, this the 21st, day of May, 2009, by the
Mississippi State Board of Medical Licensure.

Philip Meredith, MD
PRESIDENT

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE IN

THE MATTER OF THE PHYSICIAN'S LICENSE OF

GREGG SPAULDING HUNTER, M.D.

CONSENT ORDER

WHEREAS, GREGG SPAULDING HUNTER, M.D., hereinafter referred to as "Licensee," is the current holder of License No. 14990 for the practice of medicine in the State of Mississippi;

WHEREAS, on December 2, 2008, the Louisiana State Board of Medical Examiners issued a Notice of Summary Suspension of Medical License on Licensee, thereby suspending his Louisiana medical License effective immediately;

WHEREAS, pursuant to Subsection (9) of Section 73-25-29, Mississippi Code (1972), Annotated, the aforementioned Order constitutes the suspension of a license in another state or jurisdiction, and grounds 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;

WHEREAS, Licensee wishes to avoid a hearing before the Mississippi State Board of Medical Licensure and in lieu thereof has agreed to execute this Consent Order, thereby placing restrictions on his license as specified below;

NOW, THEREFORE, the Mississippi State Board of Medical Licensure with consent

of Licensee as signified by his joinder herein, does hereby place the following restrictions on his license to practice medicine in the State of Mississippi, to-wit:

1. Licensee shall not perform any act which would constitute the "practice of medicine"; as that term is defined by MS Code 73-25-33, i.e. to suggest, recommend, prescribe, or direct for the use of any person, any drug, medicine, appliance, or other agency, whether material or not material, for the cure, relief, or palliation of any ailment or disease of the mind or body, or for the cure or relief of any wound or fracture or other bodily injury or deformity, or the practice of obstetrics or midwifery, after having received, or with the intent of receiving therefore, either directly or indirectly, any bonus, gift, profit or compensation;
2. The Mississippi Board of Medical Licensure will not consider a petition for reinstatement unless certain documents are submitted, which shall include:
 - a. A copy of Licensee's contract with the Louisiana Physicians Health Program or any state professionals health program by which he is currently being monitored;
 - b. A copy of the discharge summary from the residential treatment Licensee has submitted to and any reports of any other evaluations performed;
 - c. If not included in any of the above reports, a statement of all aftercare requirements for licensee, and;
 - d. Receipt by the Board of a written assessment that the licensee may safely resume the practice of medicine with reasonable skill and safety to the public.
3. Licensee shall obey all federal, state and local laws, and all rules and regulations governing the practice of medicine.

4. In the event Licensee suffers a relapse and/or fails to comply with any or all of the conditions imposed by his state monitoring contract or the order of the Louisiana Medical Board, Licensee shall immediately be prohibited from practicing medicine until such time as the Board determines that Licensee is able to return to the practice of medicine. Summary suspension pursuant to this paragraph shall be for an indefinite period of time, notwithstanding any term or right to petition the Board for reinstatement provided herein. The Board may, in its sole discretion, require Licensee to undergo further evaluation for chemical dependency.
5. Licensee shall maintain advocacy with the Louisiana Physicians Health Program or other state physician health program recognized by the Board and Mississippi Professional Health Program. At such time as Licensee seeks removal of conditions on his Mississippi Medical License, the Board reserves the right, at its sole and absolute discretion, to utilize any information or reports from the appropriate physician's health program, or any other source, to impose any other restrictions it deems necessary to protect the public. In so doing, Licensee hereby authorizes the Board to request and obtain any and all private health information which it deems necessary, and Licensee shall execute such waiver or releases necessary to accomplish release of such private health information.

Licensee shall have the right, but not the obligation, to petition the Board for removal of the aforementioned restrictions at such time as he has successfully completed all terms and conditions as required by the Louisiana Physicians Health Program.

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 federal jurisdiction be subject to investigation or disciplinary action. Licensee shall notify the Mississippi State

Board of Medical Licensure no less than sixty (60) days prior to relocating his practice to the State of Mississippi.

Pursuant to Miss. Code Ann., Section 73-25-30, Licensee shall pay all costs and fees related to the investigation and conduct of the proceedings associated with the disciplinary action taken herein. 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 date of invoice.

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.

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 act and conclusions of law, **GREGG SPAULDING HUNTER, 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 placing the above enumerated restrictions on his license to practice medicine in the State of Mississippi.

Executed, this the 30th, day of March, 2009.



GREGG SPAULDING HUNTER, M.D.

ACCEPTED AND APPROVED this the 21st day of ^{May}~~March~~, 2009, by the
Mississippi State Board of Medical Licensure.



PHILIP T. MERIDETH, M.D., J.D.
PRESIDENT

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE**IN THE MATTER OF PHYSICIAN'S LICENSE****OF****CALVIN RAMSEY, M.D.****CONSENT ORDER**

WHEREAS, CALVIN RAMSEY, M.D., hereinafter referred to as "Licensee" is the current holder of License No. 07905, issued June 13, 1977, for the practice of medicine in the State of Mississippi;

WHEREAS, on or about October 16, 2008, Licensee was found guilty in U. S. District Court for the Southern District of Mississippi, Jackson Division (Case Number 307CR149), of two counts of Filing a False Tax Return," for the calendar years 2000 and 2001, in violation of 26 U.S.C. § 7201(1). Based on said judgment of guilt, on March 5, 2009, the U.S. District Court for the Southern District of Mississippi sentenced Licensee to a term of twenty-seven (27) months of imprisonment in the federal prison system, followed by one (1) year of supervised release. Licensee was ordered to pay costs of prosecution and \$232,117.00 in restitution;

WHEREAS, pursuant to Subsection (6) of Section 73-25-29, Mississippi Code (1972) Annotated, the aforementioned constitutes 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, grounds 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;

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 indefinitely suspend Licensee's certificate to practice medicine in the State of Mississippi to begin on May 4, 2009, the date the Court ordered Licensee to surrender for service of sentence at the institution designated by the Bureau of Prisons.

IT IS FURTHER ORDERED, that Licensee shall during each year of his incarceration obtain through correspondence at least fifty (50) hours of Category 1 Continuing Medical Education (CME) approved by the American Medical Association, with emphasis on medical ethics. Following completion of each course, Licensee shall submit to the Board documentary proof of successful completion.

IT IS FURTHER ORDERED, that upon release from incarceration, Licensee shall have the right to petition the Board for reinstatement of his license. Any order of reinstatement of license shall be subject to the following additional probationary terms and conditions which shall remain in effect until otherwise ordered by the Board, to-wit:

1. Licensee shall strictly comply with all of the terms and conditions of his Federal probation.
2. During each year of Federal probation, Licensee shall obtain at least fifty (50) hours of Category 1 Continuing Medical Education (CME) approved

by the American Medical Association, with emphasis on medical ethics. Following completion of each course, Licensee shall submit to the Board documentary proof of successful completion.

3. Licensee shall report in writing to the Mississippi State Board of Medical Licensure within fifteen (15) days should his medical license in any state be subject to investigation or disciplinary action.
4. Pursuant to Miss. Code Ann. Section 73-25-30, Licensee is hereby assessed all costs of this investigation and disciplinary action. Licensee shall be advised of the total assessment by separate written notification. Licensee must have a certified check or money order made payable to the Mississippi State Board of Medical Licensure before reinstatement of his Mississippi medical license.
5. This Consent Order does not address any pending or future criminal charges against Licensee, other than that adjudicated before the U. S. District Court for the Southern District of Mississippi, Jackson Division in Case Number 307CR149). In the event Licensee pleads guilty to, or is later convicted of any criminal violations, including violations arising out of conduct by Licensee as enumerated in this Consent Order, the Board reserves the right to initiate further disciplinary proceedings based upon said guilty plea or criminal conviction.
7. Licensee shall obey all federal, state and local laws, and all rules and regulations governing the practice of medicine.
8. In the event Licensee fails to comply with any or all of the conditions imposed in this Consent Order, or fails to comply with all of the terms and

conditions of his Federal probation, the stay of suspension shall be immediately removed without a hearing and Licensee shall be prohibited from practicing medicine until such time as a determination is made by the Board that Licensee is again ready to return to the practice of medicine. Summary suspension pursuant to this paragraph shall be for an indefinite period of time, notwithstanding any term or right to petition for reinstatement provided herein.

9. In the event Licensee should leave Mississippi to reside or practice outside the State, Licensee shall, ten (10) days prior to departing, notify the Board in writing of 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 Consent Order.

At such time as Licensee has completed all federal probationary terms and conditions, Licensee shall have the right, but not the obligation, to petition the Mississippi State Board of Medical Licensure for a release of any or all of above enumerated conditions. Thereafter, any right to petition the Board for reconsideration shall be at reasonable intervals, but not less than twelve (12) months from date of last appearance.

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 materials concerning 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 further participation or consideration of the resolution of the proceeding.

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, Calvin Ramsey, 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 1st day of May, 2009.

Witness



Calvin Ramsey, M.D.

ACCEPTED AND APPROVED, this the 8th day of May, 2009 by the
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE.

By: Philip Merideth
Philip T. Merideth, M.D., J.D.
President

Sherry Harris - RE: Joseph Carroll Hillman, Jr., M.D.

From: "Stan Ingram" <SIngram@rbisf.com>
 To: "Sherry Harris" <sharris@msbml.state.ms.us>
 Date: 6/9/2009 11:06:49 AM
 Subject: RE: Joseph Carroll Hillman, Jr., M.D.

SHERRY, THIS IS WHAT YOU NEED TO PRINT AND ATTACH TO THE MINUTES

From: randolph [mailto:randolph@ebicom.net]
 Sent: Monday, May 18, 2009 3:31 PM
 To: Stan Ingram
 Subject: Re: Joseph Carroll Hillman, Jr., M.D.

Stan,
 I have no objection to you discussing the matter with the executive committee.
 Regarding the "loan," that is disputed, and I am working to resolve the question.
 Randolph

Stan Ingram wrote:
 Randolph, I apologize for not promptly responding as I have not been able to fully address all issues with Dr. Craig. If OK with you, I would like to discuss Dr. Hillman with the Board's executive committee this Wednesday. One potential issue: we understand that Dr. Hillman borrowed money from a patient, a clear boundary violation, after executing the consent order and taking the boundary course. Ultimately, this will have to be addressed.

-----Original Message-----
 From: "randolph" <randolph@ebicom.net>
 To: "Stan Ingram" <SIngram@rbisf.com>
 Sent: 5/18/2009 2:45 PM
 Subject: Joseph Carroll Hillman, Jr., M.D.

J. Randolph Lipscomb
 Attorney at Law
 223 Sixth Street North
 Columbus, MS 39701
 Telephone: (662) 328- 2100
 Fax: (662) 328-1067
 Cell: (662) 574-2255
 e-mail: randolph@ebicom.net

May 18, 2009

Stan T. Ingram, Esq.
 Robinson, Biggs, Ingram, Solop & Farris, PLLC
 111 Capitol Building
 111 East Capitol Street, Suite 101
 Jackson, MS 39201

Re: Joseph Carroll Hillman, Jr., M.D.
 Mississippi State Board of Medical Licensure
 Licence No. 06420
 Consent Order 18 January 2006

Dear Stan,

Please let me know where matters stand regarding lifting the word "restriction" or "restricted" from the Consent Order and the Mississippi State Board of Medical Licensure's website.

In addition please, let me know when Dr. Hillman last petitioned the board for the removal of the restriction imposed by the Consent Order.

Thank you for your cooperation and prompt attention to this matter.

Truly yours,
 J. Randolph Lipscomb

No virus found in this incoming message.
 Checked by AVG - www.avg.com
 Version: 8.5.339 / Virus Database: 270.12.33/2120 - Release Date: 05/18/09 06:28:00

AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE

I, Karen Shackelford, 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 20 day of May 2009.

(Shackelford)

Witness: Sherry Harris

BOARD

MEETING

MINUTES

BOARD MINUTES
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
MAY 21, 2009

The regularly scheduled meeting of the Mississippi State Board of Medical Licensure was held on Thursday, May, 21, 2009, in the Board Room of the Office of the Board located at 1867 Crane Ridge Drive, Jackson, Mississippi.

The following members were present:

Philip T. Merideth, M.D., J.D., Jackson, President
Don A. Gibson, M.D., Richland, Vice President
William S. Mayo, D.O., Oxford, Secretary
Larry B. Aycock, M.D., McComb
Dewitt G. Crawford, M.D., Louisville
Virginia M. Crawford, M.D., Hattiesburg
A. Wallace Conerly, M.D., Jackson
S. Randall Easterling, M.D., Vicksburg
William B. Jones, M.D., Greenwood

Also present:

H. Vann Craig, M.D., Director
Stan T. Ingram, Complaint Counsel for the Board
Rhonda Freeman, Bureau Director, Licensure Division
Thomas Washington, Bureau Director, Investigative Division
Frances Scott, Special Projects Officer, Investigative Division
Sherry Harris, Staff Officer

Not present:

Ellen O'Neal, Assistant Attorney General
Wesley Breland, Hattiesburg, Consumer Health Committee
Cecil R. Burnham, Jackson, Consumer Health Committee

The meeting was called to order at 9:10 a.m. by Dr. Merideth, President. The invocation was given by Dr. Gibson and the pledge was led by Dr. Craig. Dr. Merideth extended a welcome to all visitors present at the meeting. Dr. Merideth introduced and welcomed our new Board member, William (Bill) Jones, M.D., from Greenwood. Dr. Craig presented Dr. Jones with a lapel pin from the Board.

BOARD MINUTES

May 21, 2009

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OATH OF OFFICE - WILLIAM BRETLEE JONES, M.D., GREENWOOD

William Bretlee Jones, M.D., Greenwood was administered the Oath of Office by Ms. Rhonda Freeman, Bureau Director, Licensure Division. A copy of the Oath of Office is attached hereto and incorporated by reference.

Dr. Jones was appointed to represent the Third Supreme Court District for a six (6) year term ending June 30, 2014.

PUBLIC COMMENTS

Dr. Merideth opened the floor for public comments. Ricki Garrett, Ph.D., Executive Director of the Mississippi Nurses Association, addressed the Board. Dr. Garrett expressed concerns about several items that she has heard relative to the physician/nurse practitioner collaborative relationships. Dr. Garrett also advised that she has copies of material being sent out from the Board with incorrect information. Dr. Garrett asked for the Board's support in working to have good collaborative relationships. Dr. Garrett also stated that the Nurses Association is not interested in pursuing independent practice for nurse practitioners.

Dr. Merideth thanked Dr. Garrett for her comments and requested copies of the documents that she had made reference to be sent to the Board.

APPROVAL OF CERTIFICATION OF MISSISSIPPI LICENSES TO OTHER ENTITIES FOR THE PERIOD MARCH 01, 2009, THROUGH APRIL 30, 2009

Two hundred thirty-seven (237) licenses were certified to other entities for the period March 01, 2009, through April 30, 2009. Motion was made by Dr. D. Crawford, seconded by Dr. Conerly, and carried unanimously to approve these certifications.

APPROVAL OF LICENSES ISSUED FOR THE PERIOD MARCH 01, 2009, THROUGH APRIL 30, 2009

Seventy-eight (78) licenses were issued for the period March 01, 2009, through April 30, 2009. Motion was made by Dr. Mayo, seconded by Dr. Gibson, and carried unanimously to approve these licenses.

BOARD MINUTES

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REVIEW OF MINUTES OF THE EXECUTIVE COMMITTEE MEETING DATED MARCH 11, 2009, AND MINUTES OF THE BOARD MEETING DATED MARCH 12, 2009

Minutes of the Executive Committee meeting dated March 11, 2009, and Minutes of the Board meeting dated March 12, 2009, were reviewed. Dr. Mayo moved for approval of the minutes as submitted. Dr. Gibson seconded the motion, and it carried unanimously.

REPORT OF MAY 20, 2009, EXECUTIVE COMMITTEE MEETING

Dr. Craig briefly discussed issues that were approved by the Executive Committee on May 20, 2009. Information pertaining to the Executive Committee's decisions are included in the Executive Committee Minutes dated May 20, 2009.

Dr. Craig advised that since the Executive Committee meeting yesterday, the Board had received two (2) additional orders that required the Board's approval.

Dr. Craig advised that the Board had received a Surrender of Medical License from James Whitton Lowe, M.D. Dr. Craig advised that the surrender was voluntary and was based on action taken by the Louisiana Board of Medical Examiners. A copy of the Surrender is attached hereto and incorporated by reference.

Dr. Craig advised that the Board had received a Consent Order from Virginia M. Mills, M.D., that indefinitely suspends her Mississippi medical license. Dr. Craig advised that the Board's action was based on an Agreed Order that Dr. Mills had entered into with the Texas Medical Board. A copy of the Consent Order is attached hereto and incorporated by reference.

Motion was made by Dr. Mayo, seconded by Dr. Gibson, and carried unanimously to ratify the actions of the Executive Committee and to accept the orders for Dr. Lowe and Dr. Mills that were discussed.

Dr. Craig advised that the Executive Committee had discussed a licensure issue concerning Dinesh Rugnath, M.D., that was referred to the Full Board. Dr. Craig advised that at the March 11, 2009, Executive Committee meeting the decision was made to advise Dr. Rugnath that he did not meet the requirements for a permanent license because he failed to complete all 3 steps of the USMLE in seven (7) years as required in our rules and regulations. Dr. Craig advised that letters had been received from Dr. Rugnath and Dr. Bigler at UMC requesting reconsideration due to Dr. Rugnath being offered an instructor position in the Pathology Department at UMC.

BOARD MINUTES

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After a brief discussion, motion was made by Dr. Aycock to grant Dr. Rugnath an unrestricted license contingent upon the completion of his fellowship by June 30, 2009. The motion was seconded by Dr. Easterling. In a seven (7) for and two (2) against vote, with Dr. Mayo and Dr. Merideth voting against, the motion passed.

OTHER BUSINESS

Dr. Merideth advised that Dr. Freda Bush, a past Board president, is the incoming Chair Elect for the Federation of State Medical Boards. Dr. Merideth advised that Dr. Bush will be installed as president at the Federation meeting to be held in Chicago in April 2010. In support of Dr. Bush, Dr. Merideth advised that the Board would like as many Board members as possible to attend the installation.

REPORTS FROM COMMITTEES

Consumer Health - Mr. Breland (Chair), Mr. Burnham

Neither committee member was present to provide update.

Education & Workforce - Dr. Conerly (Chair), Dr. D. Crawford, Dr. Mayo

Dr. Conerly advised there was no new information to report.

Scope of Practice - Dr. V. Crawford (Chair), Dr. Easterling, Dr. Aycock

Dr. V. Crawford advised that the committee met earlier today. Dr. V. Crawford stated that with the passage of House Bill 1260, that deletes the requirement for joint promulgation with the Board of Nursing, that she wanted to make a motion that the Board of Nursing and the Medical Board meet twice a year to discuss issues that needs to be addressed. The motion was seconded by Dr. Mayo, and carried unanimously.

Professional Health Program - Dr. Gibson (Chair), Dr. Mayo, Dr. Merideth

Dr. Gibson advised the committee met earlier today to discuss information in the last Mississippi Professionals Health Program (MPHP) audit. Dr. Gibson advised that the committee unanimously agreed to request documentation from the Mississippi State Medical Association (MSMA) regarding MPHP's audit and to request the CPA's audit of MPHP.

Dr. Easterling advised that questions concerning operational issues for MPHP should be directed to MSMA.

BOARD MINUTES

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Rules, Regulation & Legislative - Dr. Easterling (Chair), Dr. D. Crawford

Dr. Easterling advised there was no new information to report.

Ethics - Dr. Merideth (Chair), Dr. V. Crawford, Dr. Conerly

Dr. Merideth advised there was no new information to report.

Electronic Medical Records - Dr. Aycock (Chair), Dr. V. Crawford, Dr. Mayo

Dr. Aycock advised there was no new information to report.

REPORT FROM THE NOMINATING COMMITTEE

Dr. Mayo, Chair of the Nominating Committee, advised that the committee had met and were making a motion that the slate of officers to serve for one (1) year beginning July 1, 2009, is as follows:

President - Dr. Don Gibson
Vice President - Dr. William Mayo
Secretary - Dr. Randy Easterling

Dr. Mayo asked if there were any other nominations from the floor. The motion passed with no objections.

LETTER FROM MISSISSIPPI ACADEMY OF PHYSICIAN ASSISTANTS

Dr. Merideth advised that the Academy of Physician Assistants had sent a letter advising the agenda for their annual meeting. Motion was made by Dr. D. Crawford, seconded by Dr. Gibson, and carried unanimously to approve the CME course agenda for their meeting.

BOARD OF NURSING'S FILING OF THE QUALITY ASSURANCE/QUALITY IMPROVEMENT PROGRAM

For informational purposes only, Dr. Craig advised that the Board of Nursing had final adopted the quality assurance/quality improvement regulation.

BOARD MINUTES

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OFFICIAL OPINION FROM ATTORNEY GENERAL CONCERNING THE PROPOSED PHARMACY BOARD REGULATIONS

Dr. Craig advised that when the Board of Pharmacy made their presentation to the Board at our January 15, 2009, meeting that they had already passed their rules and regulation changes at their December 10, 2008, meeting and had filed them with the Secretary of State on January 21, 2009, just six (6) days after our Board meeting. Dr. Craig advised that the Board of Medical Licensure had requested when their presentation was made that our Board be notified before the filing, which was not done. Dr. Craig advised that when the Board realized that the Board of Pharmacy had already filed for the changes, the twenty (20) day comment period had expired. Dr. Craig advised that a letter was drafted and sent to the Board of Pharmacy. In addition, Dr. Craig advised that he had requested an Official Attorney General's Opinion concerning the matter.

Dr. Craig advised that the Official Opinion from the Attorney General dated March 27, 2009, confirms the Board's belief that allowing pharmacists to diagnose and prescribe drugs independent of a physician is considered the practice of medicine and outside the statutory scope of the practice of pharmacy.

Dr. Craig added that he attended the April 22, 2009, Board of Pharmacy meeting and provided them with a copy of the Attorney General's opinion and encouraged them to reconsider their regulation changes. To date, Dr. Craig advised that he had not received any other information from the Board of Pharmacy concerning this matter.

DISCUSSION REGARDING COST OF PRINTING AND MAILING OF REGULATION BOOKS VERSUS ONLINE FORMAT

For informational purposes only, Dr. Craig advised that due to the monetary expense to print, mail and update the Board's rules and regulations booklets that the Executive Committee had approved the staff's request to cease printing copies of the booklets. The physicians will be advised to download the information from the Board's website. Dr. Craig advised that booklets will be made to be used by physicians when they appear for the jurisprudence examination. Also, Dr. Craig advised that copies will be available for Board members to use during Board meetings.

BOARD MINUTES

May 21, 2009

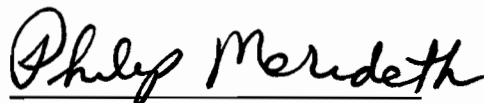
Page 7

**SPECIAL VOLUNTEER LICENSEES REQUESTING REINSTATEMENT OF
PERMANENT LICENSE**

For informational purposes only, Dr. Craig advised that the Board is receiving an increased number of requests from physicians with special volunteer licenses to have their permanent licenses reinstated.

ADJOURNMENT

There being no further business, the meeting adjourned at 10:20 a.m., with the next meeting scheduled for Thursday, July 2, 2009.



**Philip T. Merideth, M.D., J.D.
President**

Minutes taken and transcribed
by Sherry Harris
Staff Officer
May 21, 2009

OATH OF OFFICE

I, William Bretlee Jones, 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.

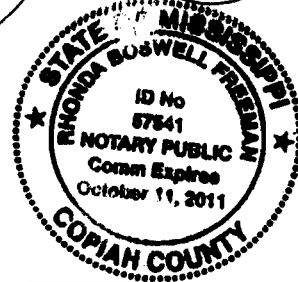
Subscribed and sworn to before me at

Jackson, MS

Mississippi, this 21st day

of May, 192009

By Rhonda B. Freeman



BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

JAMES WHITTON LOWE, M.D.

SURRENDER OF MEDICAL LICENSE

WHEREAS, I, JAMES WHITTON LOWE, M.D., hereinafter referred to as "Licensee," am the current holder of License Number 19785 issued in June 4, 2007, to practice medicine in the State of Mississippi;

WHEREAS, it is my wish to surrender my current license (No. 19785) to practice medicine in the State of Mississippi;

NOW, THEREFORE, I hereby voluntarily surrender my medical license (No. 19785) to practice medicine in the State of Mississippi. I understand that this is an unconditional surrender, is reportable as disciplinary action to the National Practitioner Data Bank, and is a public record of the State of Mississippi. Further, I understand that in the event I later decide to practice medicine in the State of Mississippi, it will be necessary for me to make application with the Board. At such time, the Board reserves the right to utilize all evidence, including all facts developed during the current investigation, as part of the consideration of any application.

EXECUTED this the 19th day of May, 2009.

Sina Farago
Witness

J Lowe MD
JAMES WHITTON LOWE, M.D.

ACCEPTED AND APPROVED this the 21st day of May, 2009, by the Mississippi State Board of Medical Licensure.

Philip Meredith, MD
President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF PHYSICIAN'S LICENSE

OF

VIRGINIA M. MILLS, M.D.

CONSENT ORDER

WHEREAS, VIRGINIA M. MILLS, M.D., hereinafter referred to as "Licensee," is the current holder of License No. 19658, issued February 12, 2007, for the practice of medicine in the State of Mississippi;

WHEREAS, on August 28, 1999, Licensee entered into a Confidential Non-public Agreed Rehabilitation Order after self reporting a closed brain injury caused by an automobile accident on September 18, 1997. Licensee was prohibited from practicing medicine in Texas until such time as she appeared before the Board and provided evidence that she was able to practice safely. This Order stipulated that any violation constituted unprofessional conduct;

WHEREAS, on August 29, 2008, Licensee entered into an Agreed Order with the Texas Medical Board suspending her Texas medical license after determining that she violated the terms and conditions of the Confidential Non-public Agreed Rehabilitation Order. The Texas Medical Board's Orders are attached hereto as composite "Exhibit A," and incorporated herein by reference;

WHEREAS, pursuant to Subsections (8)(d) and (9) of Section 73-25-29, Mississippi Code (1972), Annotated, the aforementioned Agreed Orders constitute unprofessional conduct and having restrictions placed on her license in another jurisdiction, grounds for which the Mississippi State Board of Medical Licensure may revoke the Mississippi medical license of Licensee, suspend her right to practice for a time deemed proper by the Board, place her license on probation, the terms of which may be set by the Board, or take any other action in relation to her license as the Board may deem proper under the circumstances;

NOW, THEREFORE, the Mississippi State Board of Medical Licensure with consent of Licensee as signified by her joinder herein, does hereby indefinitely suspend Licensee's Certificate No. 19658 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 she has successfully completed all terms and conditions as required by the Texas Board of Medical Examiners.

Pursuant to Miss. Code Ann., Section 73-25-30, Licensee shall pay all investigative costs associated with the disciplinary action taken herein. 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 receipt of the assessment notification.

At such time as the Board elects to authorize Licensee to return to the practice of medicine, the Board reserves the right, at its sole and absolute discretion, to utilize any information or reports the Texas Medical Board, 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 constitute any acknowledgment of wrongful misconduct or malpractice by Licensee.

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

Executed, this the 20, day of MAY, 2009.


VIRGINIA M. MILLS, M.D.

ACCEPTED AND APPROVED, this the 21st day of May, 2009, by the
Mississippi State Board of Medical Licensure.


PRESIDENT

LICENSE NO. J-2210

IN THE MATTER OF
THE LICENSE OF
VIRGINIA M. MILLS, M.D.

BEFORE THE
TEXAS MEDICAL BOARD

AGREED ORDER

On the 29 day of August, 2008, came on to be heard before the Texas Medical Board (the "Board"), duly in-session, the matter of the license of Virginia M. Mills, M.D. ("Probationer").

On August 4, 2008, Probationer appeared in person, with counsel Jeff McDonald, at an Informal Show Compliance Proceeding and Settlement Conference in response to a letter of invitation from the staff of the Board. The Board's representatives were Timothy J. Turner, a member of the Board, and Royce Hill, M.D., a member of a District Review Committee. Katie Johnsonius represented Board staff.

Upon the recommendation of the Board's representatives and with the consent of Probationer, the Board makes the following Findings of Fact and Conclusions of Law and enters this Agreed Order.

FINDINGS OF FACT

The Board finds that:

1. Probationer received all notice required by law. All jurisdictional requirements have been satisfied. Probationer waives any defect in notice and any further right to notice or hearing under the Medical Practice Act, Title 3, Subtitle B, Texas Occupations Code (the "Act") or the Rules of the Board.
2. Probationer currently holds Texas Medical License No. J-2210. Probationer was originally issued this license to practice medicine in Texas on November 14, 1992. Probationer is also licensed to practice in the State of Mississippi.
3. Probationer was primarily engaged in family practice. Probationer is not board certified.

EXHIBIT "A"

4. Probationer is 55 years of age.
5. Probationer has not received a prior disciplinary order from the Board.
6. On August 28, 1999, the Board entered a Confidential Agreed Rehabilitation Order, ("1999 Order"), based upon a self-report of impairment caused by a closed head injury that Probationer had sustained in an automobile accident. The 1999 Order prohibited Probationer from practicing in Texas until such time as she appeared before the Board and provided evidence that she was able to practice safely. Terms and conditions of the 1999 Order included: 1) passage of SPEX within six months and three attempts, and 2) completion of a six-month follow-up evaluation by The Institute for Rehabilitation and Research ("TIRR"). Ordering Paragraph No. 5 of the 1999 Order provides that any violation of the Order constitutes unprofessional conduct.
 7. The 1999 Order was based on Probationer's self-reported impairment caused by a closed head injury that she sustained in an automobile accident.
 8. The 1999 Order was amended by the Board on December 10, 2004, ("2004 Modification"). The 2004 Modification allowed Probationer a year from the date of the entry of the 2004 Modification to pass the SPEX, with no more than another two attempts, and changed the required TIRR evaluation to a requirement for a psychological evaluation.
 9. Probationer failed to pass SPEX within one year and within two attempts, in the year following the date of the entry of the 2004 Modification. During that year, Probationer took the SPEX only once, on September 9, 2005, and she failed to achieve a passing score. Subsequent to that sitting, Probationer failed in two more attempts to pass the SPEX, and it was not until December 21, 2006, that she achieved a passing score.
 10. Probationer obtained an evaluation from Rahn Bailey, M.D., on February 28, 2006. Dr. Bailey concluded, "It is my medical opinion...that Ms. Virginia Mills has no diagnosable psychiatric illness. It is also my opinion that she has no cognitive impairment that would prohibit her from effectively practicing medicine." However, Dr. Bailey's report does not reflect that any assessment tools or tests were used to evaluate Probationer's cognitive ability.
 11. Probationer has practiced medicine by working in at least three separate clinics on a temporary basis, with neither notification to, nor approval from, the Board.
 12. Probationer believed that she had fulfilled the terms and conditions of the 1999 Order and the 2004 Modification, by obtaining a psychiatric evaluation and attaining a passing

score on the SPEX exam. Despite the clear language in her Orders, she did not understand that she was expected first to appear before the Board, and to obtain approval for her work site.

13. Probationer has cooperated in the investigation of the allegations related to this Agreed Order. Probationer's cooperation, through consent to this Agreed Order, pursuant to the provisions of Section 164.002 the Act, will save money and resources for the State of Texas. To avoid further investigation, hearings, and the expense and inconvenience of litigation, Probationer agrees to the entry of this Agreed Order and to comply with its terms and conditions.

CONCLUSIONS OF LAW

Based on the above Findings of Fact, the Board concludes that:

1. The Board has jurisdiction over the subject matter and Probationer pursuant to the Act.
2. Section 164.052(a)(5) of the Act authorizes the Board to take disciplinary action against Probationer based upon Probationer's unprofessional or dishonorable conduct that is likely to deceive or defraud the public or injure the public, as further defined by Board Rule 190.9(2)(A), violation of a Board Order.
3. Section 164.051(a)(3) of the Act authorizes the Board to take disciplinary action against Probationer based on Probationer's violation of a rule adopted under this Act, specifically Board Rule 189.3, which requires compliance with all terms and conditions of a Board Order.
4. Section 164.001 of the Act authorizes the Board to impose a range of disciplinary actions against a person for violation of the Act or a Board rule. Such sanctions include: revocation, suspension, probation, public reprimand, limitation or restriction on practice, counseling or treatment, required educational or counseling programs, monitored practice, public service, and an administrative penalty.
5. Section 164.002(a) of the Act authorizes the Board to resolve and make a disposition of this matter through an Agreed Order.
6. Section 164.002(d) of the Act provides that this Agreed Order is a settlement agreement under the Texas Rules of Evidence for purposes of civil litigation.

ORDER

Based on the above Findings of Fact and Conclusions of Law, the Board ORDERS that Probationer shall be subject to the following terms and conditions:

1. Probationer's Texas medical license is hereby SUSPENDED until such time as Probationer requests in writing to have the suspension stayed or lifted, and personally appears before the Board and provides clear and convincing evidence and information which, in the discretion of the Board, adequately indicates that Probationer is physically, mentally, and otherwise competent to practice medicine safely. Such evidence and information shall include at a minimum, but shall not be limited to the following:

a. A clear plan to re-enter medical practice, which shall include a group or institutional setting and a plan for showing medical competency;

b. Complete legible copies of medical records and A report of a neuropsychiatric evaluation conducted by or under the direction of a psychiatrist certified by the American Board of Medical Specialties in Psychiatry, approved in writing in advance by the Executive Director of the Board, addressing Probationer's current mental and physical status and clearly indicating that Probationer is able to practice medicine safely. Such records, reports, and evaluations shall specifically address any potential or actual impairment of Probationer from the closed head injury or from any organic mental condition. A copy of this Order shall be provided by Probationer to the approved psychiatrist as a reference for the evaluations, and as authorization for the psychiatrist to provide to the Board any and all records and reports related to the evaluations conducted pursuant to this paragraph. Probationer shall execute any and all releases for medical records necessary to effectuate the provisions of this paragraph.

2. Upon presentation of clear and convincing evidence to the Board that Probationer is able to practice medicine safely, the suspension of Probationer's license may be stayed under such terms and conditions as are deemed appropriate at the time.

3. Probationer shall fully cooperate with the Board and the Board staff, including Board attorneys, investigators, compliance officers, consultants, and other employees or agents of the Board in any way involved in investigation, review, or monitoring associated with

Probationer's compliance with this Order. Failure to fully cooperate shall constitute a violation of this order and a basis for disciplinary action against Probationer pursuant to the Act.

4. Probationer shall inform the Board in writing of any change of Probationer's mailing address within 10 days of the address change. This information shall be submitted to the Permits Department and the Director of Enforcement for the Board. Failure to provide such information in a timely manner shall constitute a basis for disciplinary action by the Board against Probationer pursuant to the Act.

5. Any violation of the terms, conditions, or requirements of this Order by Probationer shall constitute unprofessional conduct likely to deceive or defraud the public, or to injure the public, and shall constitute a basis for disciplinary action by the Board against Probationer pursuant to the Act. Probationer agrees that 10 days notice of a Probationer Show Compliance Proceeding to address any allegation of non-compliance of this Agreed Order is adequate and reasonable notice prior to the initiation of formal disciplinary action. Probationer waives the 30-day notice requirement provided by §164.003(b)(2) of the Medical Practice Act and agrees to 10 days notice, as provided in 22 Texas Administrative Code §187.44(4).

6. The above-referenced conditions shall continue in full force and effect without opportunity for amendment, except for clear error in drafting, for 12 months following the date of the entry of this Order. If, after the passage of the 12-month period, Probationer wishes to seek amendment or termination of these conditions, Probationer may petition the Board in writing. The Board may inquire into the request and may, in its sole discretion, grant or deny the petition without further appeal or review. Petitions for modifying or terminating may be filed only once a year thereafter.

PROBATIONER WAIVES ANY FURTHER HEARINGS OR APPEALS TO THE BOARD OR TO ANY COURT IN REGARD TO ALL TERMS AND CONDITIONS OF THIS AGREED ORDER. PROBATIONER AGREES THAT THIS IS A FINAL ORDER.

THIS ORDER IS A PUBLIC RECORD.

I, VIRGINIA M MILLS, M.D., HAVE READ AND UNDERSTAND THE FOREGOING AGREED ORDER. I UNDERSTAND THAT BY SIGNING, I WAIVE CERTAIN RIGHTS. I SIGN IT VOLUNTARILY. I UNDERSTAND THIS AGREED ORDER CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND, VERBAL, WRITTEN OR OTHERWISE.

DATED: Aug 27, 2008.

Virginia M. Mills, M.D.
VIRGINIA M. MILLS, M.D.
Prothonotary

STATE OF TEXAS
COUNTY OF DAWSON

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§

SWORN TO AND ACKNOWLEDGED BEFORE ME, the undersigned Notary Public, on this 27 day of AUGUST, 2008.

(Notary Seal)



[Signature]
Signature of Notary Public

SIGNED AND ENTERED by the presiding officer of the Texas Medical Board on this 29 day of August, 2008.

[Signature]
Robert M. Kalafut, D.O., President
Texas Medical Board

NONDISCIPLINARY/NONPUBLIC ORDER
(EXEMPT FROM THE OPEN RECORDS ACT)

J-2210

IN THE MATTER OF

THE LICENSE OF

VIRGINIA M. MILLS, M.D.

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BEFORE THE

TEXAS STATE BOARD

OF MEDICAL EXAMINERS

CONFIDENTIAL NONPUBLIC AGREED REHABILITATION ORDER

On this the 28 day of August, 1999, came on to be heard before the Texas State Board of Medical Examiners ("the Board" or "the Texas Board"), duly in session the matter of the license of Virginia M. Mills, M.D. ("Respondent"). On May 21, 1999, Respondent appeared in person, without counsel, at an Informal Settlement Conference/Show Compliance Proceeding in response to a letter of invitation from the staff of the Board.

The Board was represented at the Informal Settlement Conference/Show Compliance Proceeding by Ed Hicks, Sr., a member of the Board, and Buddy R. Siebenlist, M.D., a District Review Committee. Upon recommendation of the Board's representatives, and with the consent of Respondent, the Board makes the following findings of fact and conclusions of law and enters this Order as set forth herein:

FINDINGS OF FACT

1. Respondent, Virginia M. Mills, M.D., holds Texas medical license J-2210.
2. The Board has jurisdiction over the subject matter and Respondent. Respondent received all notice which may be required by law and by the rules of the Board. All jurisdictional requirements have been satisfied.
3. Respondent is certified by the American Board of Medical Specialties in family medicine.
4. Respondent is forty-five (45) years of age.
5. Respondent has been licensed to practice by the Board for approximately five (5) years.

6. Respondent self-reported her impairment in a letter to the Board dated June 28, 1998. The letter indicates that she was involved in an automobile accident on September 18, 1997 and that she was transferred to The Institute for Rehabilitation and Research (TIRR) in Houston on November 11, 1997.

7. As a result of the accident, Respondent was diagnosed with a closed head injury. A MRI of the brain on September 23, 1997 showed diffuse axonal injury with shearing injury to the corpus callosum and perhaps the brain stem.

8. Intensive neuropsychological evaluations were conducted at TIRR on March 18, 1998 and September 2, 1998. In the March evaluation, Walter High, Ph.D., stated that "Respondent is reduced speed of information process, which affects her ability to develop solutions to problems, will likely make it difficult for her to perform the necessary skills as a physician. In addition, neither her ability to comprehend information that she reads nor her deductive reasoning skills are at a level that is needed to practice medicine." Dr. High recommended re-evaluation in one year to determine further progress and recovery of functioning.

9. In the second evaluation Dr. High states that "given the severity of Respondent's traumatic brain injury, it is recommended that appropriate precautions be undertaken before she resumes the practice of medicine. Although Respondent generally tests well, these tests do not directly measure a person's capacity to practice medicine. We are encouraged by her memory testing; however, it should be noted that her motor skills and information processing speed remain impaired. It's of particular concern to us that Respondent is not able to verbalize what impact these difficulties might have on her ability to practice medicine."

10. Dr. Cindy Ivanhoe, M.D., Director of the Brain Injury Program at TIRR, stated that "given the severity of her traumatic brain injury, I feel that it would be ill-advised for her to return directly to the practice of medicine. Her most recent neuropsychological evaluation did show improvement in certain areas, which demonstrates that she is continuing to recover. It is my recommendation that she currently not return to the practice of medicine at this time. However, she could potentially be placed in a medical setting and supervised for limited hours, initially. This would be the best and most effective way to discern her ability to participate in a professional manner."

11. A third evaluation was conducted on May 13, 1999. Dr. High stated that "Respondent's current functioning still represents a decline from her estimated pre-injury

abilities." It is his recommendation that appropriate precautions be undertaken before Respondent resumes the practice of medicine.

CONCLUSIONS OF LAW

Based on the above Findings of Fact, the Board concludes the following:

1. This order shall be a nondisciplinary private order and be exempt from the open records law.
2. Respondent is subject to action by the Board under Section 3.08(16) of the Medical Practice Act ("the Act"), T.R.C.S., article 4495b, due to inability to practice medicine with reasonable skill and safety to patients by reason of illness, drunkenness, excessive use of drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition.
3. Section 3.081 of the Act authorizes the Board to impose a nondisciplinary rehabilitation order and that such an order shall be exempt from the open records law.
4. Section 3.081 of the Act authorizes the Board to take action in regard to Respondent and Respondent's license as set forth below.
5. Any violation of the terms, conditions, or requirements of this Order by Respondent shall constitute a basis for disciplinary action by the Board against Respondent pursuant to the Act. Any violation of the terms, conditions, or requirements of this Order by Respondent shall constitute evidence of violation of the Act. Any violation of the terms, conditions, or requirements of his Order by Respondent shall result in this Order becoming a public document for the purpose of disciplinary proceedings.

ORDER

1. Respondent shall not practice medicine in Texas until such time as Respondent requests permission in writing to resume the practice of medicine in Texas, personally appears before the Board to orally petition for permission to resume such practice, and provides sufficient evidence and information which in the discretion of the Board adequately indicates that Respondent is physically, mentally, and otherwise competent to safely practice medicine. Such evidence and information shall include at a minimum, but shall not be limited to the following:

a) Within six (6) months following the signing of this Order by the presiding officer of the Board, Respondent shall take and pass with a score of 75 or above, within three (3) attempts, the Special Purpose Examination (SPEX) as promulgated by the Federation of State Medical Boards of the United States. In the event that Respondent does not take and pass the SPEX (within three (3) attempts) within six (6) months following signing of this Order by the presiding officer of the Board, Respondent's medical license shall be immediately suspended pursuant to correspondence to Respondent from the Executive Director or Secretary-Treasurer of the Board indicating that Respondent has not fulfilled the requirements of this provision by passage of the SPEX (within three (3) attempts) within the allotted time period. THIS SUSPENSION SHALL BE EFFECTIVE WITHOUT THE NEED FOR A HEARING OR OTHER ADMINISTRATIVE DUE PROCESS UNDER THE MEDICAL PRACTICE ACT OR THE ADMINISTRATIVE PROCEDURE ACT, AND RESPONDENT SPECIFICALLY WAIVES ANY SUCH HEARING OR DUE PROCESS. Respondent shall be notified of any such suspension by certified mail, return receipt requested, to his last known address on file with the Board. If Respondent's medical license is suspended on such a basis, the suspension shall remain in effect until such time as Respondent takes and passes the SPEX (within three (3) attempts) and subsequently appears before the Board in person and provides sufficient evidence which, in the discretion of the Board, is adequate to show that Respondent possesses the skills and knowledge to safely practice medicine in Texas and is otherwise physically and mentally competent to resume the practice of medicine in this state.

b) Respondent shall obtain a six (6) month follow-up evaluation by The Institute for Rehabilitation and Research (TIIR).

Upon an adequate showing before the Board that Respondent is able to safely practice medicine, Respondent shall be granted permission to practice medicine in Texas under such terms and conditions which the Board in its discretion determines are necessary to adequately protect the public.

2. The time period of this Order shall be extended for any period of time in which Respondent subsequently resides or practices outside the State of Texas, is in official retired status with the Board, or for any period during which Respondent's license is subsequently cancelled for nonpayment of licensure fees. If Respondent leaves Texas to live or practice elsewhere, Respondent shall immediately notify the Board in writing of the dates of Respondent's departure from and subsequent return to Texas. Upon Respondent's return to

practice in Texas or Respondent's relicensure, Respondent shall be required to comply with the terms of this Order for the period of time remaining on the Order when Respondent left the practice of medicine in Texas, retired, or had her license cancelled for nonpayment of licensure fees and shall pay all fees for reinstatement or renewal of a license covering the period of extension or tolling.

3. Respondent shall comply with all the provisions of the Act, and other statutes regulating the Respondent's practice, as is required by law.

4. Respondent shall inform the Board in writing of any change of Respondent's office or mailing address within ten (10) days of the address change. This information shall be submitted to the Verification Department and the Director of Compliance for the Board. Failure to provide such information in a timely manner shall constitute a basis for disciplinary action by the Board against Respondent pursuant to the Act.

5. Any violation of the terms, conditions, or requirements of this Order by Respondent shall constitute a basis for disciplinary action by the Board against Respondent pursuant to the Act. Any violation of the terms, conditions, or requirements of this Order by Respondent shall constitute evidence of unprofessional or dishonorable conduct likely to deceive or defraud the public or injure the public.

6. The above-referenced conditions shall continue in full force and effect without opportunity for amendment, except for clear error in drafting, for 12 months following entry of this Order. If, after the passage of the 12 month period, Respondent wishes to seek amendment or termination of these conditions, Respondent may petition the Board in writing. The Board may inquire into the request and may, in its sole discretion, grant or deny the petition without further appeal or review. Petitions for modifying or terminating may be filed only once a year thereafter.

CONFIDENTIAL

RESPONDENT WAIVES ANY FURTHER HEARINGS OR APPEALS TO THE BOARD OR TO ANY COURT IN REGARD TO ALL TERMS AND CONDITIONS OF THIS AGREED ORDER. NOTHING IN THIS ORDER SHALL BE DEEMED A WAIVER OF RESPONDENT'S RIGHTS UNDER STATUTE OR THE UNITED STATES OR TEXAS CONSTITUTIONS TO APPEAL AN ORDER OR ACTION OF THE BOARD SUBSEQUENT TO THIS AGREED ORDER EXCEPT AS RESPONDENT MAY HAVE OTHERWISE AGREED TO HEREIN.

RESPONDENT AGREES THAT THIS IS A FINAL ORDER.

RESPONDENT AGREES THAT ANY VIOLATION OF THE TERMS, CONDITIONS, OR REQUIREMENTS OF THIS ORDER BY RESPONDENT SHALL RESULT IN THIS ORDER BECOMING A PUBLIC DOCUMENT FOR THE PURPOSE OF DISCIPLINARY PROCEEDINGS.

THIS IS A NONDISCIPLINARY PRIVATE ORDER.
THIS ORDER IS NOT A PUBLIC RECORD.
THIS ORDER IS EXEMPT FROM THE OPEN RECORDS LAW.

I, VIRGINIA M. MILLS, M.D., HAVE READ AND UNDERSTAND THE FOREGOING AGREED ORDER. I UNDERSTAND THAT BY SIGNING, I WAIVE CERTAIN RIGHTS. I SIGN IT VOLUNTARILY. I UNDERSTAND THIS AGREED REHABILITATION ORDER CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND, VERBAL, WRITTEN OR OTHERWISE.

DATED: 8/2 1999

Virginia M. Mills, M.D.
VIRGINIA M. MILLS, M.D.
RESPONDENT

STATE OF Texas
COUNTY OF Ft. Bend

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BEFORE ME, the undersigned Notary Public, on this day personally appeared VIRGINIA M. MILLS, M.D. known to me to be the person whose name is subscribed to this instrument, an Agreed Rehabilitation Order, and who after being by me duly sworn, on oath, stated that she executed the same for all purposes expressed therein.

Given under my hand and official seal and office this 2nd day of Aug. 1999.

Lisa Sims
Signature of Notary Public



LISA SIMS
Printed or typed name of Notary Public

My commission expires: 10/3/02

SIGNED AND ENTERED by the presiding officer of the Texas State Board of Medical Examiners on this 28 day of August, 1999

William H. Fleming, III, M.D.
William H. Fleming, III, M.D.
President, Texas State Board of
Medical Examiners

CONFIDENTIAL

JULY 2009

NO EXECUTIVE COMMITTEE

MEETING

HELD IN

JULY 2009

ONLY HAD A

FULL BOARD

MEETING

ON

JULY 02, 2009

BOARD MINUTES
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
JULY 02, 2009

The regularly scheduled meeting of the Mississippi State Board of Medical Licensure was held on Thursday, July 02, 2009, in the Board Room of the Office of the Board located at 1867 Crane Ridge Drive, Jackson, Mississippi.

The following members were present:

Don A. Gibson, M.D., Richland, President
William S. Mayo, D.O., Oxford, Vice President
S. Randall Easterling, M.D., Vicksburg, Secretary
Larry B. Aycock, M.D., McComb
Dewitt G. Crawford, M.D., Louisville
Virginia M. Crawford, M.D., Hattiesburg
A. Wallace Conerly, M.D., Jackson
William B. Jones, M.D., Greenwood
Philip T. Merideth, M.D., J.D., Jackson

Also present:

H. Vann Craig, M.D., Director
Stan T. Ingram, Complaint Counsel for the Board
Pamela Ratliff, Assistant Complaint Counsel for the Board
Stephanie Lee, Assistant Attorney General
Rhonda Freeman, Bureau Director, Licensure Division
Thomas Washington, Bureau Director, Investigative Division
Frances Scott, Special Projects Officer, Investigative Division
Sherry Harris, Staff Officer
Wesley Breland, Hattiesburg, Consumer Health Committee

Not present:

Ellen O'Neal, Assistant Attorney General
Cecil R. Burnham, Jackson, Consumer Health Committee

The meeting was called to order at 9:00 a.m. by Dr. Gibson, President. The invocation was given by Dr. Conerly and the pledge was led by Dr. Easterling. Dr. Gibson welcomed Mike Segura, Court Reporter. Dr. Gibson introduced and welcomed Stephanie Lee, Assistant Attorney General, filling in today for Ellen O'Neal, Assistant Attorney General and Neely Carlton as the new General Counsel for Mississippi State Medical Association. Dr. Gibson extended a welcome to all visitors present at today's meeting.

BOARD MINUTES

July 02, 2009

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Dr. Gibson opened the floor for public comments but there were none.

APPROVAL OF CERTIFICATION OF MISSISSIPPI LICENSES TO OTHER ENTITIES FOR THE PERIOD MAY 01, 2009, THROUGH MAY 31, 2009

Seventy-eight (78) licenses were certified to other entities for the period May 01, 2009, through May 31, 2009. Motion was made by Dr. Mayo, seconded by Dr. Easterling, and carried unanimously to approve these certifications.

APPROVAL OF LICENSES ISSUED FOR THE PERIOD MAY 01, 2009, THROUGH MAY 31, 2009

Thirty-six (36) licenses were issued for the period of May 01, 2009, through May 31, 2009. Motion was made by Dr. D. Crawford, seconded by Dr. Mayo, and carried unanimously to approve these licenses.

REVIEW OF MINUTES OF THE EXECUTIVE COMMITTEE MEETING DATED MAY 20, 2009, AND MINUTES OF THE BOARD MEETING DATED MAY 21, 2009

Minutes of the Executive Committee meeting dated May 20, 2009, and Minutes of the Board meeting May 21, 2009, were reviewed. Dr. Mayo moved for approval of the minutes as submitted. Dr. D. Crawford seconded the motion, and it carried unanimously.

REPORTS FROM COMMITTEES

Consumer Health - Mr. Breland (Chair), Mr. Burnham

Mr. Breland advised there was no new information to report.

Education & Workforce - Dr. Conerly (Chair), Dr. D. Crawford, Dr. Mayo

Dr. Conerly advised there was no new information to report.

Scope of Practice - Dr. V. Crawford (Chair), Dr. Easterling, Dr. Aycock

Dr. V. Crawford advised that the committee had not met but she had several items to discuss.

1) Dr. V. Crawford advised that the Physician Assistants (PAs) would like to be included at the Joint Practice Committee meetings. A meeting had been tentatively

BOARD MINUTES

July 02, 2009

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scheduled for Friday, July 24, 2009, at 3:00 p.m.; however, due to several conflicts this meeting will be rescheduled for a later date.

2) Dr. V. Crawford handed out information from the American College of Physicians concerning Nurse Practitioners in Primary Care for review.

3) Dr. V. Crawford advised that there had been some concerns where a Nurse Practitioner had advertised in the Yellow Pages on the Gulf Coast in the physician section; however, she did use PMHNP for her credentials. Dr. V. Crawford suggested that we request that the telephone company add another category in the Yellow Pages to correct this situation.

Professional Health Program - Dr. Gibson (Chair), Dr. Mayo, Dr. Merideth

Dr. Gibson advised there was no new information to report.

Rules, Regulation & Legislative - Dr. Easterling (Chair), Dr. D. Crawford, Dr. Jones

Dr. Easterling advised there was no new information to report, but added that the Board's budget request was approved.

Ethics - Dr. Merideth (Chair), Dr. V. Crawford, Dr. Conerly

Dr. Merideth advised there was no new information to report.

Electronic Medical Records - Dr. Aycock (Chair), Dr. V. Crawford, Dr. Mayo

Dr. Aycock advised there was no new information to report.

PRESENTATION FROM PROFESSIONAL BOUNDARIES, INC. (PBI) AND UNIVERSITY OF ALABAMA SCHOOL OF MEDICINE (UAB) CONCERNING THEIR BOUNDARIES AND ETHICS PROGRAMS / CASE WESTERN RESERVE

Stephen J. Schenthal, M.D., MSW, Executive Director of Professional Boundaries, Inc., gave an informative web presentation concerning their linear educational programs for boundary and ethical education. Dr. Schenthal discussed the courses available, time frames, and gave a brief introduction of each of the faculty.

Also, a request from Case Western Reserve University to add Managing Conflict in Medical Practices and their Intensive Course in Physician Communications to their list of the Board's approved continuing medical education (CME) was discussed.

BOARD MINUTES

July 02, 2009

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After a brief discussion, motion was made by Dr. Mayo, seconded by Dr. Easterling and carried unanimously to approve adding PBI to the Board's approved list of CME's and also to add the additional courses requested by Case Western Reserve to the Board's approved list for CME's.

REQUEST FROM MISSISSIPPI STATE MEDICAL ASSOCIATION

Dr. Craig advised that the Board had received a letter from State Medical advising that their Board of Trustees had amended and approved their bylaws relative to the Mississippi Professionals Health Program Board of Directors to include one (1) member from the Licensure Board. After a brief discussion the matter was tabled until the September Board meeting.

HEARING IN THE CASE OF RAY A. HARRON, M.D., MISSISSIPPI MEDICAL LICENSE NUMBER 14223

Dr. Harron was not present or represented by legal counsel. His attorney, Edward Blackmon, Jr., Esq., had earlier sent a request for a continuance for the reason that he had a trial set for the same date.

Motion was made by Dr. D. Crawford, seconded by Dr. Mayo, and carried unanimously to grant the continuance until the September 17, 2009, Board meeting.

A copy of the Order of Continuance is attached hereto and incorporated by reference.

PROPOSED REGULATION CONCERNING THE PRACTICE OF ACUPUNCTURE

Dr. Craig advised that House Bill 458 concerning the practice of acupuncture has passed and went into effect July 1, 2009. Dr. Craig briefly discussed the proposed regulation concerning the practice of acupuncture and how the Acupuncture Advisory Council would work with the Medical Board.

After a brief discussion concerning issues about the definition, whether there would be a supervising physician, the fact that the Governor has not appointed the members to the Advisory Council, whether to seek an Attorney General's opinion on provision specifics, etc., motion was made by Dr. Mayo, seconded by Dr. Merideth, and carried unanimously to refer the matter to the Scope of Practice Committee for further review.

BOARD MINUTES

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Dr. V. Crawford, Chair of the Scope of Practice Committee, advised that the Board needs educational training from the Acupuncture Advisory Council and invited them to attend the Scope of Practice Committee meeting. The date and time of the meeting will be set later.

There was a brief discussion concerning issuing licenses and Stan Ingram, Complaint Counsel for the Board, advised that the Board has the right to place licenses in abeyance until rules and regulations are in place. Motion was made by Dr. Merideth, seconded by Dr. D. Crawford, and carried unanimously that the Board not grant any acupuncturist licenses until the rules and regulations have been adopted by the Board.

ADOPT FEE SCHEDULE FOR ACUPUNCTURISTS / APPLICATION FOR LICENSE

After a brief discussion concerning the FY2010 fee schedule as well as briefly discussing the proposed application for acupuncturists, motion was made by Dr. Mayo, seconded by Dr. Easterling, and carried unanimously to accept both items as proposed.

THE BOARD RECESSED AT 10:15 A.M. AND RECONVENED AT 10:25 A.M.

HEARING IN THE CASE OF NEIL BURTON SLOAN, M.D., CORINTH, MISSISSIPPI MEDICAL LICENSE NUMBER 19029

Dr. Sloan was present and represented by legal counsel, D. Collier Graham, Jr., Esq.

Stan Ingram, Complaint Counsel for Board, introduced Dr. Sloan and his attorney and advised that Dr. Sloan was petitioning the Board to have certain restrictions removed from his medical license.

Mr. Ingram entered a number of exhibits and advised that the patients discussed would be referred to by a number instead of their names. Mr. Ingram provided the Board with a background on the case and history of Dr. Sloan before covering items in his current Consent Order.

Mr. Graham addressed the Board and advised that Dr. Sloan entered into his current Consent Order knowing that he had problems with his charts and management of patients, but that Dr. Sloan has now met or exceeded the requirements of his Consent Order.

Dr. Sloan was called to the witness stand and was sworn in by the court reporter before he addressed the Board. Dr. Sloan briefly gave a review of his educational history and background before being questioned by Mr. Graham.

BOARD MINUTES

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THE BOARD RECESSED FOR LUNCH AT 12:25 P.M. AND RECONVENED AT 1:00 P.M.

DR. D. CRAWFORD DID NOT RETURN TO THE MEETING AFTER LUNCH

Dr. Gibson called the meeting back to order. Dr. Sloan was called to the witness stand and continued his testimony. Dr. Sloan was also cross examined by Mr. Ingram and answered questions from the Board.

THE BOARD RECESSED AT 3:05 P.M. AND RECONVENED AT 3:15 P.M.

DR. CONERLY DID NOT RETURN TO THE MEETING AFTER THE BREAK

Jennifer Gholson, M.D., Chief Medical Officer for Information Quality and Healthcare (IQH) of Jackson, was sworn in by the court reporter and qualified as an expert witness in family practice. Dr. Gholson advised that she had reviewed five (5) patient files at the request of the Board. Mr. Ingram conducted direct examination of Dr. Gholson concerning her analysis of the five (5) patient records and her opinion as to some of Dr. Sloan's medical decisions.

Mr. Graham cross-examined Dr. Gholson and then she answered several questions from Board members before the Board decided to take the matter into consideration and hear the other two (2) cases before going into Executive Session.

A verbatim account of this proceeding was recorded by Mike Segura, Court Reporter.

THE BOARD RECESSED AT 4:20 P.M. AND RECONVENED AT 4:25 P.M.

HEARING IN THE CASE OF HAROLD TODD COULTER, M.D., OCEAN SPRINGS, MISSISSIPPI MEDICAL LICENSE NUMBER 14334

Dr. Coulter was present but was not represented by legal counsel. Stephanie Lee, Assistant Attorney General, questioned Dr. Coulter regarding legal representation and Dr. Coulter stated that he wanted to waive his right to an attorney and proceed without legal counsel.

Dr. Coulter addressed the Board and advised that he was appearing today to request that all restrictions be lifted from his medical license. Dr. Coulter advised that even though he had met all the Board's requirements in the January 2008 Consent Order, he realized during a credentialing process that he still had restrictions placed on his license because he had not petitioned the Board for their removal.

BOARD MINUTES

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Mr. Ingram placed the original Consent Order and Dr. Coulter's letter in the record as exhibits.

After a brief discussion, motion was made by Dr. Aycock, seconded by Dr. V. Crawford, and carried unanimously to remove all restrictions from Dr. Coulter's medical license.

A copy of the Order Removing all Restrictions is attached hereto and incorporated by reference.

A verbatim account of this proceeding was recorded by Mike Segura, Court Reporter.

**SHOW CAUSE HEARING IN THE MATTER OF EVAN LAYTHE SYKES, D.O.,
TEMPORARY LICENSE**

Dr. Sykes was present but was not represented by legal counsel. Pamela Ratliff, Esq., with Mr. Ingram advised that Dr. Sykes was here today without legal counsel and that at his request to appear at today's meeting he was waiving the statutory 30 days notice. Stephanie Lee, Assistant Attorney General, questioned Dr. Sykes regarding legal representation and waiving his statutory 30 days notice and he advised he understood and wished to proceed without legal counsel.

Ms. Ratliff addressed the Board and provided a background of why Dr. Sykes was here today before entering several exhibits into the record.

Dr. Sykes was called to the witness stand and was sworn in by the court reporter. Dr. Sykes addressed the Board and explained several problems that he has had in the past as well as answering questions from Ms. Ratliff. Ms. Ratliff discussed a letter from David Pizzimenti, D.O., Program Director & DME at Magnolia Regional Health Center advising that Magnolia Regional Health Center was aware of Dr. Sykes' past history, and were agreeable to offering him the opportunity for a second chance for completion of his internal medicine residency with the stipulation that there would be no allotment for application for an unrestricted license and/or independent DEA.

THE COURT REPORTER LEFT THE MEETING AT 5:00 P.M.

Mr. Ingram advised Dr. Sykes that since the court reporter had left the meeting and there would be no further transcript of the proceedings that he had the right to have his case continued until such time that another court reporter could be secured. Dr. Sykes advised that he was satisfied with all the information that had been presented prior to the court reporter departing and wished to proceed regardless.

BOARD MINUTES

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A verbatim account of this proceeding until 5:00 p.m. was recorded by Mike Segura, Court Reporter.

Upon a motion by Dr. Mayo, seconded by Dr. Easterling, and carried unanimously the Board went into Executive Session.

Upon a motion by Dr. Mayo, seconded by Dr. Aycock, and carried unanimously the Board came out of Executive Session at which time Dr. Gibson asked Dr. Easterling to report on the Board's decision. Dr. Easterling announced that the Board in the matter of Dr. Sykes with four (4) votes for, two (2) votes against, and one (1) vote to abstain in the matter decided to grant him an institutional license to be restricted to the confines of the residency program at Magnolia Hospital in Corinth, MS., that remains in effect until successful completion of his residency program at said hospital.

Dr. Easterling announced that the Board in the matter of Dr. Sloan with five (5) votes for, two (2) votes against decided to grant Dr. Sloan's petition, but only as to return of controlled substance privileges in Schedules III and IIIN. Dr. Sloan already possessing privileges in Schedules IV and V; with ongoing monitoring of his medical practice and controlled substance prescription writing, with the right of Dr. Sloan to petition for removal of restrictions in one (1) year. Further details to be set forth by written order.

A copy of the Order for the Evan L. Sykes, D. O., as well as the Determination and Order for Neil B. Sloan, M.D., is attached hereto and incorporated by reference.

PROPOSED AMENDMENT TO REGULATION CONCERNING LICENSURE REQUIREMENTS FOR THE PRACTICE OF MEDICAL DOCTORS AND OSTEOPATHIC PHYSICIANS

Dr. Craig advised that the changes to the regulation were concerning graduates of a foreign medical school and that the school must be included in the list of medical schools recognized by the Medical Board of California at the time of graduation.

After a brief discussion, motion was made by Dr. Aycock, seconded by Dr. V. Crawford, and carried unanimously of the Board's intent to adopt the proposed amendment concerning licensure requirements for the practice of medical doctors and osteopathic physicians. A copy of the proposed amendment of the regulation is attached hereto and incorporated by reference. The proposed amendment of the regulation will be filed with the Secretary of State under the Administrative Procedures Act.

BOARD MINUTES

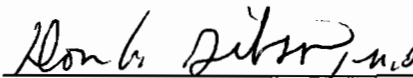
July 02, 2009

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There was further discussion concerning the proposed changes and Dr. Craig advised that additional schools have been added to the approved list. A visitor at the meeting, Debra Hill of Tupelo, addressed the Board expressing concerns with the regulation and the fact that her husband is in medical school in the Carribean. She is concerned if he will be able to practice in Mississippi once he has completed training.

ADJOURNMENT

There being no further business, the meeting adjourned at 5:50 p.m., with the next meeting scheduled for Thursday, September 17, 2009.



Don A. Gibson, M.D.
President

Minutes taken and transcribed
by Sherry Harris
Staff Officer
July 02, 2009

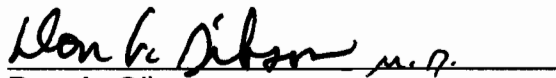
**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
JULY 02, 2009**

AGENDA ITEM: XII. Hearing in the case of Neil B. Sloan, M.D.

Motion made by Dr. V. Crawford, seconded by Dr. Mayo, in a vote of five (5) for and two (2) against, to grant Schedules III, IIIN, IV & V with on-going monitoring of controlled substance prescription writing. Revisit in one (1) year.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.		X		
A. Wallace Conerly, M.D.				X
Dewitt G. Crawford, M.D.				X
Virginia M. Crawford, M.D.	X			
S. Randall Easterling, M.D.	X			
Don A. Gibson, M.D.	X			
William B. Jones, M.D.		X		
William S. Mayo, D.O.	X			
Philip T. Merideth, M.D., J.D.	X			

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



Don A. Gibson
President

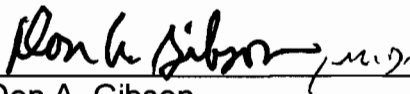
**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
JULY 02, 2009**

AGENDA ITEM: XI. Show Cause hearing in the matter of Evan Laythe Sykes, D.O.,
Temporary License

Motion made by Dr. Gibson, seconded by Dr. Mayo, in a vote of four (4) for, two (2) against, one (1) abstaining to grant an institutional license to be restricted to the confines of the residency program at Magnolia Hospital in Corinth, MS. Restricted temporary license in effect until successful completion of residency program at said hospital.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.		X		
A. Wallace Conerly, M.D.				X
Dewitt G. Crawford, M.D.				X
Virginia M. Crawford, M.D.		X		
S. Randall Easterling, M.D.	X			
Don A. Gibson, M.D.	X			
William B. Jones, M.D.	X			
William S. Mayo, D.O.			X	
Philip T. Merideth, M.D., J.D.	X			

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



Don A. Gibson
President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

RAY HARRON, M.D.

ORDER OF CONTINUANCE

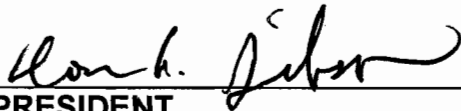
THIS MATTER came on regularly for hearing on July 2, 2009, before the Mississippi State Board of Medical Licensure, in response to a request for continuance of the hearing set for this date made by Ray Harron, M.D. (hereinafter "Licensee"), through his attorney, Edward Blackmon, Jr. After consideration of the matter, the Board finds Licensee's motion to be well taken.

IT IS, THEREFORE, ORDERED, that this matter is continued until 9:00 am, September 17, 2009.

SO ORDERED, this the 2nd day of July, 2009.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY:



PRESIDENT

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIANS'S LICENSE

OF

TODD HAROLD COULTER, M.D.

ORDER REMOVING ALL RESTRICTIONS

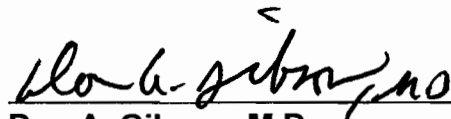
THIS MATTER came on regularly for consideration on July 2, 2009, before the Mississippi State Board of Medical Licensure, in response to the request of Todd Harold Coulter, M.D., (hereinafter "Licensee"), for removal of all restrictions imposed on his Mississippi medical license by virtue of that certain Consent Order dated November 8, 2007. The Board, after hearing said request, finds the same to be well-taken.

IT IS HEREBY ORDERED, that Licensee's request for removal of all restriction is hereby granted. Licensee now holds an unrestricted license to practice medicine in the State of Mississippi.

IT IS FURTHER ORDERED, that pursuant to MS Code Annotated Sections §73-25-27 and §73-25-32 (1972), a copy of this Order shall be sent by registered mail or personally served upon Todd Harold Coulter, M.D.

ORDERED, this the 2nd of July, 2009.

Mississippi State Board of Medical Licensure



Don A. Gibson, M.D.
President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE APPLICATION FOR LICENSURE

OF

EVAN LAYTHE SYKES, D.O.

ORDER

THIS MATTER having come on for hearing on July 2, 2009, before the Mississippi State Board of Medical Licensure (hereinafter "Board"), pursuant to Title 73, Chapter 25, Miss. Code (1972) Annotated, in response to the application of Evan Laythe Sykes, D.O. (hereinafter "Applicant"), seeking a restricted temporary license to practice medicine in the State of Mississippi, and the Board, having considered the application and all evidence and testimony, renders the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. On or about March 16, 2009, Applicant completed a licensure application seeking a restricted temporary license to practice osteopathic medicine in the State of Mississippi. The licensure staff for the Board received the original application on or about March 27, 2009. In response to the following application question, Applicant answered in the negative, to-wit:

23. *To your knowledge, have you ever been or are you now, the subject of an investigation or disciplinary proceeding by any licensing Board/Agency as of the date of this application?*

2. The licensure staff of the Board conducted an inquiry into the Applicant's licensure history, including an inquiry to the National Practitioner Data Bank. The licensure staff proceeded to obtain verification of the information contained in the application. The

licensure staff obtained certified copies of the March 9, 2005, order and findings of fact of the State Medical Board of Ohio revoking Applicant's D.O. certificate and denying his request for permanent license based on allegations that while conducting residency training in Pikeville, Kentucky, Applicant had inappropriately prescribed controlled substances to individuals who were not patients of Applicant's residency program; had issued prescriptions in the names of individuals for whom the medications were not intended; and failed to maintain proper documentation of such prescriptions. The licensure staff also obtained certified copies of the November 4, 2004, order of the West Virginia Board of Osteopathy denying Applicant's request for medical licensure and the April 19, 2005, order by the Kentucky Board of Medical Licensure denying Applicant's application for permanent license.

3. The licensure staff of the Board received certified verification from Pikeville Medical Center that in April 2003, Applicant was terminated from the Pikeville Family Practice Clinic Residency program for inappropriate prescribing of controlled substances to individuals who were not patients of Applicant's residency program.

4. On June 30, 2009, the Board received a letter from David Pizzimenti, D.O., Program Director and DME of the Internal Medicine Residency Program at Magnolia Regional Medical Center dated June 29, 2009, detailing Applicant's acceptance into the residency program with the contractual stipulation that there be no allotment for application for an unrestricted license or independent DEA.

CONCLUSIONS OF LAW

Based upon the Findings of Fact as enumerated above, Applicant is in violation of Subsections (3), (8)(d), (8)(f) and (9) of Section 73-25-29, Mississippi Code (1972)

Annotated, as amended, and Subsections (a) and (c) of Section 73-25-83, Mississippi Code (1972) Annotated, as amended, as a result of the revocation, suspension or other restriction imposed on Applicant's license to practice medicine by a licensing authority of another state which prevents or restricts practice in that state; being disciplined by a licensed hospital or medical staff of said hospital (i.e., being terminated from the Pikeville Family Practice Clinic Residency program); administering, dispensing or prescribing any narcotic drug or any other drug having addiction forming or sustaining liability otherwise than in the course of legitimate professional practice; and attempting to obtain a license by fraud or deception by virtue of submitting a false or fraudulent statement in Applicant's licensure application and signing said application under oath as true and correct.

According to Applicant, almost seven years ago Applicant was "duped" into prescribing controlled substances to two individuals known to Applicant while Applicant was conducting his residency training in Pikeville, Kentucky. Applicant states that his intent was to help these individuals to overcome their dependence on controlled substances by monitoring and tapering their prescriptions for controlled substances. Since that time, Applicant has attended and successfully completed additional educational training courses in the area of prescribing controlled substances. As to Applicant's negative response to Question No. 23, Applicant states that he must have inadvertently marked the negative response and did not intend to provide a false or fraudulent answer as Applicant disclosed the prior disciplinary actions and investigations by the various licensure boards elsewhere in the application. This Board cannot dismiss the prior disciplinary actions or findings by the various licensure boards and medical staff stemming from Applicant's inappropriate prescribing of controlled substances; or Applicant's false response on Applicant's licensure

application. However, the Board feels that Applicant is mindful of his errors and past mistakes. This, combined with the fact that Applicant has been accepted into a residency program and is requesting a restricted temporary license for that purpose, serves to mitigate the violations.

ORDER

IT IS HEREBY ORDERED that based upon the Findings of Fact and Conclusions of Law enumerated above, Applicant shall receive a temporary restricted medical license (i.e., institutional license) which restricts his practice to Magnolia Regional Health Center while Applicant is engaged in the residency program at Magnolia Regional Health Center.

IT IS FURTHER ORDERED that Applicant shall pay all costs associated with the investigation and conduct of the proceedings for licensure herein, pursuant to Miss. Code Ann. Section 73-25-30, with said amount not to exceed \$10,000. Applicant 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 date Applicant was advised of said amount.

SO ORDERED, this the 2nd day of July, 2009.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY: Don A. Gibson, M.D.
DON A. GIBSON, M.D.
PRESIDENT

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

NEIL BURTON SLOAN, M.D.

DETERMINATION AND ORDER

THIS MATTER came on regularly for hearing on July 2, 2009, before the Mississippi State Board of Medical Licensure (hereinafter "Board"), pursuant to Title 73, Chapters 25 Miss. Code (1972) Annotated, in response to the petition of Neil Burton Sloan, M.D., (hereinafter "Licensee"), requesting removal of all restrictions placed on his license by virtue of that certain Consent Order dated April 14, 2008. Licensee was present and represented by Honorable D. Collier Graham, Jr., Complaint Counsel for the Board was Honorable Stan T. Ingram. Sitting as legal advisor to the Board was Honorable Stephanie Lee, Assistant Attorney General.

Based upon the evidence and testimony presented, the Board renders the following Findings of Fact, Conclusions of Law, and Order.

FINDINGS OF FACT

1. Licensee is a physician licensed to practice medicine in the State of Mississippi, currently holding License No. 19029.
2. On or about October 10, 2007, Licensee was served with a Summons and Affidavit to appear before the Board to answer charges filed against him, namely that Licensee was guilty of administering, dispensing or prescribing narcotic drugs or

other drugs having addiction forming or addiction sustaining liability otherwise than in the course of legitimate professional practice; unprofessional conduct likely to harm the public; and failure to maintain appropriate patient records and documentation. In lieu of a hearing, Licensee entered into a Consent Order with the Board on April 14, 2008, wherein Licensee agreed to quarterly statistically relevant audits by the Board, including pharmacy monitoring and prescription audits, for a period of one (1) year; twenty (20) hours of continuing medical education pertaining to record keeping and pain management; prohibited from accepting any new patients for chronic pain management; decreasing the number of chronic pain management patients that are currently under his care, and surrender of controlled substance privileges in Schedules II, IIN, III, IIIN, of his DEA Uniformed Controlled Substances Registration Certificate. Subsequent to execution of the April 14, 2008, Consent Order, Licensee held controlled substance privileges in only Schedules IV and V.

3. On or about July 15, 2008, the Board conducted an audit pursuant to the terms of the aforementioned Consent Order. On November 11, 2008, Licensee petitioned the Board for return of privileges in Schedules III and IIIN, the hearing then set for January 15, 2009. Licensee's petition was withdrawn and dismissed without prejudice. On May 14, 2009, Licensee filed a petition for removal of all restrictions on his license, specifically requesting return of controlled substance privileges in Schedules II, IIN, III, IIIN, thereby providing Licensee with a Uniformed Controlled Substances Registration Certificate in all schedules.

4. In response to Licensee's petition for removal of all restrictions, the investigative staff of the Board conducted an investigation of Licensee's prescribing

practices in Schedules IV and V, including review of prescription profiles from area pharmacies and the Mississippi Board of Pharmacy's "Prescription Monitoring Program" (PMP). In addition, the investigative staff obtained from Licensee a number of patient files, being some of those which Licensee was prescribing unusual quantities of Schedules IV and V controlled substances. At the hearing, five (5) patient files were considered, three (3) from the July, 2007, audit and two (2) from the June, 2009, investigation.

5. At the hearing, the Board heard testimony from Jennifer D. Gholson, M.D., Chief Medical Officer for Information & Quality Healthcare (IQH) which serves as a medical quality review agency for Medicare/Medicaid. Dr. Gholson found that Licensee's record keeping was generally acceptable. Of the five (5) files reviewed, Dr. Gholson found no basis to question Licensee's management of the patient as to one file, but did find serious quality of care issues in two (2) patient files presented to the Board as Patient Nos. 2 and 3.* Specifically, Dr. Gholson deemed as inappropriate Licensee's use of Promethazine with Codeine, a Schedule V controlled substance, prescribed by Licensee on a long term basis for Patient Nos. 2 and 3, each with an existing diagnosis of COPD and one patient with an additional diagnosis of obesity and sleep apnea. The use of Promethazine with Codeine in patients with compromised respiratory function should be avoided and is contraindicated. Although Licensee testified that he sought consultation for both patients with a pulmonologist, neither file contained reference to any consultation reports from the pulmonologist nor the results of any pulmonary function tests.

* Although serious quality of care issues were found as to Patient Nos. 2 and 3, Dr. Gholson testified that such findings would not warrant sanctions (exclusion) from the Medicare/Medicaid Program.

In fact, Licensee acknowledged that he relied on the patients' word that they were seeing a pulmonologist. Dr. Gholson found this to be unacceptable and we agree. In one instance, Licensee prescribed substantial quantities of Promethazine with Codeine, both immediately prior and after Patient No. 2 had been placed in the local hospital for two (2) weeks for treatment of respiratory distress. It was noted that Licensee does not hold hospital staff privileges.

6. It was also the testimony of Dr. Gholson, to which we agree, that Licensee prescribed Schedule IV controlled substances to Patient No. 3 at a time when Licensee knew or should have known that the patient was abusing the medication. Following the April 14, 2008 Consent Order and loss of controlled substance privileges in Schedules II, IIN, III, IIIN, Licensee referred Patient No. 3 to a pain management clinic in Savannah, Tennessee. At the time of this referral, Licensee had a pain management contract with the patient, as required by Board regulations, to obtain her Schedule II and III narcotics only from one physician source. During his testimony, Licensee acknowledged that Patient No. 3 was thereafter dismissed from the Savannah Pain Clinic as a result of her acquiring controlled substances from other sources. Without contacting the Savannah Pain Clinic nor securing another contract with the patient, Licensee resumed chronic pain management, prescribing Schedules IV and V controlled substances to Patient No. 3, and thereafter, continued to prescribe controlled substances to the patient at a time when the patient was receiving controlled substance prescriptions from multiple physicians. Licensee failed to adequately monitor the patient.

7. During the hearing, Licensee testified that it is not his intent to operate a pain management clinic, adding that if the Board were to reinstate his controlled substance privileges, he would prescribe controlled substances for chronic pain in only those situations where treatment is adjunct to other primary medical care which he may provide. We interpret this to mean that Licensee will not operate a pain management clinic, nor increase the number of patients for which he currently provides chronic pain management.

8. Subsequent to execution of the Consent Order, the number of controlled substance prescriptions issued by Licensee has decreased.

CONCLUSIONS OF LAW

The Board believes that Licensee is genuine in his desire to give proper medical care to his patients and prescribe controlled substances for chronic pain management only when deemed necessary as adjunct to other primary medical care. However, Licensee has not adequately monitored patients receiving controlled substances and failed to take into consideration the contraindications for certain controlled substances prescribed. Such conduct constitutes administering, dispensing or prescribing controlled substances outside the course of legitimate professional practice and unprofessional conduct likely to harm the public, all in violation of Miss. Code Ann. §73-25-29(3) and (8)(iv). Accordingly, the Board believes that a limited return of controlled substance privileges, namely in Schedules III and IIIN, would be appropriate at this time, thereby giving Licensee an opportunity to demonstrate the proper handling of

controlled substances in said schedules for a minimum of one (1) year before any further consideration is given to return of privileges in Schedules II and IIN.

ORDER

NOW THEREFORE, the Mississippi State Board of Medical Licensure hereby grants Licensee's petition but only to the extent that he is hereby authorized to make application with the U.S. Drug Enforcement Administration (DEA) for a Uniformed Controlled Substances Registration Certificate in Schedules III, IIN, IV and V, subject, however to the following terms, conditions and restrictions, to-wit:

1. Licensee's practice will be subject to periodic monitoring and prescription review to insure Licensee's compliance with all applicable Rules and Regulations of the Board. The Board's right to monitor shall include, but is not limited to, the following:

(a) Periodic prescription monitoring through prescription reviews at local and/or area pharmacies and review of prescription data through the Mississippi Board of Pharmacy's "Prescription Monitoring Program."

(b) The investigative staff of the Board may at any time conduct unannounced inspections of Licensee's practice and to review and copy any patient file. Those files subject to review and copy shall include files for patients receiving controlled substances as identified through pharmacy profiles and/or PMP, and may include those patients identified during the hearing on this matter and other patients identified from prescription profiles or from previous investigations and/or Board appearances. It is the opinion of this Board that one or more patient files identified during any investigation can be used as a basis for further action, notwithstanding the statistical relevancy of those files chosen.

Stated differently, Licensee's failure to monitor or appropriately prescribe controlled substances to any one or more patients is potentially harmful and can be the basis for further disciplinary action.

Any and all costs associated with the Board's oversight and monitoring of Licensee shall be the sole responsibility of Licensee.

2. Licensee shall not accept or treat any patients solely for chronic pain management. Licensee will decrease the number of chronic pain management patients currently under his management, including the discharge of any non-compliant pain management patients.


3. After the expiration of a minimum of one (1) year from the date of this order, Licensee shall have the right but not the obligation to petition the Board for removal of all remaining restrictions.

4. Licensee shall reimburse the Board for all costs incurred in relation to the pending matter pursuant to Miss. Code Ann. Section 73-25-30, with said amount not to exceed \$10,000. 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 and Notice to Licensee.

EXECUTED this the 2nd day of July, 2009.

Mississippi State Board of Medical Licensure

By:



DON A. GIBSON, M.D.
PRESIDENT

COPY

NOTICE OF PROPOSED RULE ADOPTION

STATE OF MISSISSIPPI
Mississippi State Board of Medical Licensure

FILED
JUL - 3 2009

MISSISSIPPI
SECRETARY OF STATE

Mississippi State Board of Medical Licensure
c/o Rhonda Freeman
1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216

(601) 987-0223
rhonda@msbml.state.ms.us

Specific Legal Authority authorizing the promulgation of Rule: {Insert citation to state or federal statute, or rule Section 73-43-11}

Reference to Rules repealed, amended or suspended by the Proposed Rule : { Insert citation to specific rule(s) repealed, amended or suspended Chapter 02 Licensure Requirements for the Practice of Medical Doctors and Osteopathic Physicians}

Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule: {Insert here}
Amendments to this regulation will require applicants for medical license to graduate from a medical school approved by the California Medical Board or the Caribbean Accreditation Authority.

This rule is proposed as a Final Rule, and/or a Temporary Rule (Check one or both boxers as applicable.)

Persons may present their views on the proposed rule by addressing written comments to the agency at the above address. Persons making comments should include their name and address, as well as other contact information, and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

Oral Proceeding: Check one box below:

An oral proceeding is scheduled on this rule on Date: _____ Time: _____
Place: _____

If you wish to be heard and present evidence at the oral proceeding you must make a written request to the agency at the above address at least _____ day(s) prior to the proceeding to be placed on the agenda. The request should include your name, address, telephone number as well as other contact information; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

An oral proceeding is not scheduled on this rule. Where an oral proceeding is not scheduled, an oral proceeding will be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address and telephone number of the person(s) making the request; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

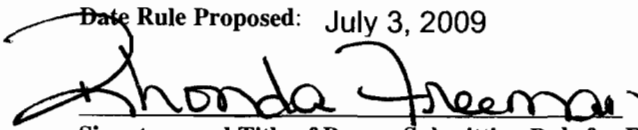
Economic Impact Statement: Check one box below:

The agency has determined that an economic impact statement is not required for this rule, or
 The concise summary of the economic impact statement required is attached.

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Date Rule Proposed: July 3, 2009

Proposed Effective Date of Rule: 30 days after filing.


Signature and Title of Person Submitting Rule for Filing
Rhonda Freeman, Bureau Director



TELEPHONE: (601) 987-3079

FAX: (601) 987-4159

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

To: Mississippi Secretary of State
From: Mississippi State Board of Medical Licensure
Date: July 3, 2009
Subject: Notice of Proposed Rule Adoption

Mississippi Code §73-43-11 gives the Mississippi State Board of Medical Licensure the authority to promulgate and publish reasonable rules and regulations necessary to enable it to discharge its functions and to enforce the provisions of law regulating the practice of medicine and the conduct of physicians.

This amendment will require applicants for medical license to graduate from a medical school approved by the California Medical Board or the Caribbean Accreditation Authority.

Any comments concerning the proposed regulation may be sent to the following address:

Mississippi State Board of Medical Licensure
1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216

Chapter 02 Licensure Requirements for the Practice of Medical Doctors and Osteopathic Physicians

Licensure by Examination

- 100 To qualify for admission by examination, an individual shall meet the following requirements, provided that the Board may admit any individual to the examination while reserving its right to deny licensure if that individual fails to meet all requirements for licensure subsequent to success or completion of the examination:
1. Applicant must satisfy the Board that he or she is at least twenty-one (21) years of age and of good moral character.
 2. Present a diploma from a reputable medical college or college of osteopathic medicine, subject to the following conditions:
 - a. If the degree is from a medical college or a college of osteopathic medicine in the United States or Puerto Rico, the medical college must be accredited at the time of graduation by the Liaison Committee on Medical Education (LCME), a Joint Committee of the Association of American Medical Colleges (AAMC) and the American Medical Association (AMA), or if a college of osteopathic medicine, must be accredited by the Professional Education Committee of the American Osteopathic Association (AOA).
 - b. If the degree is from a Canadian medical school, the school must be accredited at the time of graduation by the Liaison Committee on Medical Education (LCME) and by the Committee on Accreditation for Canadian Medical Schools, as sponsored by the Canadian Medical Association and Association of Canadian Medical Colleges.
 - c. If the degree is from a foreign medical school, the school must be included in the list of medical schools recognized by the Medical Board of California at the time of graduation. ~~However, if the medical school is located in~~ If the degree is from a medical school in any of the member countries of the Caribbean Community (CARICOM) which includes the British Overseas Territories and not included in the list of medical schools recognized by the Medical Board of California, the medical school must be accredited by the Caribbean Accreditation Authority for Education in Medicine and Other Health Professions (CAAM-HP) at the time of graduation. In addition, the applicant must either (i) possess a valid certificate from the ECFMG or (ii) document successful completion of a Fifth Pathway program, as described in Section 101.
 - d. Any diploma or other document required to be submitted to the Board by an applicant which is not in the English language must be accompanied by a certified translation thereof into English.
 3. Applicants for licensure by examination must present documentation of having completed at least one (1) year of postgraduate training in the United States accredited by the Accreditation Council for Graduate Medical Education (ACGME) or by the AOA; or training in Canada accredited by the Royal College of Physicians and Surgeons.

4. Present certified copy of birth certificate or valid passport.
 5. Subject to the provisions of Section 300.1 and 300.2, an applicant must successfully complete and pass all parts/steps of the FLEX or USMLE.
 6. Complete an application for medical license and submit it to the Board in the manner prescribed by the Board with a recent passport type photograph.
 7. Submit fee prescribed by the Board; however, any fees related to permanent licensure may be deferred for applicants indicating a desire to practice medicine under a Temporary License or Limited License within the confines of an ACGME or AOA approved postgraduate training program pursuant to Chapter 04 of these regulations.
 8. Appear for a personal interview in the office of the Mississippi State Board of Medical Licensure, successfully pass the Jurisprudence Examination as administered by the Board, and submit for a criminal background check.
- 101 A Fifth Pathway Program, as a prerequisite for licensure by examination pursuant to Section 100.2.c.ii, will be considered on an individual basis. Students who have completed the academic curriculum in a foreign medical school and who have fulfilled the conditions set forth, may be offered the opportunity to substitute for an internship required by the foreign medical school, an academic year of supervised clinical training prior to entrance into the first year of ACGME or AOA approved postgraduate medical education. The supervised clinical training (Fifth Pathway) must be under the direction of a medical school accredited by the LCME. Fifth Pathway will be available to students who have fulfilled the following conditions:
1. Completed, in an accredited American college or university, undergraduate pre-medical work of the quality acceptable for matriculation in an accredited U.S. medical school.
 2. Studied medicine at a medical school located outside the United States, Puerto Rico and Canada but which is recognized by the World Health Organization.
 3. Completed all of the formal requirements of the foreign medical school except internship and/or social service.
- 102 The Board will accept for examination or licensure only those individuals completing Fifth Pathway Programs by December 31, 2009.
- 103 Prior to issuance of a permanent Mississippi medical license, a graduate of a foreign medical school who has successfully completed all other requirements of application for licensure by examination must present documentation of having completed at least three (3) years of ACGME-approved postgraduate training in the United States or training in Canada approved by the Royal College of Physicians and Surgeons.

Licensure by Reciprocity or Endorsement

- 200 The Board endorses, for the purpose of reciprocity, licenses to practice medicine obtained in most states by written examination prior to March 8, 1973. Subject to the provisions of Section 300 below, all applicants for medical licensure by reciprocity who took the FLEX between March 8, 1973, and January 24, 1985, must have passed the FLEX taken

in one three-day sitting with a weighted average of 75 or higher in order to obtain licensure in Mississippi. The Board will not accept scores of more than one administration of the FLEX which have been combined (factored) to provide a FLEX weighted average of 75 or higher. From and after January 24, 1985, an applicant for medical licensure by reciprocity must have passed both Components I and II of the FLEX with a score of 75 to be considered the passing grade for each component. From and after June 1994, the Board shall endorse, for the purpose of reciprocity, licenses to practice medicine from applicants who have successfully taken Steps 1, 2 and 3 of the USMLE.

- 201 Those doctors of osteopathic medicine who graduated prior to June 1, 1973, and who make application for licensure by reciprocity with another state will be considered only if they took and passed the same written licensure examination given in that state at that time to graduates of medical schools. A statement to this effect will be obtained by this Board from that licensing board.
- 202 The Board may affiliate with and recognize for the purpose of waiving examination and may grant licenses to Diplomates of the NBME; on or after February 13, 1973, to Diplomates of the NBOME and licentiates of the Medical Council of Canada. If a Diplomate of the NBME or NBOME, the applicant must have a Certification of Endorsement from that Board submitted directly to the Board. If seeking endorsement with the Medical Council of Canada, the applicant must have a Certificate of Standing submitted directly to the Board.
- 203 The applicant must have the state board where the original license was obtained by examination submit a certified copy of the examination to the Board.
- 204 The Board may grant a license by reciprocity to a graduate of a foreign medical school who was licensed in another state by written examination prior to March 8, 1973, if he or she is certified by a board recognized by the American Board of Medical Specialties. A statement verifying that the applicant is currently certified must be submitted directly to the Board by the American Board of Medical Specialties Board. The applicant must comply with all other licensure requirements for foreign medical graduates.
- 205 In addition to the above requirements for licensure by reciprocity and/or endorsement, an individual shall meet the following requirements:
 1. Applicant must be twenty-one (21) years of age and of good moral character.
 2. Present a diploma from a reputable medical college or college of osteopathic medicine, subject to the following conditions:
 - a. If the degree is from a medical college or a college of osteopathic medicine in the United States or Puerto Rico, the medical college must be accredited at the time of graduation by the Liaison Committee on Medical Education (LCME), a Joint Committee of the Association of American Medical Colleges (AAMC) and the American Medical Association (AMA) or the College of Osteopathic Medicine must be accredited by the American Osteopathic Association (AOA).

- b. If the degree is from a Canadian medical school, the school must be accredited at the time of graduation by the Liaison Committee on Medical Education (LCME) and by the Committee on Accreditation for Canadian Medical Schools, as sponsored by the Canadian Medical Association and Association of Canadian Medical Colleges.
 - c. If the degree is from a foreign medical school, the school must be included in the list of medical schools recognized by the Medical Board of California at the time of graduation. ~~However, if the medical school is located in~~ If the degree is from a medical school in any of the member countries of the Caribbean Community (CARICOM) which includes the British Overseas Territories and not included in the list of medical schools recognized by the Medical Board of California, the medical school must be accredited by the Caribbean Accreditation Authority for Education in Medicine and Other Health Professions (CAAM-HP) at the time of graduation. In addition, the applicant must either (i) possess a valid certificate from the ECFMG or (ii) document successful completion of a Fifth Pathway program, as described in Section 101, and be currently board certified by a specialty board recognized by the American Board of Medical Specialties or the American Osteopathic Association.
 - d. Any diploma or other document required to be submitted to the Board by an applicant which is not in the English language must be accompanied by a certified translation thereof into English.
3. If a graduate from a medical college or college of osteopathic medicine in the United States, Canada or Puerto Rico, applicant must present documentation of having completed at least one (1) year of postgraduate training in the United States accredited by the Accreditation Council for Graduate Medical Education (ACGME) or by the AOA; or training in Canada accredited by the Royal College of Physicians and Surgeons.
4. If a graduate from a foreign medical school, applicant must present documentation of having completed either:
 - a. three (3) or more years of ACGME-approved postgraduate training in the United States or training in Canada approved by the Royal College of Physicians and Surgeons; or
 - b. at least one (1) year of ACGME-approved postgraduate training in the United States or training in Canada approved by the Royal College of Physicians and Surgeons, be currently board certified by a specialty board recognized by the American Board of Medical Specialties or the American Osteopathic Association and must have approval by the Mississippi State Board of Medical Licensure.
5. An applicant who otherwise possesses all of the qualifications for licensure by reciprocity/endorsement, but has not taken a medical proficiency examination or licensure examination within ten (10) years prior to filing his or her application, must pass the Special Purpose Examination (SPEX)* as administered by and

* SPEX (SPECIAL PURPOSE EXAMINATION) is a cognitive examination assisting licensing jurisdictions in their assessment of current competence requisite for general,

under auspices of the Board, unless the applicant:

- a. Submits satisfactory proof of current certification by an American Board of Medical Specialties or American Osteopathic Association approved specialty board; or
 - b. Submits proof that the applicant's sole purpose for seeking licensure is to serve as the Dean, Chairman of the Department or Faculty of the University of Mississippi School of Medicine. In such case, a license shall remain in effect so long as Licensee is a member of the faculty of the University School of Medicine.
6. Present certified copy of birth certificate or valid passport.
 7. Complete an application for medical license and submit it to the Board in a manner prescribed by the Board with a recent passport type photograph.
 8. Submit fee prescribed by the Board.
 9. Appear for a personal interview in the office of the Mississippi State Board of Medical Licensure, successfully pass the Jurisprudence Examination as administered by the Board, and submit for a criminal background check.

206 Graduates of foreign medical schools seeking licensure by reciprocity or endorsement via Fifth Pathway Programs will be considered on an individual basis subject to those requirements set forth in Section 101.

Licensure Examinations

300 For the purpose of licensing by examination and reciprocity, the Board recognizes three (3) separate and distinct examinations, to-wit: The examinations administered by the NBME, FLEX and USMLE. The Board adopted the FLEX as a method of licensure by examination on March 8, 1973. Prior to this date, the Board administered a written examination and endorsed, for the purposes of reciprocity, licenses to practice medicine or osteopathic medicine obtained in most states by written examination. A separate discussion of each examination and this Board's requirements for the purpose of licensure is as follows:

1. FLEX
 - a. The Board adopted the Federation Licensing Examination (FLEX) as the method of licensure by examination on March 8, 1973. The last regular administration of the FLEX was December 1993. The Board will recognize FLEX as a valid medical licensing examination subject to all requirements heretofore and hereinafter set forth.
 - b. Prior to January 24, 1985, the FLEX examination was divided into three components:
 - Day I--Basic Science
 - Day II--Clinical Science
 - Day III--Clinical Competence

undifferentiated medical practice by physicians who hold or have held a valid license in a U.S. jurisdiction. SPEX is made available through the Federation of State Medical Boards of the United States, Incorporated.

In order to pass this examination, each applicant must have obtained a FLEX weighted average of 75 with Day I given a value of 1/6 of the entire examination, Day II given a value of 2/6, and Day III given a value of 3/6. The Board may make an exemption to the weighted average of 75 if the applicant has completed an approved residency program and is currently certified by a specialty board recognized by the American Board of Medical Specialties or the American Osteopathic Association.

After January 24, 1985, the Board has approved administration of a new FLEX examination with a different design from that administered since 1973. This examination is a three-day examination, and is comprised of two components. Component I consists of one and one-half (1½) days and judges the readiness of a physician to practice medicine in a supervised setting. Component II consists of one and one-half (1½) days and judges the readiness of a physician to practice independently. A score of 75 is considered a passing grade for each component. If taken separately, Component I must be passed before taking Component II.

- c. An applicant has seven (7) years in which to pass both components of the FLEX. An applicant is required to repeat only that component failed. A candidate who is unsuccessful in passing the FLEX after three (3) attempts will be required to take one additional year of post-graduate training approved by the Accreditation Council for Graduate Medical Education (ACGME) before being eligible to take the FLEX again. Following completion of the year of postgraduate training, applicant may be allowed three (3) additional attempts to pass the FLEX.

2. USMLE

- a. The Board adopted the United States Medical Licensing Examination (USMLE) as an additional method of licensure by examination on September 16, 1993. The USMLE replaced FLEX and the NBME certification examinations during a phase-in period from 1992 to 1994. Unlike the three-day (two component) FLEX, USMLE is a three-step examination that consists of three two-day examinations, Step 1, Step 2 and Step 3. Each step is complementary to the other; no step can stand alone in the assessment of readiness for medical licensure. Unlike the FLEX, which must be taken upon or after graduation from medical school, most applicants will take Step 1 and 2 of the USMLE during their medical school years. Step 3 will be taken after graduation.
- b. To be eligible for Step 1 or Step 2 of the USMLE, an applicant must be an officially enrolled medical student or a graduate of a United States, Puerto Rican or Canadian medical school accredited by the LCME or the AOA, or an officially enrolled medical student or a graduate of a foreign medical school and eligible for examination by the ECFMG for a certificate.
- c. To be eligible to take Step 3 of USMLE, an applicant must (a) complete an application for a Mississippi medical license and (b) meet all other requirements for licensure, as provided in Section 100.
- d. A score of 75 is necessary to successfully pass each step of the USMLE.

- e. USMLE Steps 1, 2 and 3 must be passed within a seven-year time period beginning when the examinee passes his or her first Step. The Board, at its discretion, may waive this requirement based on extraordinary circumstances. The Board encourages all applicants to take Step 3 of the USMLE as soon as possible following receipt of the M.D. or D.O. degree. An applicant has seven (7) years in which to pass all steps of the USMLE. A candidate who is unsuccessful in passing Step 3 after three (3) attempts will be required to take one (1) additional year of ACGME-approved postgraduate training before being eligible to take Step 3 again. Following completion of the year of postgraduate training, the applicant may be allowed three (3) additional attempts to pass Step 3 of the USMLE.
3. **NBME or NBOME**
The Board recognizes for the purpose of reciprocity and waiving examination, diplomates of the NBME and on or after February 13, 1973, diplomates of the NBOME. Both examinations are administered in three (3) parts, Parts I, II and III. Applicants must have the NBME or NBOME submit a certificate evidencing successful completion of the examination directly to the Board.
4. **EXAM COMBINATIONS**
Now that the FLEX and examinations administered by the NBME have been phased out, the Board will accept passing scores for the following combinations of the FLEX, NBME and USMLE examinations:

EXAMINATION SEQUENCE	ACCEPTABLE COMBINATIONS
NBME Part I <i>plus</i> NBME Part II <i>plus</i> NBME Part III	NBME Part I or USMLE Step 1 <i>plus</i> NBME Part II or USMLE Step 2 <i>plus</i> NBME Part III or USMLE Step 3
FLEX Component I <i>plus</i> FLEX Component II	FLEX Component I <i>plus</i> USMLE Step 3 <i>or</i> NBME Part I or USMLE Step 1 <i>plus</i> NBME Part II or USMLE Step 2 <i>plus</i> FLEX Component II
USMLE Step 1 <i>plus</i> USMLE Step 2 <i>plus</i> USMLE Step 3	

Amended September 13, 1997. Amended January 18, 2001. Amended February 18, 2003. Amended March 8, 2007. Amended May 17, 2007. Amended January 24, 2008. Amended July 1, 2009.

MINUTES

OF

TELECONFERENCE

BOARD

MEETING

JULY 29, 2009

**BOARD MINUTES
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
JULY 29, 2009**

A special meeting of the Mississippi State Board of Medical Licensure was telephonically held on Wednesday, July 29, 2009, at 4:00 p.m.

The following members called in and confirmed their presence verbally.

William S. Mayo, D.O., Oxford, Vice President
S. Randall Easterling, M.D., Vicksburg, Secretary
Larry B. Aycock, M.D., McComb
Dewitt G. Crawford, M.D., Louisville
Virginia M. Crawford, M.D., Hattiesburg
William B. Jones, M.D., Greenwood

Others present for the teleconference:

H. Vann Craig, M.D., Executive Director
Rhonda Freeman, Bureau Director, Licensure Division
Steve Simmons, Mississippi State Medical Association
Neely Carlton, Mississippi State Medical Association

Don A. Gibson, M.D., Richland, President, joined the meeting at 4:30 p.m.

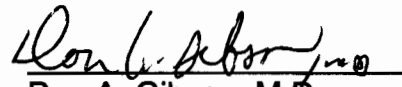
The teleconference was called to order by the Chair of the Scope of Practice Committee, Dr. Virginia Crawford. Dr. Crawford discussed the proposed regulation regarding the licensure of acupuncturists. The proposed regulations had been reviewed and modified by the Scope of Practice Committee and were now being submitted for Board approval.

After a brief discussion, motion was made by Dr. Jones, seconded by Dr. Easterling, and carried unanimously of the Board's intent to adopt the proposed regulation concerning the practice of acupuncturists. A copy of the proposed regulation is attached hereto and incorporated by reference. The proposed regulation will be filed with the Secretary of State under the Administrative Procedures Act.

Other Business

A discussion regarding the responsibilities of physicians and the liability they may incur when referring patients to an acupuncturists was discussed. The Board's consensus was to send an email advising all currently licensed physicians practicing in Mississippi a notice that they will be responsible for the patient referral and supervision of the acupuncturist.

There being no further business, the teleconference adjourned at 4:45 p.m.



Don A. Gibson, M.D.
President

Minutes taken and transcribed by
Rhonda Freeman
Bureau Director
July 29, 2009

FILED
JUL 30 2009

COPY

**MISSISSIPPI
SECRETARY OF STATE**

NOTICE OF PROPOSED RULE ADOPTION

STATE OF MISSISSIPPI
Mississippi State Board of Medical Licensure

Mississippi State Board of Medical
Licensure
c/o Rhonda Freeman
1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216

(601) 987-0223
rhonda@msbml.state.ms.us

**Specific Legal Authority authorizing the promulgation of
Rule:** {Insert citation to state or federal statute, or
rule Section 73-43-11

**Reference to Rules repealed, amended or suspended by the
Proposed Rule :** { Insert citation to specific rule(s) repealed,
amended or suspended Chapter 17 The Practice of Acupuncture

Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule: {Insert here}
Amendments to this regulation define the scope of practice, qualifications for licensure, practice standards, renewal schedule, and other
Board requirements pertaining to the practice of acupuncturists in the state.

This rule is proposed as a Final Rule, and/or a Temporary Rule (Check one or both boxers as applicable.)

Persons may present their views on the proposed rule by addressing written comments to the agency at the above address. Persons making comments should include their name and address, as well as other contact information, and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

Oral Proceeding: Check one box below:

An oral proceeding is scheduled on this rule on Date: _____ Time: _____
Place: _____

If you wish to be heard and present evidence at the oral proceeding you must make a written request to the agency at the above address at least _____ day(s) prior to the proceeding to be placed on the agenda. The request should include your name, address, telephone number as well as other contact information; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

An oral proceeding is not scheduled on this rule. Where an oral proceeding is not scheduled, an oral proceeding will be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address and telephone number of the person(s) making the request; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

Economic Impact Statement: Check one box below:

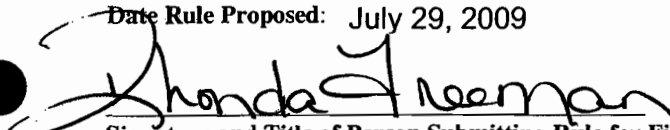
The agency has determined that an economic impact statement is not required for this rule, or

The concise summary of the economic impact statement required is attached.

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Date Rule Proposed: July 29, 2009

Proposed Effective Date of Rule: 30 days after filing.


Signature and Title of Person Submitting Rule for Filing
Rhonda Freeman, Bureau Director

TELEPHONE: (601) 987-3079



FAX: (601) 987-4159

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

To: Mississippi Secretary of State
From: Mississippi State Board of Medical Licensure
Date: July 29, 2009
Subject: Notice of Proposed Rule Adoption

Mississippi Code §73-43-11 gives the Mississippi State Board of Medical Licensure the authority to promulgate and publish reasonable rules and regulations necessary to enable it to discharge its functions and to enforce the provisions of law regulating the practice of medicine and the conduct of physicians.

This amendment defines the scope of practice, qualifications for licensure, practice standards, renewal schedule, and other Board requirements pertaining to the practice of acupuncturists in the state.

Any comments concerning the proposed regulation may be sent to the following address:

Mississippi State Board of Medical Licensure
1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216

Chapter 17 The Practice of Acupuncture

Scope

- 100 The following regulations pertain to acupuncture practitioners performing the technique of acupuncture for a patient only if the patient has received a written referral or prescription for acupuncture from a Mississippi currently licensed physician.
- 101 The practitioner shall perform the technique of acupuncture under the general supervision of the patient's referring or prescribing physician. General supervision does not require that the acupuncturist and physician practice in the same office.
- 102 While treating a patient, the practitioner shall not make a medical diagnosis, but may provide pattern differentiation according to Traditional Chinese Medicine. If a patient's condition is not improving or a patient requires emergency medical treatment, the practitioner shall consult promptly with a physician.

Definitions

- 200 For the purpose of Chapter 17 only, the following terms have the meanings indicated:
1. "Board" means the Mississippi State Board of Medical Licensure.
 2. "Council" means the Mississippi Council of Advisors in Acupuncture.
 3. "NCCAOM" means the National Certification Commission for Acupuncture and Oriental Medicine.
 4. "ACAOM" means the Accreditation Commission of Acupuncture and Oriental Medicine.
 5. "CCAOM" means the Council of Colleges of Acupuncture and Oriental Medicine.

Qualifications for Licensure

- 300 On or after July 1, 2009, applicants for acupuncture licensure must meet the following requirements:
1. Satisfy the Board that he or she is at least twenty-one (21) years of age and of good moral character.
 2. Satisfy the Board that he or she is a citizen or permanent resident of the United States of America.
 3. Submit 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.
 4. Pay the appropriate fee as determined by the Board.
 5. Present a certified copy of birth certificate or valid and current passport.
 6. Submit proof of legal change of name if applicable (notarized or certified copy of marriage or other legal proceeding).
 7. Provide information on registration or licensure in all other states where the applicant is or has been registered or licensed as an acupuncturist.

8. Provide favorable references from two (2) acupuncturists licensed in the United States with whom the applicant has worked or trained.
9. Provide proof, directly from the institution, of successful completion of an educational program for acupuncturists that are in candidacy status or accredited by ACAOM, NCCAOM or its predecessor or successor agency that is at least three (3) years in duration and includes a supervised clinical internship to ensure that applicants with an education outside the US are recognized because of the NCCAOM review process for foreign applicants.
10. Pass the certification examinations administered by the NCCAOM and have current NCCAOM Diplomate status in Acupuncture or Oriental Medicine that is consistent with one of the following:
 - a. If taken before June 1, 2004, pass the Comprehensive Written Exam (CWE), the Clean Needle Technique portion (CNTP), and the Practical Examination of Point Location Skills (PEPLS).
 - b. If taken on or after June 1, 2004, and before January 1, 2007, pass the NCCAOM Foundations of Oriental Medicine Module, Acupuncture Module, Point Location Module and Biomedicine Module.
 - c. If taken on or after January 1, 2007, pass the NCCAOM Foundations of Oriental Medicine Module, Acupuncture Module with Point Location Module, and the Biomedicine Module.
11. If applicant is a graduate of an international educational program, provide proof that the applicant is able to communicate in English as demonstrated by one of the following:
 - a. Passage of the NCCAOM examination taken in English.
 - b. Passage of the TOEFL (Test of English as a Foreign Language) with a score of 560 or higher on the paper based test or with a score of 220 or higher on the computer based test.
 - c. Passage of the TSE (Test of Spoken English) with a score of 50 or higher.
 - d. Passage of the TOEIC (Test of English for International Communication) with a score of 500 or higher.
12. Provide proof of successful completion of a CCAOM-approved clean needle technique course sent directly from the course provider to the Board.
13. Provide proof of current cardiopulmonary resuscitation (CPR) certification from either the American Heart Association or the American Red Cross.
14. Provide proof of malpractice insurance with a minimum of \$1 million dollars in coverage.
15. Appear for a personal interview in the office of the Mississippi State Board of Medical Licensure and pass the Jurisprudence Examination as administered by the Board.

Practice Standards

- 400 Before treatment of a patient the acupuncturist shall be sure that the patient has been examined and referred by a licensed physician and shall review the diagnosis for which the patient is receiving treatment.

- 401 The acupuncturist shall obtain informed consent from the patient after advising them of potential risks and benefits of acupuncture treatment plan.
- 402 The acupuncturist shall obtain a written prescription from the patient's licensed physician.
- 403 The acupuncturist shall obtain a detailed medical history that would identify contraindications to acupuncture such as a bleeding disorder.
- 404 An acupuncture practitioner will use sterilized equipment that has been sterilized according to standards of the national centers for disease control and prevention.
- 405 An acupuncturist shall comply with all applicable state and municipal requirements regarding public health.

Patient Records

- 500 A licensed acupuncturist shall maintain a complete and accurate record of each patient that they treat. The record shall include:
1. Name and address of the patient and other appropriate identifying information
 2. Written referral from physician
 3. The acupuncturist's evaluation of the patient including patient history examination and diagnosis
 4. Informed consent
 5. Documentation of treatment including points treated
 6. Evidence of instructions given to patient
- 501 Patient records must be maintained for a period of seven (7) years from the date of last treatment.
- 502 At patient's request, the acupuncturist shall provide the patient or other authorized person a copy of the acupuncture record. Refer to Board regulation Chapter 08, Release of Medical Records.
- 503 Acupuncturists are subject to a peer review process conducted by the Council.

Supervision

- 600 Any acupuncturist licensed to practice as an acupuncturist in this state shall perform the technique of acupuncture for a patient only if the patient has received a written referral or prescription for acupuncture from a physician. As specified in the referral or prescription, the Mississippi licensed acupuncturist shall provide reports to the physician on the patient's condition or progress in treatment and comply with the conditions or restrictions on the acupuncturist's course of treatment.
- 601 The acupuncturist shall perform the technique of acupuncture under the general supervision

of the patient's referring or prescribing physician. General supervision does not require that the acupuncturist and physician practice in the same office.

- 602 Before treating a patient, the acupuncturist shall advise the patient that acupuncture is not a substitute for conventional medical diagnosis and treatment and shall obtain the informed consent of the patient.
- 603 On initially meeting a patient in person, the acupuncturist shall provide in writing the acupuncturist's name, business address, and business telephone number, and information on acupuncture, including the techniques that are used.
- 604 While treating a patient, the acupuncturist shall not make a diagnosis. If a patient's condition is not improving or a patient requires emergency medical treatment, the acupuncturist shall consult promptly with a physician.

Supervising Physician Limited

- 700 Before making the referral or prescription for acupuncture, the physician shall perform a medical diagnostic examination of the patient or review the results of a medical diagnostic examination recently performed by another physician.
- 701 The physician shall make the referral or prescription in writing and specify in the referral or prescription all of the following:
1. The physician's diagnosis of the ailment or condition that is to be treated by acupuncture;
 2. A time by which or the intervals at which the acupuncturist must provide reports to the physician regarding the patient's condition or progress in treatment; and
 3. The conditions or restrictions placed on the acupuncturist's course of treatment.
- 702 The physician shall be personally available for consultation with the acupuncturist. If the physician is not on the premises at which acupuncture is performed, the physician shall be readily available to the practitioner through some means of telecommunication and be in a location that under normal circumstances is not more than sixty (60) minutes travel time away from the location where the practitioner is practicing.

Duty to Notify Board of Change of Address

- 800 Any acupuncturist who is licensed to practice as an acupuncturist in this state and changes their practice location shall immediately notify the Board in writing of the change of location. Failure to notify within 30 days could result in disciplinary action.

Continuing Education

- 900 Every acupuncturist must earn or receive not less than thirty (30) hours of acupuncture related continuing education courses as precedent to renewing their license for the next fiscal

year. This thirty (30) hours is per two-year cycle. Excess hours may not be carried over to another two-year cycle. *For the purpose of this regulation, the two-year period begins July 1, 2010, and every two years thereafter.* Continuing education courses must be sponsored and/or approved by one of the following organizations:

1. Mississippi Council of Advisors in Acupuncture
2. Mississippi Oriental Medicine Association
3. American Association of Acupuncture and Oriental Medicine
4. National Certification Commission for Acupuncture and Oriental Medicine
5. American Acupuncture Council

901 All persons licensed as acupuncturists must comply with the following continuing education rules as a prerequisite to license renewal.

1. Acupuncturists receiving their initial license to perform acupuncture in Mississippi after June 30 are exempt from the minimum continuing education requirement for the two-year period following their receiving a license. The thirty (30) hour continuing education certification will be due within the next two-year cycle.
2. The approved hours of any individual course or activity will not be counted more than once in a two (2) year period toward the required hour total regardless of the number of times the course or activity is attended or completed by any individual.
3. The Board may waive or otherwise modify the requirements of this rule in cases where there is illness, military service, disability or other undue hardship that prevents a license holder from obtaining the requisite number of continuing education hours. Requests for waivers or modification must be sent in writing to the Executive Director prior to the expiration of the renewal period in which the continuing education is due.

Violations

- 1000 Any acupuncturist who falsely attests to completion of the required continuing education may be subject to disciplinary action pursuant to 2009 HB 458 Section 17 and 18.
- 1001 Any acupuncturist that fails to obtain the required continuing education may be subject to disciplinary action pursuant to 2009 HB 458 Section 17 and 18, and may not be allowed to renew license.
- 1002 Continuing education obtained as a result of compliance with the terms of the Board Orders in any disciplinary action shall not be credited toward the continuing education required to be obtained in any two (2) year period.

Renewal Schedule

- 1100 The license of every person licensed to practice as an acupuncturist in the state of Mississippi shall be renewed annually.
- 1101 On or before May 1 of every year, the State Board of Medical Licensure shall notify every

acupuncturist to whom a license was issued or renewed during the current licensing period of the forthcoming annual renewal of license. The notice shall provide instructions for obtaining and submitting applications for renewal. The applicant shall obtain and complete the application and submit it to the Board in the manner prescribed by the Board in the notice before June 30 with the renewal fee of an amount established by the Board. The payment of the annual license renewal fee shall be optional with all acupuncturists 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 license of renewal for the ensuing one (1) year period, beginning July 1 and expiring June 30 of the succeeding licensure period.

- 1102 An acupuncturist practicing in Mississippi who allows their license to lapse by failing to renew the license as provided in Section 1201 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. If the license has not been renewed within ninety (90) days after its expiration, the renewal shall be assessed a late fee of \$200.
- 1103 Any acupuncturist who allows their license to lapse shall be notified by the Board within thirty (30) days of such lapse.
- 1104 Any acupuncturist who fails to renew their license within four (4) years after its expiration may not renew that license. The license will become null and void and the acupuncturist will have to apply for and obtain a new license.
- 1105 Any person practicing as an acupuncturist during the time their license has lapsed shall be considered an illegal practitioner and shall be subject to 2009 HB 458 Section 17 and 18.

Professional Ethics

- 1200 All license holders shall comply with the Code of Ethics adopted by the NCCAOM except to the extent that they conflict with the laws of the State of Mississippi or the rules of the Board. If the NCCAOM Code of Ethics conflicts with state law or rules, the state law or rules govern the matter. Violation of the Code of Ethics or state law or rules may subject a license holder to disciplinary action pursuant to Section 1000.

Disciplinary Proceedings

1300 Hearing Procedure and Appeals

No individual shall be denied a license or have their license suspended, revoked or restriction placed thereon, unless the individual licensed as an acupuncturist 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 in the state of Mississippi.

1302 Reinstatement of License

1. A person whose license to practice as an acupuncturist has been revoked, suspended, or otherwise restricted may petition the Mississippi State Board of Medical Licensure to reinstate their license after a period of 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.
2. The petition shall be accompanied by two (2) or more verified recommendations from physicians or acupuncturists 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 or she is under probation or parole. The hearing may be continued from time to time as the Board of Medical Licensure finds necessary.

3. 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 or her, the offense for which he or she was disciplined, their activity during the time their license was in good standing, their general reputation for truth, professional ability and good character; and it may require the petitioner to pass an oral examination.

Impaired Acupuncturists

- 1400 Any individual licensed to practice as an acupuncturist, shall be subject to restriction, suspension, or revocation in the case of disability by reason of one or more of the following:
mental illness, or
physical illness, including but not limited to deterioration through the aging process,
or loss of motor skills
excessive use or abuse of drugs, including alcohol
- 1401 If the Board has reasonable cause to believe that an acupuncturist is unable to practice with reasonable skill and safety to patients because of one or more of the conditions described above, referral of the acupuncturist 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 Professionals Health Program, sponsored by the Mississippi State Medical Association.

Use of Professional Titles

1500 A licensee shall use the title "Acupuncturist" or "Licensed Acupuncturist," "Lic. Ac.," or "L.Ac.," immediately following his/her name on any advertising or other materials visible to the public which pertain to the licensee's practice of acupuncture. Only persons licensed as an acupuncturist may use these titles. A licensee who is also licensed in Mississippi as a physician, dentist, chiropractor, optometrist, podiatrist, and/or veterinarian is exempt from the requirement that the licensee's acupuncture title immediately follow his/her name.

Acupuncture Advertising

1600 Misleading or deceptive advertising. Acupuncturists shall not authorize or use false, misleading, or deceptive advertising, and, in addition, shall not engage in any of the following:

1. Hold themselves out as a physician or surgeon or any combination or derivative of those terms unless also licensed by the Board of Medical Licensure as a physician as defined under the Mississippi Medical Practice Act.
2. Use the terms "board certified" unless the advertising also discloses the complete name of the board which conferred the referenced certification.
3. Use the terms "board certified" or any similar words or phrases calculated to convey the same meaning if the advertised board certification has expired and has not been renewed at the time the advertising in question was published, broadcast, or otherwise promulgated.
4. Marketing and sale of nutritional supplements, vitamins and herbs or botanical substances in the practitioner's office is prohibited.

Effective Date of Regulations

1700 The above rules and regulations pertaining to the practice of acupuncturists shall become effective _____, 2009.

MINUTES

OF

TELECONFERENCE

EXECUTIVE COMMITTEE

MEETING

AUGUST 19, 2009

**EXECUTIVE COMMITTEE TELEPHONIC
MEETING MINUTES
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
AUGUST 19, 2009**

A special Executive Committee meeting of the Mississippi State Board of Medical Licensure was telephonically held on Wednesday, August 19, 2009, at 04:30 p.m.

MEMBERS PRESENT ON THE CONFERENCE CALL:

Don A. Gibson, M.D., Richland, President
William S. Mayo, D.O., Oxford, Vice President
S. Randall Easterling, M.D., Vicksburg, Secretary

ALSO PRESENT ON THE CONFERENCE CALL:

H. Vann Craig, M.D., Executive Director
Thomas Washington, Bureau Director, Investigative Division
Leslie Ross, Investigations Supervisor
Sherry Harris, Staff Officer

After telephonically connecting the Executive Committee members, Dr. Craig called the meeting to order and provided a brief summary of five (5) requests from the Investigative Division requesting approval to issue subpoenas. Dr. Craig presented those facts necessary to make a determination of reasonable cause pursuant to Miss. Code Ann §73-25-27, to subpoena certain records needed for the following investigations:

1. University Hospital - Lexington - in the case of James Robert Rogers (deceased) and Irene C. Rogers (deceased)
2. Memorial Hospital - Gulfport - for records of Shunte' Monique Jones, M.D.
3. North Mississippi Medical Center - Tupelo - for records of John Warren Cox, M.D.
4. Delta Regional Medical Center - Greenville - for records of John Leonard Herzog, M.D., and
5. North Mississippi Medical Center - Tupelo - for records of Scotty P. Reed, M.D.

After a brief discussion, motion was made by Dr. Mayo, seconded by Dr. Easterling, and carried unanimously that reasonable cause did exist and granted approval for the Investigative Division to issue the subpoenas to obtain and copy records necessary for the above noted investigations.

SPECIAL EXECUTIVE COMMITTEE TELEPHONIC MEETING

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August 19, 2009

ADJOURNMENT

There being no further business, the telephonic meeting adjourned at 04:40 p.m.



DON A. GIBSON, M.D.
President

Minutes taken and transcribed
by Sherry Harris
Staff Officer
August 19, 2009

SEPTEMBER 2009

**MINUTES
EXECUTIVE COMMITTEE MEETING
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
SEPTEMBER 16, 2009**

MEMBERS PRESENT:

Don A. Gibson, M.D., Richland, President
William S. Mayo, D.O., Oxford, Vice President
S. Randall Easterling, M.D., Vicksburg, Secretary

ALSO PRESENT:

H. Vann Craig, M.D., Director
Stan T. Ingram, Complaint Counsel for the Board
Ellen O'Neal, Assistant Attorney General
Rhonda Freeman, Bureau Director, Licensure Division
Thomas Washington, Bureau Director, Investigative Division
Leslie Ross, Investigations Supervisor
Frances Scott, Special Projects Officer, Investigative Division
Mickey Boyette, Investigator, Investigative Division
Sherry Harris, Staff Officer

The Executive Committee of the Mississippi State Board of Medical Licensure met on Wednesday, September 16, 2009, at 1:00 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 ANDREW OLIVER, M.D., JACKSON, LIMITED INSTITUTIONAL MEDICAL LICENSE NUMBER 698-L

Dr. Craig advised that Dr. Oliver had been invited to address the Executive Committee due to his failing to acknowledge on his limited institutional license and his application for a permanent license that he had a DUI arrest in May 2001. Dr. Craig advised that the information was discovered during the criminal background check when Dr. Oliver applied for a permanent license.

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

EXECUTIVE COMMITTEE MINUTES

September 16, 2009

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Dr. Oliver addressed the Executive Committee and advised that he had misinterpreted the question when completing the applications. After answering questions from the Executive Committee, motion was made by Dr. Mayo that Dr. Oliver submit a corrected application with the correct information before being granted a permanent license. Dr. Gibson seconded the motion, and it carried unanimously.

PERSONAL APPEARANCE BY THOMAS SACHER HELLING, M.D., JOHNSTOWN, PA, APPLICANT

Dr. Craig advised that Dr. Helling had been invited to appear before the Executive Committee to discuss liability suits stemming from bariatric surgery he had performed. Dr. Craig advised that Dr. Helling had accepted a position at the University of Mississippi Medical School and is requesting an unrestricted license.

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

After addressing the Executive Committee and responding to questions from the Executive Committee, Dr. Helling was asked to wait in the reception area. After a brief discussion, motion was made by Dr. Mayo that Dr. Helling provide the Board with a non-reportable letter stating that he would no longer perform any bariatric surgery prior to being issued a permanent license. The motion was seconded by Dr. Easterling, and carried unanimously. Dr. Craig advised Dr. Helling of the Board's decision.

PERSONAL APPEARANCE BY THOMAS WEBBER GRAFTON, D.O., HERNANDO, MISSISSIPPI MEDICAL LICENSE NUMBER 12613

Dr. Craig briefly discussed the background of Dr. Grafton and advised the Executive Committee that he had been invited to appear as part of his March 12, 2009, Consent Order to provide the Board with an update.

Dr. Grafton joined the meeting and was not represented by legal counsel. Dr. Grafton had executed a written agreement for this informal meeting, a copy of which is attached hereto and incorporated by reference. Gary D. Carr, M.D., Medical Director of the Mississippi Professionals Health Program (MPHP) was present to advocate for Dr. Grafton.

Dr. Grafton addressed the Executive Committee and provided an update and advised that he is currently working in the emergency room in Ripley, MS. Dr. Grafton responded to questions from the Executive Committee and then requested that he be

EXECUTIVE COMMITTEE MINUTES

September 16, 2009

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allowed to increase his weekly hours from 36 to 48 hours maximum. Both Dr. Grafton and Dr. Carr were asked to wait in the reception area while the Executive Committee discussed his request.

After a brief discussion, motion was made by Dr. Mayo that Dr. Grafton be allowed to increase his weekly work hours from 36 to 48, and that he return to the Board in 6 months to provide another update as well as continue his monitoring through MPHP. Dr. Easterling seconded the motion and it carried unanimously. Dr. Craig advised that he would advise Dr. Grafton and Dr. Carr of the Executive Committee's decision.

A copy of Dr. Grafton's Determination and Order is attached hereto and incorporated by reference.

SHELBY CURLEE REID, M.D., CORINTH, MISSISSIPPI MEDICAL LICENSE NUMBER 04093

Dr. Craig advised that Dr. Reid had been referred to MPHP due to his physical limitations. Dr. Craig advised that Dr. Reid is confined to an electric wheelchair and has limited use of his lower extremities. Dr. Craig advised that Dr. Reid has acknowledged that he utilizes two (2) employees that he has trained to assist him in evaluating patients. Dr. Craig advised that Dr. Reid also is in a collaborative relationship with an APRN and has admitted that he has not reviewed any charts or visited her office in 2-3 years. Dr. Craig advised that Dr. Reid has not obtained the required continued medical education (CME) hours for at least the last two (2) renewal cycles but has certified on his renewal forms that he had.

After a brief discussion, motion was made by Dr. Mayo that the Board offer Dr. Reid a non-reportable Voluntary Surrender and if he elects not to agree to the Voluntary Surrender then he will be invited to appear before the Full Board in a hearing on the issues of his practice. Dr. Easterling seconded the motion, and it carried unanimously.

SAMUEL NICK SHAW, M.D., BRANDON, MISSISSIPPI MEDICAL LICENSE NUMBER 17096

Dr. Craig advised that Dr. Shaw had Voluntarily Surrendered his license to practice medicine on July 11, 2007, after being involved in a DUI accident that resulted in a fatality. Dr. Craig advised that the Board had received a letter from MPHP advocating for Dr. Shaw's support to be granted a medical license.

After a brief discussion, it was determined that Dr. Shaw served eight (8) months in prison and has now been released to probation. Stan Ingram, Complaint Counsel for

EXECUTIVE COMMITTEE MINUTES

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the Board, advised that according to §73-25-32 that, "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". After further discussion, the Executive Committee agreed that as long as Dr. Shaw is on probation he does not have the right to apply for licensure even with MPHP advocacy.

Motion was made by Dr. Mayo, seconded by Dr. Easterling, and carried unanimously to write Dr. Shaw advising him that as long as he is on probation that the Board cannot consider his application for licensure.

DISCUSS LIMITED INSTITUTIONAL LICENSEES SUPERVISING NURSE PRACTITIONERS

Dr. Craig advised that he had received a request from Dr. Mart McMullan, at UMC, to allow limited institutional licensees (LILs) to supervise nurse practitioners and physician assistants. Mr. Ingram advised the Executive Committee that the Board's rules and regulations state that you must have an unrestricted license to supervise and by definition a limited institutional license does not apply.

Dr. Mart McMullan, along with Dr. Tim McCowan, the Chair of the Radiology Department at UMC, and Bob Jenkins, attorney for UMC, addressed the Executive Committee requesting that the LIL's be allowed to supervise nurse practitioners and physicians assistants because they consider them faculty during their two (2) years of fellowship and not residents.

After a brief discussion, the Executive Committee thanked them for coming today and advised them that they would discuss their request further and advise them of the decision.

Motion was made by Dr. Mayo, seconded by Dr. Easterling, and carried unanimously that the Board not allow limited institutional licensees to supervise nurse practitioners and/or physician assistants due to the Board's rules and regulations which require an unrestricted license. The Executive Committee further agreed to take this matter to the Full Board for ratification because granting an exception would have to be universally applied and would allow others to request the same waiver.

THE EXECUTIVE COMMITTEE RECESSED AT 2:25 P.M. AND RETURNED AT 2:35 P.M.

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**SUKHDEV CHAND SONI, M.D., BOLLINGBROOK, IL, MISSISSIPPI MEDICAL
LICENSE NUMBER 19277**

Dr. Craig advised that the Board had received information that Dr. Soni has entered into a Consent Order with Illinois because he failed to adequately monitor the radiation administered to a patient, resulting in the amputation of the patient's right leg due to damage from excess radiation.

After a brief discussion, motion was made by Dr. Mayo to mirror the actions taken by the Illinois Board. Dr. Easterling seconded the motion, and it carried unanimously.

**JAMES SHELDON OSTERBERGER, JR., M.D., HATTIESBURG, MISSISSIPPI
MEDICAL LICENSE NUMBER 19766**

Dr. Craig advised that the Board had received an Adverse Action Report that had been submitted to the National Practitioner Data Bank by Forrest General Hospital on Dr. James Sheldon Osterberger, Jr., for not completing medical records. Dr. Craig advised that Forrest General Hospital had revoked his clinical privileges due to this matter.

After a brief discussion, motion was made by Dr. Mayo that since the matter concerned incomplete medical records that the Board take no action against Dr. Osterberger. Dr. Easterling seconded the motion, and it carried unanimously.

**JAMES IKEMEFUNA OKOH, M.D., EDEN PRAIRIE, MN, MISSISSIPPI MEDICAL
LICENSE NUMBER 19189**

Dr. Craig advised that the Board had received information that the Florida Board of Medicine had taken disciplinary action against Dr. Okoh for inserting a chest tube on the wrong side of a patient. Dr. Craig advised that Florida had sent Dr. Okoh a Letter of Concern, fined him, requested hours of community service, as well as requiring the completion of five (5) hours of CME in Risk Management within one (1) year of his Final Order.

After a brief discussion, motion was made by Dr. Mayo that we mirror Florida by issuing Dr. Okoh a Letter of Concern and request that he notify our Board once he has complied with Florida's requirement on the CME hours. Dr. Easterling seconded the motion, and it carried unanimously.

EXECUTIVE COMMITTEE MINUTES

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JAMES WESLEY ADAMS, II, M.D., MEMPHIS, TN, MISSISSIPPI MEDICAL LICENSE NUMBER 10673

Dr. Craig advised that the Board had received information from the Tennessee Board of Medical Examiners advising that Dr. Adams had been disciplined concerning issues they had with his prescribing and medical records keeping.

After a brief discussion, motion was made by Dr. Easterling that we invite Dr. Adams to the November Executive Committee to discuss our concerns. Dr. Mayo seconded the motion, and it carried unanimously.

RYAN CURTIS SIMMONS, M.D., TUPELO, MISSISSIPPI MEDICAL LICENSE NUMBER 18465

Dr. Craig advised that the Board had received a malpractice payment report and that two (2) letters had been sent to Dr. Simmons requesting a more detailed explanation of the events surrounding the claim. Dr. Craig advised that to date, the Board had not received any explanation from Dr. Simmons.

After further discussion, motion was made by Dr. Mayo that Dr. Craig contact Dr. Simmons by phone and if the explanation is unsatisfactory, that he be invited to appear at the November Executive Committee meeting. Also, Dr. Simmons should be instructed that the Board still requires a written explanation for file. Dr. Easterling seconded the motion, and it carried unanimously.

DISCUSS BACKUP PHYSICIANS FOR INTERMEDIATE LEVEL PRACTITIONERS IN EMERGENCY ROOM

Dr. Craig advised that this matter had been discussed previously, but that the Board has a physician assistant (PA) at UMC that has nine (9) backup physicians. After a brief discussion, the Executive Committee agreed that this was simply a mechanism to allow the PA to work when the primary physician was not available and that the backups may not be familiar with the protocol or provide sufficient supervision.

After further discussion, motion was made by Dr. Easterling that PA's should be limited to a primary physician and no more than three (3) backup physicians. Dr. Mayo seconded the motion, and it carried unanimously.

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OTHER BUSINESS

LETTER FROM FRANKIE E. STANLEY, M.D.

Dr. Craig advised that Dr. Stanley is in the process of getting his medical license reinstated and has been working with the Board in conjunction with the Center for Personalized Education for Physicians (CPEP) during this process. Dr. Craig advised that Dr. Stanley is in need of a mentor that is board certified in psychiatry to review cases and meet with him face to face at least once every ninety (90) days. Dr. Craig stated that Dr. Stanley has contacted several psychiatrists, but all have declined and he is requesting assistance from the Board.

After a brief discussion, motion was made by Dr. Mayo to advise Dr. Stanley to send his patient files directly to CPEP for review. Dr. Easterling seconded the motion, and it carried unanimously.

OUT OF STATE LICENSURE QUESTION

Dr. Craig advised that he had received an emailed question asking if it is permissible to allow out of state physicians with a confirmed valid license in their state to order lab work, x-rays, PT, etc., that are non-invasive tests/procedures without their having a Mississippi license. Dr. Craig advised that he informed them that it is permissible as long as the out of state physician has established a doctor-patient relationship with the patient. For example, if the patient is from Pascagoula and goes to a doctor in Mobile for treatment and then is referred to a PT in Pascagoula, this is permissible without a Mississippi license.

After a brief discussion, the Executive Committee advised that they agree with Dr. Craig's response.

SHUNTE' MONIQUE JONES, M.D.

Dr. Craig advised that the Board had received information advising that Dr. Jones had resigned from Gulfport Memorial Hospital while under investigation. Dr. Craig advised that the Board had issued a subpoena requesting information concerning the matter.

After a brief discussion, motion was made by Dr. Easterling that we invite Dr. Jones to the November Executive Committee meeting to discuss the matter. Dr. Mayo seconded the motion, and it carried unanimously.

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BRUCE EDWARD PORTER, M.D.

Dr. Craig advised that this has been an ongoing matter for some time and that Dr. Porter has moved out of state and has not signed the Consent Order that was sent to him by the Board.

After further discussion, the Executive Committee unanimously agreed to send Dr. Porter the Consent Order again advising him that he needs to sign and return the Consent Order or he will be summoned to appear before the Full Board in a hearing.

SUBPOENA REQUESTS

Dr. Craig presented those facts necessary to make a determination of reasonable cause pursuant to Miss. Code Ann §73-25-27 for the Investigative Division to issue two (2) subpoenas. The following subpoenas were requested:

1. Natchez Regional Medical Center - for records of patient, Waddad Buttross
2. Gilmore Memorial Hospital, Amory - for records of David L. Gray

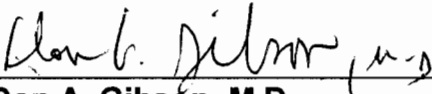
After a brief discussion, motion was made by Dr. Mayo, seconded by Dr. Easterling, and carried unanimously that reasonable cause did exist and granted approval for the Investigative Division to issue the subpoenas to obtain and copy records necessary for the above noted investigations.

REVIEW OF SEPTEMBER 17, 2009, BOARD AGENDA

Dr. Craig briefly reviewed the agenda for tomorrow's meeting.

ADJOURNMENT

There being no further business, the meeting adjourned at 4:55 p.m.



Don A. Gibson, M.D.
President

Minutes taken and transcribed
by Sherry Harris
Staff Officer
September 16, 2009

AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE

I, John Andrew Oliver, 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 16 day of September, 2009.

Witness: Sherry Harris

John Andrew Oliver

AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE

I, Thomas Sacher Helling, 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 16th day of September, 2009.

Thomas S. Helling

Witness:

Sherry Davis

AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE

I, Thomas Webber Grafton, D.O., 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 16th day of September, 2009.



Witness:



BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

THOMAS W. GRAFTON, D.O.

DETERMINATION AND ORDER

WHEREAS, Thomas Webber Grafton, D.O., hereinafter referred to as "Licensee," was issued Medical License Number 12613 on July 23, 1990, by the Mississippi State Board of Medical Licensure, hereinafter referred to as "the Board," to practice medicine in the State of Mississippi;

WHEREAS, on September 23, 2008, the Board issued an Order of Prohibition immediately prohibiting Licensee from practicing medicine until such time as it is determined that Licensee is able to practice medicine with reasonable skill and safety to patients;

WHEREAS, on March 12, 2009, the Board issued a Determination and Order authorizing Licensee to return to the practice of medicine, subject to terms and conditions;

WHEREAS, on September 16, 2009, Licensee appeared before the Executive Committee as stipulated by the March 12, 2009, Determination and Order to appear and provide a status update regarding compliance. Appearing with Licensee was Gary D. Carr, M.D., Medical Director of the Mississippi Professionals Health Program ("MPHP"), who reported to the Executive Committee that the MPHP reports Licensee's full compliance with

his contract and advocates his request for increase in work hours from thirty-six (36) to forty-eight (48) hours a week;

WHEREAS, sufficient documentation has been placed in possession of the Board evidencing full and complete compliance with the conditions set forth in the order of March 12, 2009;

IT IS HEREBY ORDERED, that Licensee's request for increase in work hours per week is hereby granted. Licensee shall continue to maintain affiliation requirements and full compliance with the MPHP, its Medical Director or the Mississippi Impaired Physician's Committee. Licensee is prohibited from engaging in any collaborative or supervisory relationship with any advanced practice registered nurse practitioner or physician assistant. Licensee shall appear before the Board or the Board's Executive Committee within six (6) months from the date of this Order to provide the Board a status update regarding compliance with this Order and Licensee's continued recovery.

IT IS FURTHER ORDERED, that pursuant to Section 73-25-27, a copy of this Order shall be sent by registered mail or personally served upon Thomas W. Grafton, D.O.

SO ORDERED, this the 16th day of September, 2009.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY: 
DON A. GIBSON, M.D.
PRESIDENT

BOARD

MEETING

MINUTES

**BOARD MINUTES
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
SEPTEMBER 17, 2009**

The regularly scheduled meeting of the Mississippi State Board of Medical Licensure was held on Thursday, September 17, 2009, in the Board Room of the Office of the Board located at 1867 Crane Ridge Drive, Jackson, Mississippi.

The following members were present:

Don A. Gibson, M.D., Richland, President
William S. Mayo, D.O., Oxford, Vice President
S. Randall Easterling, M.D., Vicksburg, Secretary
Larry B. Aycock, M.D., McComb
Dewitt G. Crawford, M.D., Louisville
A. Wallace Conerly, M.D., Jackson
William B. Jones, M.D., Greenwood
Philip T. Merideth, M.D., J.D., Jackson

Also present:

H. Vann Craig, M.D., Director
Stan T. Ingram, Complaint Counsel for the Board
Ellen O'Neal, Assistant Attorney General
Rhonda Freeman, Bureau Director, Licensure Division
Thomas Washington, Bureau Director, Investigative Division
Frances Scott, Special Projects Officer, Investigative Division
Sherry Harris, Staff Officer
Wesley Breland, Hattiesburg, Consumer Health Committee

Not present:

Virginia M. Crawford, M.D., Hattiesburg
Cecil R. Burnham, Jackson, Consumer Health Committee

The meeting was called to order at 9:00 a.m. by Dr. Gibson, President. The invocation was given by Dr. D. Crawford and the pledge was led by Dr. Aycock. Dr. Gibson welcomed Melissa Magee, Court Reporter. Dr. Gibson extended a welcome to all visitors present at today's meeting and upcoming oral hearing.

Dr. Gibson opened the floor for public comments but there were none.

APPROVAL OF CERTIFICATION OF MISSISSIPPI LICENSES TO OTHER ENTITIES FOR THE PERIOD JUNE 01, 2009, THROUGH AUGUST 31, 2009

Two hundred sixty-two (262) licenses were certified to other entities for the period June 01, 2009, through August 31, 2009. Motion was made by Dr. Mayo, seconded by Dr. Easterling, and carried unanimously to approve these certifications.

APPROVAL OF LICENSES ISSUED FOR THE PERIOD JUNE 01, 2009, THROUGH AUGUST 31, 2009

One hundred fifty-three (153) licenses were issued for the period of June 01, 2009, through August 31, 2009. Motion was made by Dr. Easterling, seconded by Dr. Mayo, and carried unanimously to approve these licenses.

REVIEW OF MINUTES OF THE BOARD MEETING DATED JULY 02, 2009, MINUTES OF TELECONFERENCE BOARD MEETING DATED JULY 29, 2009, AND MINUTES OF TELECONFERENCE EXECUTIVE COMMITTEE MEETING DATED AUGUST 19, 2009

Minutes of the Board meeting dated July 02, 2009, Minutes of the Teleconference Board meeting dated July 29, 2009, and Minutes of the Teleconference Executive Committee meeting dated August 19, 2009, were reviewed. Dr. Mayo moved for approval of the minutes as submitted. Dr. Merideth seconded the motion, and it carried unanimously.

REPORT OF SEPTEMBER 16, 2009, EXECUTIVE COMMITTEE MEETING

Dr. Craig briefly discussed issues that were approved by the Executive Committee on September 16, 2009. Information pertaining to the Executive Committee's decisions are included in the Executive Committee Minutes dated September 16, 2009.

Dr. Aycock addressed the issue of the question concerning the out of state physicians needing a Mississippi medical license and how it relates to telemedicine. After a brief discussion, a motion was made by Dr. Merideth to refer the matter to the Scope of Practice Committee for further review. Dr. Mayo seconded the motion, and it carried unanimously.

All issues/actions approved and reported by the Executive Committee on Wednesday, September 16, 2009, were ratified unanimously by the Full Board.

REPORTS FROM COMMITTEES

Consumer Health - Mr. Breland (Chair), Mr. Burnham

Mr. Breland advised there was no new information to report.

Education & Workforce - Dr. Conerly (Chair), Dr. D. Crawford, Dr. Mayo

Dr. Conerly advised there was no new information to report.

Scope of Practice - Dr. V. Crawford (Chair), Dr. Easterling, Dr. Aycock

Dr. Easterling advised there was no new information to report.

Professional Health Program - Dr. Gibson (Chair), Dr. Mayo, Dr. Merideth

Dr. Gibson advised there was no new information to report.

Rules, Regulation & Legislative - Dr. Easterling (Chair), Dr. D. Crawford, Dr. Jones

Dr. Easterling advised there was no new information to report.

Ethics - Dr. Merideth (Chair), Dr. V. Crawford, Dr. Conerly

Dr. Merideth advised there was no new information to report.

Electronic Medical Records - Dr. Aycock (Chair), Dr. V. Crawford, Dr. Mayo

Dr. Aycock advised there was no new information to report.

PRESENTATION BY FREDA BUSH, M.D., CHAIR-ELECT OF FEDERATION OF STATE MEDICAL BOARDS

Dr. Bush is a past president of MSBML and the Chair-Elect of the Federation of State Medical Boards. Dr. Bush thanked the Board for allowing her the opportunity to provide the Board with an update as well as extend an invitation to attend her inauguration in Chicago on April 24, 2010.

Dr. Bush provided the Board a very informative presentation concerning issues that the House of Delegates are working on and how the Federation is working towards being more accessible to all member Boards and how they are reaching out for feedback and assistance.

DR. JONES ARRIVED AT 9:25 A.M.

Dr. Craig advised that Dr. Bill Mayo had been appointed by Martin Crane, M.D., Chair of the FSMB Board, to serve on the Maintenance of Licensure Advisory Committee.

ORAL HEARING CONCERNING BOARD REGULATION CHAPTER 02, LICENSURE REQUIREMENTS FOR THE PRACTICE OF MEDICAL DOCTORS AND OSTEOPATHIC PHYSICIANS

Dr. Gibson called the Oral Hearing to order and welcomed the guests. Dr. Gibson asked Dr. Mayo to provide the Board and visitors a synopsis of the proposed rule and information concerning today's hearing.

Dr. Mayo stated that, "We are here today to conduct an oral hearing with regard to the adoption by the Mississippi State Board of Medical Licensure of its **Regulations Regarding Licensure Requirements for the Practice of Medical Doctors and Osteopathic Physicians**. Amendments to this regulation will require applicants to graduate from a medical school approved by the California Medical Board or the Caribbean Accreditation Authority. The Notice of Proposed Rule Adoption was filed with the Secretary of State pursuant to the Administrative Procedures Act on January 16, 2009. These regulations are being adopted pursuant to the statutory authority found in Mississippi Code Title 73. The purposes of these regulations are to protect the public, to set professional standards, and to enforce the provisions of law regulating the practice of medicine in the State of Mississippi.

Each person has been provided with guidelines for the conduct of oral proceedings before the MSBML. Persons who have indicated a desire to make a presentation during this proceeding may present oral statements and/or any documentary submissions relevant to their position. The Board requests that each participant making an oral statement identify themselves and any other individuals or entities they may represent at the beginning of their presentation and give a brief statement of their position with regard to the proposed regulation. The Board requests that each individual requesting to comment during the oral proceeding, to please restrict your statements and/or comments to five (5) minutes."

Dr. Gibson thanked Dr. Mayo and asked if there were any questions before we began the hearing. Dr. Gibson then advised that the floor was open for visitors to address their comments. The following individuals addressed the Board:

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1) Jessica Bailey, PhD - Director of Medical Education at the University of Mississippi (UMC). Dr. Bailey addressed the Board and read a letter from Shirley Schlessinger, M.D., Associate Dean at UMC. Dr. Bailey said that they are respectfully asking the Board to reconsider this rule as they feel it would compromise their ability to recruit competent physicians to practice in Mississippi. At a minimum, they would request a mechanism by which physicians currently enrolled in their program could be offered an avenue for "grandfathering" under the rules in effect at their time of initial training at UMC.

2) Cheryl Moss - Program Administrator, UMC, Department of Internal Medicine. Ms. Moss addressed the Board and provided statistical information for UMC and how they choose residents to enter into their program. Ms. Moss stated that the regulation would affect residents in their school at the current time. Ms. Moss also requested the Board reconsider this rule or at least allow for a "grandfathering" for the residents currently enrolled in their program.

3) Leonard Sclafani - Legal counsel for the American University of Antigua. Mr. Sclafani addressed the Board and made a presentation concerning the laws, rules and regulations that are not used by the California Medical Board to evaluate medical schools and other related legal issues. Mr. Sclafani discussed how limited seats are in American schools and why there is such a need for foreign medical schools.

4) Peter Austin - Vice President of Physician Management Services at Delta Regional Medical Center. Mr. Austin stated that he was here today mainly because our new regulation has halted their recruitment of a local recruit, Dr. Luther Oakes. Mr. Austin stated how hard it is to get good, qualified individuals in their area of the state and that Dr. Oakes was born and raised in Greenville and had great desire to return to the Mississippi Delta to practice family medicine upon completion of his residency training. Mr. Austin advised that the new regulations would not allow Dr. Oakes to be licensed in Mississippi. Mr. Austin stated that Delta Regional Medical Center is well aware of the purpose but requests that the Board work with the individuals that are currently in residency programs to allow them the opportunity to return to Mississippi to work.

5) Luther Oakes, M.D. - Dr. Oakes addressed the Board and advised that when he originally applied in December 2005, to the University of Sint Eustatius that he had every intention of returning to Mississippi and practice medicine. Dr. Oakes advised that he had previously contacted the medical board and researched the website online to ensure the school was approved. Dr. Oakes stated that there were other residents in the same situation and he was asking the Board to reconsider the regulation to allow them to return to Mississippi to practice medicine or at least have a mechanism whereby they could be "grandfathered" in.

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6) Jasmine Singh, M.D. - Dr. Singh advised that she is a second year pediatric resident at UMC and is also a foreign graduate. Dr. Singh advised that her husband is also at UMC and will be having the same difficulties in securing a Mississippi license. Dr. Singh advised that she was here today representing residents of UMC that would be effected by the regulation. Dr. Singh stated that she was born and raised in Mississippi and had hopes of practicing medicine here. Dr. Singh requested that the Board reconsider the regulation and work towards a ruling that would help all the residents currently in the program that would like to work in Mississippi.

7) Dorothy and Steve Parr - Ms. Parr addressed the Board and advised that they are here today in support of their son, Alex Parr. Ms. Parr advised that when her son enrolled at St. Matthews Medical School in the Cayman Islands that the current requirements did not exist. Ms. Parr advised that her son chose the path of attending the medical school in the Cayman Islands because it was the quickest way that he could complete medical school and return to Mississippi to practice medicine. Ms. Parr asked the Board to reconsider the adoption of the regulation to allow individuals like her son the opportunity to be licensed in Mississippi and return here to work as physicians.

8) David J. Sinclair, M.D. - Dr. Sinclair addressed the Board and advised that he was a 2008 graduate from Windsor University School of Medicine on the Island of St. Kitts, which is not approved by the California Medical Board or the Caribbean Accreditation Authority. Dr. Sinclair advised that he is a neurology resident at UMC, and added that even though he is not from Mississippi, that he would like to stay in Mississippi to practice medicine. Dr. Sinclair stated that he felt like his application for residency met the same scrutiny as that of graduates of LCME accredited medical schools and advised that he had passed his Step 1, 2CK, and 2CS in the first attempt. Dr. Sinclair thanked the Board for their time and requested that they either reverse the rule or allow exceptions for physicians training in residency programs located within the state.

Dr. Gibson asked if there was anyone else that would like to address the Board or if anyone had any questions. Dr. Gibson thanked everyone that appeared and advised that unless there were questions or anyone else requesting to address the Board that this portion of the oral proceeding was adjourned.

After a brief discussion and advice from Ms. O'Neal, Special Assistant Attorney General, motion was made by Dr. Mayo that we not final adopt the regulation but refer the matter back to the Rules & Regulation Committee for further review. Dr. Merideth seconded the motion, and it carried unanimously. Dr. Aycock made the motion that the Board return to the regulations that were active prior to the implementation of the rule dated July 1, 2009, and to allow Dr. Craig permission to final adopt the regulations after the comment period expired. Dr. D. Crawford seconded the motion, and it carried unanimously.

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Copies of the withdrawal of the proposed rule and the amended proposal returning the regulation back to the original wording are attached hereto and incorporated by reference. Both changes will be filed with the Secretary of State under the Administrative Procedures Act.

A verbatim account of the proceedings was recorded by Melissa Magee, Court Reporter.

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

**HEARING IN THE CASE OF RAY A. HARRON, M.D., BRIDGEPORT, WV,
MISSISSIPPI MEDICAL LICENSE NUMBER 14223**

Dr. Harron was present and represented by legal counsel, Edward Blackmon, Jr., Esq.

Stan Ingram, Complaint Counsel for the Board, introduced Dr. Harron and Mr. Blackmon and made an opening statement concerning the Agreed Order not to Renew or Seek Reinstatement of Medical Licensure that Dr. Harron had signed on October 31, 2007. Mr. Ingram advised that Dr. Harron had signed the Agreed Order that was based on allegations related the silica/silicosis litigation. Mr. Ingram advised that Dr. Harron has not paid the Board the agreed \$5,000 to cover costs associated with the investigation and conduct of the disciplinary proceeding. Mr. Ingram also advised that Dr. Harron has problems with the fact that the Board used the basis for action as unprofessional conduct when reporting the matter to the National Practitioner Data Bank (NPDB), as well as answering "yes" to the question, "Is the adverse action specified in this report based on the subject's professional competence or conduct, which adversely affected, or could have adversely affected the health or welfare of the patient?"

Mr. Ingram entered a number of exhibits and explained why he felt that the Board had correctly reported Dr. Harron to the NPDB.

Mr. Blackmon addressed the Board and said that Dr. Harron has no problems with the billing; however, they were objecting to the information submitted to the NPDB. Mr. Blackmon covered Texas' Order and how they had reported the information to the NPDB and advised that Mississippi's reporting is causing Dr. Harron problems with the allegations that he is now involved in concerning the matter. Mr. Blackmon requested the Board correct the report sent to the NPDB .

Mr. Ingram addressed the Board providing a rebuttal. Mr. Ingram again covered the facts and advised the Board of their options concerning the matter.

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Upon a motion by Dr. Aycock, seconded by Dr. D. Crawford, and carried unanimously the Board went into Executive Session to discuss the matter.

Upon a motion by Dr. Mayo, seconded by Dr. Aycock, and carried unanimously the Board came out of Executive Session at which time Dr. Gibson asked Dr. Easterling to report on the Board's decision. Dr. Easterling advised that since there was a tie vote, 4 for / 4 against, on a motion that the Board make the requested changes to the NPDB report, the NPDB report stands as reported. A copy of the Determination and Order is attached hereto and incorporated by reference.

A verbatim account of this proceeding was recorded by Melissa Magee, Court Reporter.

THE BOARD RECESSED FOR LUNCH AT 12:35 P.M. AND RETURNED AT 1:10 P.M.

SHOW CAUSE HEARING IN THE MATTER OF CHARLES EVERETT SWANSON, II, D.O., CORINTH, RESTRICTED TEMPORARY LICENSE

Dr. Swanson was present but was not represented by legal counsel. George Wilkerson, M.D., representing Mississippi Professionals Health Program (MPHP) was here to advocate for Dr. Swanson.

Mr. Ingram introduced Dr. Swanson and Dr. Wilkerson. Ms. O'Neal questioned Dr. Swanson regarding legal representation and Dr. Swanson stated that he wanted to waive his right to an attorney and proceed without legal counsel.

Mr. Ingram addressed the Board and provided a background of why Dr. Swanson was here today before entering several exhibits into the record.

Dr. Swanson was called to the witness stand and was sworn in by the court reporter. Dr. Swanson addressed the Board and stated that Magnolia Regional Health Center in Corinth had offered him a spot in their residency program. Dr. Swanson requested that a letter from David Pizzimenti, D.O., Program Director, be entered as an exhibit requesting that the Board grant him a restricted temporary license. Dr. Swanson explained circumstances over the last few years that had caused him the problems with substance abuse and asked that the Board provide him the opportunity to correct the problems and move on with his life as a physician.

The Board questioned Dr. Swanson concerning his current medications and the fact that he returns to Kentucky for medical treatment. Dr. Swanson advised this was a workers' comp injury and that he is trying to get it transferred to Mississippi. The Board

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also questioned Dr. Wilkerson as to how MPHP monitors physicians on pain medication.

Upon a motion by Dr. Easterling, seconded by Dr. Mayo, and carried unanimously the Board went into Executive Session to discuss the matter.

Upon a motion by Dr. D. Crawford, seconded by Dr. Mayo, and carried unanimously the Board came out of Executive Session at which time Dr. Gibson asked Dr. Easterling to report on the Board's decision. Dr. Easterling advised that the Board had unanimously voted to grant Dr. Swanson a restricted temporary license subject to his continued advocacy by MPHP and his following the stipulations placed by MPHP. A copy of the Board's Order is attached hereto and incorporated by reference.

A verbatim account of this proceeding was recorded by Melissa Magee, Court Reporter.

**HEARING IN THE CASE OF SETH YOSER, M.D., MEMPHIS, TN, MISSISSIPPI
MEDICAL LICENSE NUMBER 14348**

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

Mr. Ingram addressed the Board and advised that through Dr. Yoser's attorney, Dan Warlick, that he was requesting a continuance.

Motion was made by Dr. D. Crawford, seconded by Dr. Mayo, and carried unanimously to grant the continuance until the November 19, 2009, meeting. A copy of the Order of Continuance is attached hereto and incorporated by reference.

REQUEST FROM MISSISSIPPI STATE MEDICAL ASSOCIATION

Dr. Craig advised that the Board had received a letter from State Medical advising that their Board of Trustees had amended and approved their bylaws relative to the Mississippi Professionals Health Program Board of Directors to include one (1) member from the Licensure Board.

Motion was made by Dr. Mayo to nominate Philip T. Meridieth, M.D., J.D., to serve in this capacity. The motion was seconded by Dr. D. Crawford, and carried unanimously.

MISSISSIPPI PRESCRIPTION MONITORING PROGRAM (PMP) UPDATE

Dr. Craig advised that he had a meeting with some members of the Pharmacy Board and that they had requested assistance from MSBML to alert physicians of changes in the Prescription Monitoring Program (PMP). Dr. Craig recommended that the Board contact the Health Alert Network at the Department of Health to send this information to all Mississippi physicians. A copy of the changes to the PMP are attached hereto and incorporated by reference.

Motion was made by Dr. Mayo, seconded by Dr. Aycock, and carried unanimously to contact MSDH's Health Alert Network to distribute the updated changes.

INFORMATION FROM MISSISSIPPI STATE DEPARTMENT OF HEALTH CONCERNING THE PANDEMIC INFLUENZA PREPAREDNESS AND RESPONSE PLAN

For informational purposes only, Dr. Craig advised that he had been attending the Pandemic Influenza Preparedness and Response Plan meetings.

CONFIRMATION OF FY2011 BUDGET

Dr. Craig briefly discussed the 2011 budget that was submitted. Motion was made by Dr. Mayo, seconded by Dr. Easterling, and carried unanimously to approve the Board's budget request.

EXPIRED LICENSURE LISTS

For informational purposes only, Dr. Craig briefly discussed the lists for the physicians and physician assistants that did not renew their Mississippi medical license by June 30, 2009. A copy of the lists is attached hereto and incorporated by reference.

PROPOSED AMENDMENT CHANGES TO REGULATION CONCERNING COLLABORATION/CONSULTATION WITH NURSE PRACTITIONERS

Dr. Craig advised that the changes to the regulation were to delete the requirement to jointly promulgate with the Board of Nursing which was changed in the law this year.

Motion was made by Dr. Mayo, seconded by Dr. D. Crawford, and carried unanimously of the Board's intent to adopt the proposed amendment changes to the regulation concerning collaboration/consultation with nurse practitioners. A copy of the

BOARD MINUTES
September 17, 2009
Page 11

proposed amendment is attached hereto and incorporated by reference. The proposed amendment of the regulation will be filed with the Secretary of State under the Administrative Procedures Act.


FINAL ADOPTION OF AMENDMENT TO THE REGULATION CONCERNING THE PRACTICE OF ACUPUNCTURE

Dr. Craig briefly discussed the changes submitted by the Scope of Practice Committee and stated that they will be submitted for final adoption with the Board's approval.

After a brief discussion, motion was made by Dr. Aycock, seconded by Dr. Mayo, and carried unanimously of the Board's intent to final adopt the amendment to the regulation concerning the practice to acupuncture. A copy of the amended regulation is attached hereto and incorporated by reference. The regulation will be filed with the Secretary of State under the Administrative Procedures Act.

ADJOURNMENT

There being no further business, the meeting adjourned at 2:30 p.m., with the next meeting scheduled for Thursday, November 19, 2009.



Don A. Gibson, M.D.
President

Minutes taken and transcribed
by Sherry Harris
Staff Officer
September 17, 2009


**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
SEPTEMBER 17, 2009**

AGENDA ITEM: XII. Hearing in the case of Ray A. Harron, M.D.

Motion made by Dr. Aycock, seconded by Dr. Gibson, in a four (4) vote for and four (4) vote against, with one (1) member absent, that the Board make the requested changes to the NPDB report had not passed and stands as reported.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.	X			
A. Wallace Conerly, M.D.	X			
Dewitt G. Crawford, M.D.		X		
Virginia M. Crawford, M.D.				X
S. Randall Easterling, M.D.		X		
Don A. Gibson, M.D.	X			
William B. Jones, M.D.		X		
William S. Mayo, D.O.		x		
Philip T. Merideth, M.D., J.D.	X			

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



Don A. Gibson
President

**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
SEPTEMBER 17, 2009**

AGENDA ITEM: XIII. Show Cause Hearing in the matter of Charles Everett Swanson, II, D.O.

Motion made by Dr. Mayo, seconded by Dr. Easterling, and carried to grant Dr. Swanson a restricted temporary license subject to his continued advocacy by Mississippi Professional Health Program (MPHP) and following stipulations placed by MPHP.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.	X			
A. Wallace Conerly, M.D.	X			
Dewitt G. Crawford, M.D.	X			
Virginia M. Crawford, M.D.				X
S. Randall Easterling, M.D.	X			
Don A. Gibson, M.D.	X			
William B. Jones, M.D.	X			
William S. Mayo, D.O.	X			
Philip T. Merideth, M.D., J.D.	X			

With a motion by Dr. D. Crawford, seconded by Dr. Mayo, the Board came out of Executive Session.



Don A. Gibson
President

COPY

NOTICE OF WITHDRAWAL OF PROPOSED RULE

STATE OF MISSISSIPPI

Mississippi State Board of Medical Licensure

FILED
SEP 18 2009

**MISSISSIPPI
SECRETARY OF STATE**

Mississippi State Board of Medical Licensure
c/o Rhonda Freeman
1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216

(601) 987-3079
rhonda@msbml.state.ms.us

Date Rule Proposed: July 3, 2009

Name of proposed rule being withdrawn:

Chapter 02 Licensure Requirements for the Practice of Medical Doctors and Osteopathic Physicians --- Proposed rule amendment filed July 3, 2009.

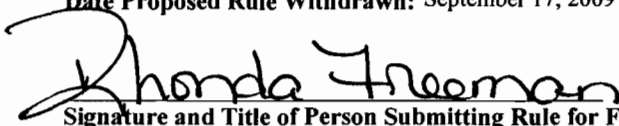
Explanation of the purpose of the proposed rule and the reason(s) for proposing the rule: {Insert here}

Amendments to this regulation would have required applicants for medical license to graduate from a medical school approved by the California Medical Board or the Caribbean Accreditation Authority.

Reason(s) for withdrawing the proposed rule: {Insert here}

Due to public comments and discussion from an oral proceeding, the matter has been referred to the rules and regulation committee of the Board for further review and research.

Date Proposed Rule Withdrawn: September 17, 2009



Signature and Title of Person Submitting Rule for Filing

Rhonda Freeman, Bureau Director

Chapter 02 Licensure Requirements for the Practice of Medical Doctors and Osteopathic Physicians

Licensure by Examination

- 100 To qualify for admission by examination, an individual shall meet the following requirements, provided that the Board may admit any individual to the examination while reserving its right to deny licensure if that individual fails to meet all requirements for licensure subsequent to success or completion of the examination:
1. Applicant must satisfy the Board that he or she is at least twenty-one (21) years of age and of good moral character.
 2. Present a diploma from a reputable medical college or college of osteopathic medicine, subject to the following conditions:
 - a. If the degree is from a medical college or a college of osteopathic medicine in the United States or Puerto Rico, the medical college must be accredited at the time of graduation by the Liaison Committee on Medical Education (LCME), a Joint Committee of the Association of American Medical Colleges (AAMC) and the American Medical Association (AMA), or if a college of osteopathic medicine, must be accredited by the Professional Education Committee of the American Osteopathic Association (AOA).
 - b. If the degree is from a Canadian medical school, the school must be accredited at the time of graduation by the Liaison Committee on Medical Education (LCME) and by the Committee on Accreditation for Canadian Medical Schools, as sponsored by the Canadian Medical Association and Association of Canadian Medical Colleges.
 - c. If the degree is from a foreign medical school, the school must be included in the list of medical schools recognized by the Medical Board of California at the time of graduation. ~~However, if the medical school is located in~~ if the degree is from a medical school in any of the member countries of the Caribbean Community (CARICOM) which includes the British Overseas Territories and not included in the list of medical schools recognized by the Medical Board of California, the medical school must be accredited by the Caribbean Accreditation Authority for Education in Medicine and Other Health Professions (CAAM-HP) at the time of graduation. In addition, the applicant must either (i) possess a valid certificate from the ECFMG or (ii) document successful completion of a Fifth Pathway program, as described in Section 101.
 - d. Any diploma or other document required to be submitted to the Board by an applicant which is not in the English language must be accompanied by a certified translation thereof into English.
 3. Applicants for licensure by examination must present documentation of having completed at least one (1) year of postgraduate training in the United States accredited by the Accreditation Council for Graduate Medical Education (ACGME) or by the AOA; or training in Canada accredited by the Royal College of Physicians and Surgeons.

4. Present certified copy of birth certificate or valid passport.
5. Subject to the provisions of Section 300.1 and 300.2, an applicant must successfully complete and pass all parts/steps of the FLEX or USMLE.
6. Complete an application for medical license and submit it to the Board in the manner prescribed by the Board with a recent passport type photograph.
7. Submit fee prescribed by the Board; however, any fees related to permanent licensure may be deferred for applicants indicating a desire to practice medicine under a Temporary License or Limited License within the confines of an ACGME or AOA approved postgraduate training program pursuant to Chapter 04 of these regulations.
8. Appear for a personal interview in the office of the Mississippi State Board of Medical Licensure, successfully pass the Jurisprudence Examination as administered by the Board, and submit for a criminal background check.

101 A Fifth Pathway Program, as a prerequisite for licensure by examination pursuant to Section 100.2.c.ii, will be considered on an individual basis. Students who have completed the academic curriculum in a foreign medical school and who have fulfilled the conditions set forth, may be offered the opportunity to substitute for an internship required by the foreign medical school, an academic year of supervised clinical training prior to entrance into the first year of ACGME or AOA approved postgraduate medical education. The supervised clinical training (Fifth Pathway) must be under the direction of a medical school accredited by the LCME. Fifth Pathway will be available to students who have fulfilled the following conditions:

1. Completed, in an accredited American college or university, undergraduate pre-medical work of the quality acceptable for matriculation in an accredited U.S. medical school.
2. Studied medicine at a medical school located outside the United States, Puerto Rico and Canada but which is recognized by the World Health Organization.
3. Completed all of the formal requirements of the foreign medical school except internship and/or social service.

102 The Board will accept for examination or licensure only those individuals completing Fifth Pathway Programs by December 31, 2009.

1023 Prior to issuance of a permanent Mississippi medical license, a graduate of a foreign medical school who has successfully completed all other requirements of application for licensure by examination must present documentation of having completed at least three (3) years of ACGME-approved postgraduate training in the United States or training in Canada approved by the Royal College of Physicians and Surgeons.

Licensure by Reciprocity or Endorsement

200 The Board endorses, for the purpose of reciprocity, licenses to practice medicine obtained in most states by written examination prior to March 8, 1973. Subject to the provisions of Section 300 below, all applicants for medical licensure by reciprocity who took the FLEX between March 8, 1973, and January 24, 1985, must have passed the FLEX taken in one

three-day sitting with a weighted average of 75 or higher in order to obtain licensure in Mississippi. The Board will not accept scores of more than one administration of the FLEX which have been combined (factored) to provide a FLEX weighted average of 75 or higher. From and after January 24, 1985, an applicant for medical licensure by reciprocity must have passed both Components I and II of the FLEX with a score of 75 to be considered the passing grade for each component. From and after June 1994, the Board shall endorse, for the purpose of reciprocity, licenses to practice medicine from applicants who have successfully taken Steps 1, 2 and 3 of the USMLE.

- 201 Those doctors of osteopathic medicine who graduated prior to June 1, 1973, and who make application for licensure by reciprocity with another state will be considered only if they took and passed the same written licensure examination given in that state at that time to graduates of medical schools. A statement to this effect will be obtained by this Board from that licensing board.
- 202 The Board may affiliate with and recognize for the purpose of waiving examination and may grant licenses to Diplomates of the NBME; on or after February 13, 1973, to Diplomates of the NBOME and licentiates of the Medical Council of Canada. If a Diplomate of the NBME or NBOME, the applicant must have a Certification of Endorsement from that Board submitted directly to the Board. If seeking endorsement with the Medical Council of Canada, the applicant must have a Certificate of Standing submitted directly to the Board.
- 203 The applicant must have the state board where the original license was obtained by examination submit a certified copy of the examination to the Board.
- 204 The Board may grant a license by reciprocity to a graduate of a foreign medical school who was licensed in another state by written examination prior to March 8, 1973, if he or she is certified by a board recognized by the American Board of Medical Specialties. A statement verifying that the applicant is currently certified must be submitted directly to the Board by the American Board of Medical Specialties Board. The applicant must comply with all other licensure requirements for foreign medical graduates.
- 205 In addition to the above requirements for licensure by reciprocity and/or endorsement, an individual shall meet the following requirements:
 1. Applicant must be twenty-one (21) years of age and of good moral character.
 2. Present a diploma from a reputable medical college or college of osteopathic medicine, subject to the following conditions:
 - a. If the degree is from a medical college or a college of osteopathic medicine in the United States or Puerto Rico, the medical college must be accredited at the time of graduation by the Liaison Committee on Medical Education (LCME), a Joint Committee of the Association of American Medical Colleges (AAMC) and the American Medical Association (AMA) or the College of Osteopathic Medicine must be accredited by the American Osteopathic Association (AOA).
 - b. If the degree is from a Canadian medical school, the school must be

- accredited at the time of graduation by the Liaison Committee on Medical Education (LCME) and by the Committee on Accreditation for Canadian Medical Schools, as sponsored by the Canadian Medical Association and Association of Canadian Medical Colleges.
- c. If the degree is from a foreign medical school, the school must be included in the list of medical schools recognized by the Medical Board of California at the time of graduation. However, if the medical school is located in ~~ilf~~ the degree is from a medical school in any of the member countries of the Caribbean Community (CARICOM) which includes the British Overseas Territories and not included in the list of medical schools recognized by the Medical Board of California, the medical school must be accredited by the Caribbean Accreditation Authority for Education in Medicine and Other Health Professions (CAAM-HP) at the time of graduation. In addition, the applicant must either (i) possess a valid certificate from the ECFMG or (ii) document successful completion of a Fifth Pathway program, as described in Section 101, and be currently board certified by a specialty board recognized by the American Board of Medical Specialties or the American Osteopathic Association.
 - d. Any diploma or other document required to be submitted to the Board by an applicant which is not in the English language must be accompanied by a certified translation thereof into English.
3. If a graduate from a medical college or college of osteopathic medicine in the United States, Canada or Puerto Rico, applicant must present documentation of having completed at least one (1) year of postgraduate training in the United States accredited by the Accreditation Council for Graduate Medical Education (ACGME) or by the AOA; or training in Canada accredited by the Royal College of Physicians and Surgeons.
 4. If a graduate from a foreign medical school, applicant must present documentation of having completed either:
 - a. three (3) or more years of ACGME-approved postgraduate training in the United States or training in Canada approved by the Royal College of Physicians and Surgeons; or
 - b. at least one (1) year of ACGME-approved postgraduate training in the United States or training in Canada approved by the Royal College of Physicians and Surgeons, be currently board certified by a specialty board recognized by the American Board of Medical Specialties or the American Osteopathic Association and must have approval by the Mississippi State Board of Medical Licensure.
 5. An applicant who otherwise possesses all of the qualifications for licensure by reciprocity/endorsement, but has not taken a medical proficiency examination or licensure examination within ten (10) years prior to filing his or her application, must pass the Special Purpose Examination (SPEX)* as administered by and under

* SPEX (SPECIAL PURPOSE EXAMINATION) is a cognitive examination assisting licensing jurisdictions in their assessment of current competence requisite for general,

auspices of the Board, unless the applicant:

- a. Submits satisfactory proof of current certification by an American Board of Medical Specialties or American Osteopathic Association approved specialty board; or
 - b. Submits proof that the applicant's sole purpose for seeking licensure is to serve as the Dean, Chairman of the Department or Faculty of the University of Mississippi School of Medicine. In such case, a license shall remain in effect so long as Licensee is a member of the faculty of the University School of Medicine.
6. Present certified copy of birth certificate or valid passport.
 7. Complete an application for medical license and submit it to the Board in a manner prescribed by the Board with a recent passport type photograph.
 8. Submit fee prescribed by the Board.
 9. Appear for a personal interview in the office of the Mississippi State Board of Medical Licensure, successfully pass the Jurisprudence Examination as administered by the Board, and submit for a criminal background check.

206 Graduates of foreign medical schools seeking licensure by reciprocity or endorsement via Fifth Pathway Programs will be considered on an individual basis subject to those requirements set forth in Section 101.

Licensure Examinations

300 For the purpose of licensing by examination and reciprocity, the Board recognizes three (3) separate and distinct examinations, to-wit: The examinations administered by the NBME, FLEX and USMLE. The Board adopted the FLEX as a method of licensure by examination on March 8, 1973. Prior to this date, the Board administered a written examination and endorsed, for the purposes of reciprocity, licenses to practice medicine or osteopathic medicine obtained in most states by written examination. A separate discussion of each examination and this Board's requirements for the purpose of licensure is as follows:

1. FLEX
 - a. The Board adopted the Federation Licensing Examination (FLEX) as the method of licensure by examination on March 8, 1973. The last regular administration of the FLEX was December 1993. The Board will recognize FLEX as a valid medical licensing examination subject to all requirements heretofore and hereinafter set forth.
 - b. Prior to January 24, 1985, the FLEX examination was divided into three components:
 - Day I--Basic Science
 - Day II--Clinical Science
 - Day III--Clinical Competence

undifferentiated medical practice by physicians who hold or have held a valid license in a U.S. jurisdiction. SPEX is made available through the Federation of State Medical Boards of the United States, Incorporated.

In order to pass this examination, each applicant must have obtained a FLEX weighted average of 75 with Day I given a value of 1/6 of the entire examination, Day II given a value of 2/6, and Day III given a value of 3/6. The Board may make an exemption to the weighted average of 75 if the applicant has completed an approved residency program and is currently certified by a specialty board recognized by the American Board of Medical Specialties or the American Osteopathic Association.

After January 24, 1985, the Board has approved administration of a new FLEX examination with a different design from that administered since 1973. This examination is a three-day examination, and is comprised of two components. Component I consists of one and one-half (1½) days and judges the readiness of a physician to practice medicine in a supervised setting. Component II consists of one and one-half (1½) days and judges the readiness of a physician to practice independently. A score of 75 is considered a passing grade for each component. If taken separately, Component I must be passed before taking Component II.

- c. An applicant has seven (7) years in which to pass both components of the FLEX. An applicant is required to repeat only that component failed. A candidate who is unsuccessful in passing the FLEX after three (3) attempts will be required to take one additional year of post-graduate training approved by the Accreditation Council for Graduate Medical Education (ACGME) before being eligible to take the FLEX again. Following completion of the year of postgraduate training, applicant may be allowed three (3) additional attempts to pass the FLEX.

2. USMLE

- a. The Board adopted the United States Medical Licensing Examination (USMLE) as an additional method of licensure by examination on September 16, 1993. The USMLE replaced FLEX and the NBME certification examinations during a phase-in period from 1992 to 1994. Unlike the three-day (two component) FLEX, USMLE is a three-step examination that consists of three two-day examinations, Step 1, Step 2 and Step 3. Each step is complementary to the other; no step can stand alone in the assessment of readiness for medical licensure. Unlike the FLEX, which must be taken upon or after graduation from medical school, most applicants will take Step 1 and 2 of the USMLE during their medical school years. Step 3 will be taken after graduation.
- b. To be eligible for Step 1 or Step 2 of the USMLE, an applicant must be an officially enrolled medical student or a graduate of a United States, Puerto Rican or Canadian medical school accredited by the LCME or the AOA, or an officially enrolled medical student or a graduate of a foreign medical school and eligible for examination by the ECFMG for a certificate.
- c. To be eligible to take Step 3 of USMLE, an applicant must (a) complete an application for a Mississippi medical license and (b) meet all other requirements for licensure, as provided in Section 100.

- d. A score of 75 is necessary to successfully pass each step of the USMLE.
- e. USMLE Steps 1, 2 and 3 must be passed within a seven-year time period beginning when the examinee passes his or her first Step. The Board, at its discretion, may waive this requirement based on extraordinary circumstances. The Board encourages all applicants to take Step 3 of the USMLE as soon as possible following receipt of the M.D. or D.O. degree. An applicant has seven (7) years in which to pass all steps of the USMLE. A candidate who is unsuccessful in passing Step 3 after three (3) attempts will be required to take one (1) additional year of ACGME-approved postgraduate training before being eligible to take Step 3 again. Following completion of the year of postgraduate training, the applicant may be allowed three (3) additional attempts to pass Step 3 of the USMLE.
3. **NBME or NBOME**
The Board recognizes for the purpose of reciprocity and waiving examination, diplomates of the NBME and on or after February 13, 1973, diplomates of the NBOME. Both examinations are administered in three (3) parts, Parts I, II and III. Applicants must have the NBME or NBOME submit a certificate evidencing successful completion of the examination directly to the Board.
4. **EXAM COMBINATIONS**
Now that the FLEX and examinations administered by the NBME have been phased out, the Board will accept passing scores for the following combinations of the FLEX, NBME and USMLE examinations:

EXAMINATION SEQUENCE	ACCEPTABLE COMBINATIONS
NBME Part I <i>plus</i> NBME Part II <i>plus</i> NBME Part III	NBME Part I or USMLE Step 1 <i>plus</i> NBME Part II or USMLE Step 2 <i>plus</i> NBME Part III or USMLE Step 3
FLEX Component I <i>plus</i> FLEX Component II	FLEX Component I <i>plus</i> USMLE Step 3 <i>or</i> NBME Part I or USMLE Step 1 <i>plus</i> NBME Part II or USMLE Step 2 <i>plus</i> FLEX Component II
USMLE Step 1 <i>plus</i> USMLE Step 2 <i>plus</i> USMLE Step 3	

Amended September 13, 1997. Amended January 18, 2001. Amended February 18, 2003. Amended March 8, 2007. Amended May 17, 2007. Amended January 24, 2008. Amended July 1, 2009.

NOTICE OF PROPOSED RULE ADOPTION

STATE OF MISSISSIPPI
Mississippi State Board of Medical Licensure

COPY FILED
SEP 18 2009
MISSISSIPPI
SECRETARY OF STATE

Mississippi State Board of Medical Licensure
c/o Rhonda Freeman
1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216

(601) 987-0223
rhonda@msbml.state.ms.us

Specific Legal Authority authorizing the promulgation of Rule: {Insert citation to state or federal statute, or rule Section 73-43-11}

Reference to Rules repealed, amended or suspended by the Proposed Rule : { Insert citation to specific rule(s) repealed, amended or suspended Chapter 02 Licensure Requirements for the Practice of Medical Doctors and Osteopathic Physicians}

Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule: {Insert here}
Amendments to this regulation will delete the requirement that applicants for medical licensure have to graduate from a medical school approved by the California Medical Board or the Caribbean Accreditation Authority. The regulation will read as it did prior to the implementation of the the rule July 1, 2009.

This rule is proposed as a Final Rule, and/or a Temporary Rule (Check one or both boxers as applicable.)

Persons may present their views on the proposed rule by addressing written comments to the agency at the above address. Persons making comments should include their name and address, as well as other contact information, and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

Oral Proceeding: Check one box below:

An oral proceeding is scheduled on this rule on Date: _____ Time: _____
Place: _____

If you wish to be heard and present evidence at the oral proceeding you must make a written request to the agency at the above address at least _____ day(s) prior to the proceeding to be placed on the agenda. The request should include your name, address, telephone number as well as other contact information; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

An oral proceeding is not scheduled on this rule. Where an oral proceeding is not scheduled, an oral proceeding will be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address and telephone number of the person(s) making the request; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

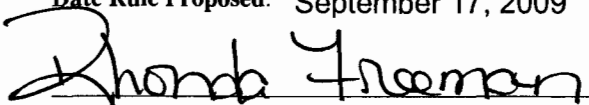
Economic Impact Statement: Check one box below:

The agency has determined that an economic impact statement is not required for this rule, or
 The concise summary of the economic impact statement required is attached.

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Date Rule Proposed: September 17, 2009

Proposed Effective Date of Rule: 30 days after filing.



Signature and Title of Person Submitting Rule for Filing
Rhonda Freeman, Bureau Director

SOS FORM APA 001
Effective Date 07/29/2005

TELEPHONE: (601) 987-3079



FAX: (601) 987-4159

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

To: Mississippi Secretary of State
From: Mississippi State Board of Medical Licensure
Date: September 17, 2009
Subject: Notice of Proposed Rule Adoption

Mississippi Code §73-43-11 gives the Mississippi State Board of Medical Licensure the authority to promulgate and publish reasonable rules and regulations necessary to enable it to discharge its functions and to enforce the provisions of law regulating the practice of medicine and the conduct of physicians.

This amendment will delete the requirement of applicants for medical license to graduate from a medical school approved by the California Medical Board or the Caribbean Accreditation Authority.

Any comments concerning the proposed regulation may be sent to the following address:

Mississippi State Board of Medical Licensure
1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216

Chapter 02 Licensure Requirements for the Practice of Medical Doctors and Osteopathic Physicians

Licensure by Examination

- 100 To qualify for admission by examination, an individual shall meet the following requirements, provided that the Board may admit any individual to the examination while reserving its right to deny licensure if that individual fails to meet all requirements for licensure subsequent to success or completion of the examination:
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 - a. If the degree is from a medical college or a college of osteopathic medicine in the United States or Puerto Rico, the medical college must be accredited at the time of graduation by the Liaison Committee on Medical Education (LCME), a Joint Committee of the Association of American Medical Colleges (AAMC) and the American Medical Association (AMA), or if a college of osteopathic medicine, must be accredited by the Professional Education Committee of the American Osteopathic Association (AOA).
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 4. Present certified copy of birth certificate or valid passport.
 5. Subject to the provisions of Section 300.1 and 300.2, an applicant must successfully complete and pass all parts/steps of the FLEX or USMLE.

6. Complete an application for medical license and submit it to the Board in the manner prescribed by the Board with a recent passport type photograph.
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8. Appear for a personal interview in the office of the Mississippi State Board of Medical Licensure, successfully pass the Jurisprudence Examination as administered by the Board, and submit for a criminal background check.

101 A Fifth Pathway Program, as a prerequisite for licensure by examination pursuant to Section 100.2.c, will be considered on an individual basis. Students who have completed the academic curriculum in a foreign medical school and who have fulfilled the conditions set forth, may be offered the opportunity to substitute for an internship required by the foreign medical school, an academic year of supervised clinical training prior to entrance into the first year of ACGME or AOA approved postgraduate medical education. The supervised clinical training (Fifth Pathway) must be under the direction of a medical school accredited by the LCME. Fifth Pathway will be available to students who have fulfilled the following conditions:

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Licensure by Reciprocity or Endorsement

200 The Board endorses, for the purpose of reciprocity, licenses to practice medicine obtained in most states by written examination prior to March 8, 1973. Subject to the provisions of Section 300 below, all applicants for medical licensure by reciprocity who took the FLEX between March 8, 1973, and January 24, 1985, must have passed the FLEX taken in one three-day sitting with a weighted average of 75 or higher in order to obtain licensure in Mississippi. The Board will not accept scores of more than one administration of the FLEX which have been combined (factored) to provide a FLEX weighted average of 75 or higher.

From and after January 24, 1985, an applicant for medical licensure by reciprocity must have passed both Components I and II of the FLEX with a score of 75 to be considered the passing grade for each component. From and after June 1994, the Board shall endorse, for the purpose of reciprocity, licenses to practice medicine from applicants who have successfully taken Steps 1, 2 and 3 of the USMLE.

- 201 Those doctors of osteopathic medicine who graduated prior to June 1, 1973, and who make application for licensure by reciprocity with another state will be considered only if they took and passed the same written licensure examination given in that state at that time to graduates of medical schools. A statement to this effect will be obtained by this Board from that licensing board.
- 202 The Board may affiliate with and recognize for the purpose of waiving examination and may grant licenses to Diplomates of the NBME; on or after February 13, 1973, to Diplomates of the NBOME and licentiates of the Medical Council of Canada. If a Diplomate of the NBME or NBOME, the applicant must have a Certification of Endorsement from that Board submitted directly to the Board. If seeking endorsement with the Medical Council of Canada, the applicant must have a Certificate of Standing submitted directly to the Board.
- 203 The applicant must have the state board where the original license was obtained by examination submit a certified copy of the examination to the Board.
- 204 The Board may grant a license by reciprocity to a graduate of a foreign medical school who was licensed in another state by written examination prior to March 8, 1973, if he or she is certified by a board recognized by the American Board of Medical Specialties. A statement verifying that the applicant is currently certified must be submitted directly to the Board by the American Board of Medical Specialties Board. The applicant must comply with all other licensure requirements for foreign medical graduates.
- 205 In addition to the above requirements for licensure by reciprocity and/or endorsement, an individual shall meet the following requirements:
1. Applicant must be twenty-one (21) years of age and of good moral character.
 2. Present a diploma from a reputable medical college or college of osteopathic medicine, subject to the following conditions:
 - a. If the degree is from a medical college or a college of osteopathic medicine in the United States or Puerto Rico, the medical college must be accredited at the time of graduation by the Liaison Committee on Medical Education (LCME), a Joint Committee of the Association of American Medical Colleges (AAMC) and the American Medical Association (AMA) or the College of Osteopathic Medicine must be accredited by the American Osteopathic Association (AOA).
 - b. If the degree is from a Canadian medical school, the school must be accredited at the time of graduation by the Liaison Committee on Medical Education (LCME) and by the Committee on Accreditation for Canadian Medical Schools, as sponsored by the Canadian Medical Association and

- Association of Canadian Medical Colleges.
- c. If the degree is from a foreign medical school, ~~the school must be included in the list of medical schools recognized by the Medical Board of California at the time of graduation. However, if the medical school is located in the British Overseas Territories, the medical school must be accredited by the Caribbean Accreditation Authority for Education in Medicine and Other Health Professions (CAAM-HP) at the time of graduation. In addition, the~~ an applicant must either (i) possess a valid certificate from the ECFMG or (ii) document successful completion of a Fifth Pathway program, as described in Section 101, and be currently board certified by a specialty board recognized by the American Board of Medical Specialties or the American Osteopathic Association.
 - d. Any diploma or other document required to be submitted to the Board by an applicant which is not in the English language must be accompanied by a certified translation thereof into English.
3. If a graduate from a medical college or college of osteopathic medicine in the United States, Canada or Puerto Rico, applicant must present documentation of having completed at least one (1) year of postgraduate training in the United States accredited by the Accreditation Council for Graduate Medical Education (ACGME) or by the AOA; or training in Canada accredited by the Royal College of Physicians and Surgeons.
 4. If a graduate from a foreign medical school, applicant must present documentation of having completed either:
 - a. three (3) or more years of ACGME-approved postgraduate training in the United States or training in Canada approved by the Royal College of Physicians and Surgeons; or
 - b. at least one (1) year of ACGME-approved postgraduate training in the United States or training in Canada approved by the Royal College of Physicians and Surgeons, be currently board certified by a specialty board recognized by the American Board of Medical Specialties or the American Osteopathic Association and must have approval by the Mississippi State Board of Medical Licensure.
 5. An applicant who otherwise possesses all of the qualifications for licensure by reciprocity/endorsement, but has not taken a medical proficiency examination or licensure examination within ten (10) years prior to filing his or her application, must pass the Special Purpose Examination (SPEX)* as administered by and under auspices of the Board, unless the applicant:
 - a. Submits satisfactory proof of current certification by an American Board of Medical Specialties or American Osteopathic Association approved specialty

* SPEX (SPECIAL PURPOSE EXAMINATION) is a cognitive examination assisting licensing jurisdictions in their assessment of current competence requisite for general, undifferentiated medical practice by physicians who hold or have held a valid license in a U.S. jurisdiction. SPEX is made available through the Federation of State Medical Boards of the United States, Incorporated.

board; or

- b. Submits proof that the applicant's sole purpose for seeking licensure is to serve as the Dean, Chairman of the Department or Faculty of the University of Mississippi School of Medicine. In such case, a license shall remain in effect so long as Licensee is a member of the faculty of the University School of Medicine.
6. Present certified copy of birth certificate or valid passport.
7. Complete an application for medical license and submit it to the Board in a manner prescribed by the Board with a recent passport type photograph.
8. Submit fee prescribed by the Board.
9. Appear for a personal interview in the office of the Mississippi State Board of Medical Licensure, successfully pass the Jurisprudence Examination as administered by the Board, and submit for a criminal background check.

206 Graduates of foreign medical schools seeking licensure by reciprocity or endorsement via Fifth Pathway Programs will be considered on an individual basis subject to those requirements set forth in Section 101.

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

RAY A. HARRON, M.D.

DETERMINATION AND ORDER

THIS MATTER came on regularly for hearing on September 17, 2009, 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 May 29, 2009, by issuance of an Order to Show Cause against Ray A. Harron, M.D. (hereinafter "Licensee") commanding Licensee to appear on July 2, 2009, and show cause why his lapsed medical license should not be revoked by virtue of Licensee's failure to abide by the terms and conditions set forth in that certain Agreed Order dated November 8, 2007, by and between Licensee and Board. This matter was initially set for hearing on July 2, 2009, but upon request of Licensee, was continued to this date. Licensee was present, represented by Honorable Edward Blackman, Jr. Complaint Counsel for the Board was Honorable Stan T. Ingram. Sitting as legal advisor to the Board was Honorable Ellen O'Neal, Assistant Attorney General.

Based upon the evidence and testimony presented, the Board renders the following Findings of Fact, Conclusions of Law, and Order.

FINDINGS OF FACT

1. Licensee is the holder of lapsed Mississippi Medical License No. 14223. On or about October 31, 2007, Licensee, in lieu of a disciplinary hearing then pending before the Board, voluntarily entered into an Agreed Order with the Board. Pursuant to the terms of the Agreed Order Licensee agreed not to renew his medical license (No.

14223) to practice medicine in the state of Mississippi; to never seek reinstatement of said license at anytime in the future and to pay all costs associated with the investigation and conduct of the disciplinary proceeding not to exceed \$5,000.00.

2. Licensee was thereafter assessed \$5,000.00 pursuant to the terms and conditions set forth in the November 8, 2007 Agreed Order. Licensee failed to pay the assessment and on or about January 7, 2009, Licensee was advised by letter from H. Vann Craig, M.D., Executive Director, that Licensee owed the \$5,000.00 assessment. As of the date of the hearing, Licensee had not paid the Board the aforementioned assessment as agreed.

3. During the hearing, Licensee openly and on the record acknowledged his obligation and agreement to pay the \$5,000.00 assessment.

4. Following the November 8, 2007, Agreed Order, the Board filed an Adverse Action Report with the National Practitioner Data Bank (hereinafter "Data Bank") as required by federal regulations. The Adverse Action Report form requires the Board to answer certain questions. One of the questions was, "Is the Adverse Action Specified in this Report based on the Subject's Professional Competence or Conduct which Adversely Affected or Could have Adversely Affected the Health and Welfare of the Patient?" The Board staff answered this question in the affirmative. One of the provisions set forth in the November 8, 2007, Agreed Order provided that the information submitted to the Data Bank "shall accurately reflect this agreement." In his response to the Board's Order to Show Cause, Licensee argues that the above answer was erroneous.

5. The November 8, 2007, Agreed Order culminated an investigation and

pending disciplinary action against Licensee, based on the fact that (i) Licensee had entered into a reportable agreement with the Texas Medical Board agreeing never to seek reinstatement of his Texas Medical license, and (ii) based on Licensee's conduct as an expert witness in certain multidistrict litigation pertaining to Silica/Silicosis. The action in Texas was also based on Licensee's conduct in the Silica/Silicosis litigation, wherein Licensee rendered multiple diagnoses of Silicosis as to numerous plaintiffs. While denying any physician/patient relationship with any of the Silicosis claimants, Licensee acknowledged that he served as expert witness signing multiple determinations of diagnosis of Silicosis. In the Texas Agreed Order, Respondent neither admitted nor denied a specific finding that he read numerous X-Rays and found numerous claimants had both X-Ray findings consistent with Silicosis and Asbestosis, an occurrence which is a clinical rarity. In the Texas action, Licensee neither admitted nor denied that he "capitulated" to a request by attorneys that he put language in his reports concerning his relying on physical examinations even though those physical examinations did not add anything to the diagnoses. Based on such documentation, the Board finds that Licensee's conduct in the multidistrict Silica/Silicosis litigation is "conduct" which "could have adversely affected the health and welfare of the patient". This conclusion applies regardless of whether or not the diagnoses were rendered by Licensee in his capacity as a treating physician or solely as an expert.

CONCLUSIONS OF LAW

Based on the Findings of Fact above, Licensee is guilty of violation of Subsections (8)(d) and (13) of Miss. Code Ann. Section 73-25-29 and Subsection (a) of Section 73-25-83, by virtue of Licensee's failure to comply with the terms and conditions

set forth in a previous order of the Board.

Based on the same Findings of Fact above, this Board finds no reason to amend the Adverse Action Report filed with the Data Bank. Licensee's request that the Board amend or correct the Adverse Action Report to negatively respond to the same question is without merit.

ORDER

NOW THEREFORE, Licensee is hereby ordered to pay the previously assessed \$5,000 within ten (10) days from receipt of this Order, inasmuch as Licensee in open court acknowledged and agreed to pay such sum.

IT IS FURTHER ORDERED, that Licensee's request for the Board to amend the Adverse Action Report duly filed with the National Practitioner Data Bank is hereby denied.

IT IS FURTHER ORDERED, that pursuant to Miss. Code Ann. §73-25-30, Licensee shall pay all costs associated with the investigation and conduct of the disciplinary proceeding herein, not to exceed \$5,000. Licensee shall be advised of the total assessment by separate written notice and shall have a certified check or money order made payable to the Mississippi State Board of Medical Licensure on or before thirty (30) days from receipt of the assessment.

SO ORDERED, this the 17th day of September, 2009.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY:

Don A. Gibson, M.D.
DON A. GIBSON, M.D., PRESIDENT

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

OF

CHARLES EVERETT SWANSON, II, D.O.

ORDER

THIS MATTER having come for hearing on September 17, 2009, before the Mississippi State Board of Medical Licensure (hereinafter "Board"), pursuant to Title 73, Chapter 25, Miss. Code (1972) Annotated, in response to the application of Charles Everett Swanson, D.O. (hereinafter "Applicant"), seeking a restricted temporary license to practice medicine in the State of Mississippi, and the Board, having considered the application and all evidence and testimony, renders the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. That on or about March 23, 2009, Charles Everett Swanson, II, D.O., hereinafter referred to as "Applicant," submitted his application for a restricted temporary license to practice osteopathic medicine in the State of Mississippi. In response to the following application questions, Applicant answered in the positive, to-wit:

6. *Have you ever been convicted of a felony?*
7. *Have you ever been convicted of a crime or offense (felony or misdemeanor) related to the practice of medicine?*
8. *Have you ever been convicted of any violation of state or federal law relating to controlled substances?*

12. *Has your certificate or qualification or license to practice medicine in any state been suspended, revoked, restricted, conditioned, curtailed or voluntarily surrendered under threat of suspension or revocation?*
13. *Have your staff privileges at any hospital or health care facility been revoked, suspended, curtailed, limited or placed under conditions restricting your practice?*
17. *Have you ever prescribed to yourself any controlled substance or other drug having addiction-forming or addiction-sustaining liability, or obtained said medications for your own use and consumption through any sources, other than by prescription or order of a licensed physician?*
19. *If your answer to any one of the three preceding questions is "yes", are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in illegal use of controlled substances or other drugs having addiction-forming or addiction-sustaining liability?*
23. *To your knowledge, have you ever been or are you now, the subject of an investigation or disciplinary proceeding by any licensing Board/Agency as of the date of this application?*
24. *Have you ever been arrested, other than minor traffic citations?*

2. According to Applicant's sworn licensure application and supporting documentation, on or about May 8, 2004, Applicant graduated from Pikeville College School of Osteopathic Medicine located in Pikeville, Kentucky. On or about July 1, 2006, Applicant applied for and received temporary educational license No. IP905 from the Kentucky Board of Medical Licensure.

3. On or about October 20, 2006, Applicant was terminated from Applicant's residency program and employment at Our Lady of Bellefonte Hospital in Ashland, Kentucky, after it was determined that Applicant had inappropriately prescribed and diverted controlled substances for Applicant's own use by issuing prescriptions, using another resident or physician's name, in the names of Applicant and Applicant's various family members.

4. On or about December 26, 2006, Applicant entered residential treatment at Guesthouse in Bowling Green, Kentucky, and completed the program on January 31, 2007. On or about February 5, 2007, Applicant entered into a five (5) year monitoring contract with the Kentucky Physicians Health Foundation.

5. On or about June 21, 2007, Applicant entered into an Agreed Order of Indefinite Restriction with the Kentucky Board of Medical Licensure whereby Applicant was indefinitely restricted from the practice of medicine in Kentucky. Most recently, however, the Kentucky Board of Medical Licensure lifted the restriction and authorized Applicant to seek reinstatement on a limited basis, i.e., reinstatement subject to Applicant's adherence to a monitoring contract with the Kentucky Physicians Health Foundation.

6. On or about July 31, 2008, Applicant entered a plea of guilty to twenty-six (26) counts of criminal possession of a forged prescription. Following Applicant's guilty plea, Applicant was granted a five (5) year Pretrial Diversion of Applicant's Class D Felony conviction. Applicant's plea and pretrial diversion was conditioned in part on his participation in the Kentucky Physicians Health Foundation.

7. On or about March 2, 2009, Applicant received an offer from Magnolia Regional Health Center, located in Corinth, Mississippi, for a position as PGY 1 Resident in its Internal Medicine Residency Program.

8. On or about June 8, 2009, Applicant met with the Mississippi Professionals Health Program ("the MPHP"), the Mississippi counter-part to the Kentucky Physicians Health Foundation, regarding his request for a license in Mississippi. At the hearing, the MPHP announced its support and advocacy of Applicant. George Wilkerson, M.D., speaking on behalf of the MPHP, confirmed that Applicant has executed a five (5) year monitoring contract to insure Applicant's sobriety and recovery.

CONCLUSIONS OF LAW

Based upon the Findings of Fact as enumerated above, Applicant is in violation of Subsections (3), (8)(d), (8)(f) and (9) of Section 73-25-29, Mississippi Code (1972) Annotated, as amended, and Subsections (a) and (c) of Section 73-25-83, Mississippi Code (1972) Annotated, as amended, as a result of the revocation, suspension or other restriction imposed on Applicant's license to practice medicine by a licensing authority of another state which prevents or restricts practice in that state; being disciplined by a licensed hospital or medical staff of said hospital; administering, dispensing or prescribing any narcotic drug or any other drug having addiction forming or sustaining liability otherwise than in the course of legitimate professional practice, and is guilty of unprofessional conduct, which includes but is not restricted to, dishonorable or unethical conduct likely to deceive, defraud or harm the public.

Notwithstanding the above, Applicant has for the past two (2) years successfully participated in either the Kentucky or Mississippi Professionals Health Programs and has

been in full recovery. Applicant openly acknowledges his chemical dependency and willingness to adhere to any and all conditions imposed by this Board or the Mississippi Professionals Health Program. While this Board cannot dismiss the prior disciplinary and criminal actions stemming from Applicant's inappropriate use of controlled substances, the Board believes that Applicant is mindful of his errors and past mistakes. This combined with the fact that Applicant has been accepted into a residency program and is requesting a restricted temporary license for that purpose, serves to mitigate past transgressions.

ORDER

IT IS HEREBY ORDERED that based upon the Findings of Fact and Conclusions of Law enumerated above, Applicant shall receive a temporary restricted medical license (i.e., institutional license) which restricts his practice to Magnolia Regional Health Center while Applicant is engaged in the residency program at Magnolia Regional Health Center.

IT IS FURTHER ORDERED that Applicant shall maintain advocacy with the Mississippi Professionals Health Program and comply with all terms and conditions of the five (5) year monitoring contract which Applicant has entered into with said Program.

IT IS FURTHER ORDERED that Applicant shall pay all costs associated with the investigation and conduct of the proceedings for licensure herein, pursuant to Miss. Code Ann. Section 73-25-30, with said amount not to exceed \$10,000. Applicant 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 date Applicant was advised of said amount.

SO ORDERED, this the 17th day of September, 2009.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY: *Don A. Gibson, M.D.*
DON A. GIBSON, M.D.
PRESIDENT

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

SETH LEIGH YOSER, M.D.

ORDER OF CONTINUANCE

THIS MATTER came on regularly for hearing on September 17, 2009, before the Mississippi State Board of Medical Licensure, in response to a request for continuance of the hearing set for this date made by Seth Leigh Yoser, M.D. (hereinafter "Licensee"), through his attorney, Dan Warlick. 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 the next regularly scheduled Board meeting to be held on November 19, 2009.

SO ORDERED, this the 17th of September, 2009.

Mississippi State Board of Medical Licensure

By:

 Dan A. Gibson, M.D.
PRESIDENT

Prescription Monitoring Program Update for Mississippi Physicians

In compliance with federal regulations promulgated under the authority of the National All Schedules Prescription Electronic Reporting Act of 2005 and in compliance with federal HIPAA law Mississippi Senate Bill 2713 was signed and became law effective July 1, 2008. This bill, in part, states that reporting of dispensing information shall be mandatory and required by Mississippi state law for any entity dispensing controlled substances, and specified non-controlled drugs, in, or into, the State of Mississippi.

The Prescription Monitoring Program is now implementing new software with a new vendor that will furnish more complete near real time information for physicians and pharmacies providing medical and pharmaceutical care for the patient. Physicians (or practitioners) will be required to report beginning in early 2010. We want you to be aware of dispensing requirements if your practice offers these services.

In accordance with Mississippi State Statutes 73-21-127, 73-21-97 and 73-21-103 the Mississippi Prescription Monitoring Program has established an electronic prescription drug monitoring program for the purpose of tracking the dispensing of Schedules II, III, IV and V controlled substances. The following non-controlled substances must be reported: any material, compound, mixture, or preparation which contains Butalbital, Carisoprodol, or Tramadol products that are dispensed to residents in the state of Mississippi by licensed pharmacies, non-resident pharmacies, institutions, dispensing practitioners and the dispensing of veterinarian controlled substance drugs regardless of the dispenser location.

Exemptions to reporting are as follows: A drug administered directly to a patient by a practitioner, any drug dispensed in a quantity adequate to treat the patient for a maximum of forty-eight (48) hours, any drug sample dispensed, any facility that is registered by the United States Drug Enforcement Administration as a narcotic treatment program and is subject to the record keeping provisions of 21 CFR 1304.24, dispensing to inpatients in hospitals or nursing homes (exemption does not apply to assisted living), and dispensing to inpatients in hospices (exemption does not apply to home hospice or hospice in an assisted living facility). All physicians who do not dispense will have the opportunity to submit a signed exemption statement.

The Mississippi Prescription Monitoring Program is a web-based and web accessible application. This program exists to be proactive in safeguarding public health and safety while supporting the legitimate use of prescription medications. Physicians or their approved agent that are properly registered will be given access to monitoring information. The Mississippi Board of Pharmacy looks forward to expanding this important service to help curb the abuse and misuse of prescription drugs.

TELEPHONE: (601) 987-3079



FAX: (601) 987-4159

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

August 3, 2009

The Honorable Jim Hood
Attorney General
State of Mississippi
Post Office Box 220
Jackson, MS 39205-0220

ATTENTION: Ellen O'Neal, Esq.
Special Assistant Attorney General

SUBJECT: Mississippi Physicians and Physician Assistants
License Expiration 06/30/2009

Dear Attorney General Hood:

According to the records in this office, Mississippi physicians and physician assistants on the attached lists did not renew their licenses to practice in the State of Mississippi by June 30, 2009. These physicians and physician assistants were mailed a "Notification of Status as Practicing without a Valid Mississippi License" effective July 1, 2009, for failure to re-register their license.

Sincerely,

A handwritten signature in cursive script that reads "H. Vann Craig".

H. Vann Craig, M.D.
Executive Director

HVC:rf

Attachment

TELEPHONE: (601) 987-3079



FAX: (601) 987-4159

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

August 3, 2009

MEMORANDUM

TO: Mississippi State Medical Association
Mississippi State Board of Pharmacy
Mississippi State Board of Nursing
Mississippi Academy of Physician Assistants
Mississippi Hospital Association
Mississippi Medicaid Commission
Mississippi Bureau of Narcotics
Information and Quality Healthcare
Veterans Administration Medical Center, Jackson
Blue Cross & Blue Shield, Jackson
Disability Determination Services, Jackson
Department of Health and Human Services, Dallas
Medical Assurance Company of Mississippi
Office of the Attorney General, State of Mississippi
University of Mississippi School of Medicine
Federation of State Medical Boards
American Medical Association

FROM: H. Vann Craig, M.D., Executive Director

A handwritten signature in black ink, appearing to read "HVC", is written over the name "H. Vann Craig" in the "FROM" field.

SUBJECT: Notification of Status as Practicing without a Valid Mississippi Medical License
Notification of Status as Practicing without a Valid Mississippi Physician Assistant License

According to records in this office, Mississippi physicians and physician assistants on the attached lists did not renew their licenses to practice in the State of Mississippi by June 30, 2009. These physicians and physician assistants were mailed a "Notification of Status as Practicing without a Valid Mississippi License" effective July 1, 2009, for failure to re-register their licenses.

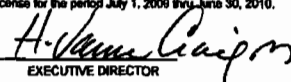
HVC:rf

Attachment

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
MISSISSIPPI PHYSICIANS - LICENSE EXPIRATION 06/30/2009
CURRENT MISSISSIPPI PHYSICIANS ASSISTANT
 PRINTED: 03/2009

License	Issued	Disciplinary	Name	Address	City	State	Zip
PA00061	08/22/2006	NO	BOOTH, ROBERT DOUGLAS, MD	BMH DESOTO 7801 SOUTHCREST PARKWAY	SOUTHAVEN	MS	38671
PA00091	02/21/2007	NO	HUNT, JAMES BERNARD, MD	BAPTIST MEMORIAL HOSPITAL-DESOTO 7801 SOUTH CREST PARKWAY	SOUTHAVEN	MS	38671
PA00092	03/14/2007	NO	LANE, TRESARAE SHAWN, MD	GAUTIER MEDICAL CLINIC 3300 LADNER RD.	GAUTIER	MS	39553
PA00105	12/11/2007	NO	LYNN, JACOB RYAN, MD	CARDIOVASCULAR SURGICAL CLINIC 215 MARION AVE	MCCOMB	MS	39648
PA00097	08/18/2007	NO	MADDOX, LORI ELIZABETH, MD	NO PRIMARY PRACTICE ADDRESS ON FILE.			
PA00113	10/21/2006	NO	MCGRAIL, MOLLY SUSAN, MD	606 WILLOWBROOK RD.	COLUMBUS	MS	39705
PA00093	03/04/2007	NO	HIXON, KEELY NICOLE, MD	LEAKESVILLE MEDICAL CENTER 1616 WILLIAMS DRIVE	LEAKESVILLE	MS	38461
PA00073	09/12/2005	NO	TACKETT, HOWARD SCOTT, MD	COMPREHENSIVE PAIN & REHABILITATION 4105 HOSPITAL RD, SUITE 108	PASCAGOULA	MS	38681

I certify that the names appearing on this list have not renewed their Mississippi license for the period July 1, 2009 thru June 30, 2010.


 EXECUTIVE DIRECTOR

Total number of physicians : 8

**MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
MISSISSIPPI PHYSICIANS - LICENSE EXPIRATION 06/30/2009
CURRENT MISSISSIPPI PHYSICIANS
PRINTED: 03/2009**

License Issued	Disciplinary Name	Address	City	State	Zip		
10570	10/11/1999	NO	ABASHIDZE, ARCHIL, MD	NEWARK MHC 251 CHAPMAN RD. SUITE 201	NEWARK	DE	19702
20370	06/25/2006	NO	ADIL-KHAMS, NAZTA, MD	600 EAST PARK AVENUE	OLIVA	MN	55277
19605	06/18/2007	NO	AHMED, NEIMAT ALI, MD	824 ALABAMA ST.	COLUMBUS	MS	39702
18389	01/26/2004	NO	AKAKABOTA, BOLANLE ABIDEMI, MD	AARON E. HENRY COMMUNITY HEALTH SERVICES CENTER INC 610 HIGHWAY 322	CLARKSDALE	MS	39614
14600	10/02/1996	NO	AKRAM, MOHAMMED S., MD	GENERAL MEDICINE CLINIC 7895 HWY 11	LUMBERTON	MS	39455
19918	06/20/2007	NO	ALEXANDER, JOHN EDWARD, MD	VIRTUAL RADIOLOGIC PROFESSIONALS 11995 SINGLETREE LANE, SUITE 500	EDEN PRAIRE	MN	55344
19643	06/20/2006	NO	AL-HAMDA, AHMAD, MD	UTMG PEDIATRIC NEUROLOGY 777 WASHINGTON #336	MEMPHIS	TN	38106
15136	11/25/1998	NO	ALLEN, DAVID BRUCE, MD	MIDWAY FAMILY CLINIC 1009 BYRD ST	OCEAN SPRINGS	MS	38654
11625	07/27/1987	NO	ALLGOOD, JOHN MCCOMAS, SR, MD	ALLGOOD FAMILY MEDICAL, PC 9630 SARACENNA RD	MOSS POINT	MS	38652
18962	06/27/2005	NO	ALNABHAN, NABHAN, MD	UMC DEPT OF CARDIOLOGY 2500 N STATE STREET	JACKSON	MS	39216
07871	12/31/1976	NO	ANDERS, FRANK, MD	104 WHITE BARK DR	LAFAYETTE	LA	70506
18824	02/14/2006	NO	ANDERSON, TED LOUIS, MD	VANDERBILT UNIV MEDICAL CENTER DEPT OB-GYN, B-1100 MCN	NASHVILLE	TN	37233-2510
20113	02/12/2006	NO	ANDREWS, CHARLES RADFORD, MD	6027 WALNUT GROVE ROAD #212	MEMPHIS	TN	38120
13621	07/20/1983	NO	ARCHER, NOAH ROBERT, JR, MD	THE CHILDRENS CLINIC 2421 SILVER STREAM WAY	WILMINGTON	NC	28401
19470	08/28/2006	NO	ARDAMAN, THUY-DUNG TH, MD	CARIS PATHOLOGY 8400 ESTERS BLVD., SUITE 190	IRVING	TX	75063
16051	08/31/1996	NO	ARF, MUHAMMAD, MD	JEFFERSON MEDICAL ASSOCIATES 1203 JEFFERSON ST.	LAUREL	MS	39440
08099	10/08/1977	NO	AUER, NANCY J, MD	SWEDISH MEDICAL CENTER 747 BROADWAY	SEATTLE	WA	98122
17851	11/18/2002	NO	ALLTHAN, CHAD JAMES, MD	BATON ROUGE RADIOLOGY GROUP, INC. 5422 DUON DRIVE	BATON ROUGE	LA	70806
10497	07/12/1994	NO	BALIUS, CURTIS DANIEL, MD	E A CONWAY HOSP 4854 JAX P O BOX 5050	MONROE	LA	71211-6060
10472	04/08/1991	NO	BARKMEYER, CHARLES ALEXANDER, MD	EKLMC 8626 AIRLINE HWY	BATON ROUGE	LA	70805
10463	10/06/2007	NO	BELSKI, TRACEY ROBE, MD	UMC-DEPT. OF SURGERY DIV TRAUMA 2500 N. STATE ST.	JACKSON	MS	39216
106	02/04/2006	NO	BLATT, STEPHEN M, MD	HATTIESBURG ANESTHESIA ASSOCIATES 5001 HARDY STREET	HATTIESBURG	MS	39402
12753	03/04/1991	NO	BLUE, DANIEL WILLIAM, MD	310 HAWKIN AVE	SATELLITE BEACH	FL	32937
19216	02/13/2006	NO	BOYD, KARISSA WRIGHT, DO	UNIVERSITY OF MS 2500 N. STATE ST.	JACKSON	MS	39216
20385	08/18/2006	NO	BREAN, PETER REYNOLDS, JR., MD	NO PRIMARY PRACTICE ADDRESS ON FILE.	JACKSON	MS	39216
19509	01/06/2007	NO	BRISENO, OSCAR JAVIER, JR, MD	UMC - DEPT. OF CARDIOLOGY 2500 N. STATE ST.	JACKSON	MS	39216
19824	08/13/2006	NO	BROWN, KIRK MICHAEL, MD	VIRTUAL RADIOLOGIC PROFESSIONALS 11995 SINGLETREE LANE, SUITE 500	EDEN PRAIRE	MN	55344
05686	06/21/1996	NO	BUMAGIN, MICHAEL SAMUEL, MD	7100 OAKMONT BLVD STE 107	FORT WORTH	TX	76133-3911
20381	06/26/2006	NO	BYRNES, JONATHAN WINFREY, MD	ARKANSAS CHILDRENS HOSPITAL 800 MARSHALL AVE	LITTLE ROCK	AR	72204
05807	12/07/1973	NO	CAMPBELL, JAMES CLYDE, JR, MD	1710 WEST 42ND	PINE BLUFF	AR	71603
16362	12/28/2003	NO	CAMPBELL, MARK EDWARD, MD	2200 BERGQUIST DR STE 1 759TH SURG OPS/MCCC	LACKLAND AFB	TX	78236
18748	11/22/2004	NO	CASEY, SEAN OWEN, MD	VIRTUAL RADIOLOGIC PROFESSIONALS 11995 SINGLETREE LANE, SUITE 500	EDEN PRAIRE	MN	55344
20205	05/13/2008	NO	CHAU, BRANDON, MD	BAYLOR MEDICAL CENTER 3500 GASTON AVE.	DALLAS	TX	75240
12180	08/19/1989	NO	CHILDERS, JENNIFER WEGENER, MD	1981 UNION AVE	MEMPHIS	TN	38104
18145	07/07/2003	NO	CHURCHILL, PATRICE MARYE, DO	111 HILLSIDE DRIVE	TUPELO	MS	38804
10827	12/10/1985	NO	CLARTE, HENRY A, MD	113 REBERATION DR	GULFPORT	MS	39503
14237	01/23/1996	NO	COE, ALAN JASON, MD	208 HIGHLAND PARK PLAZA	COVINGTON	LA	70433
17392	07/06/2001	NO	COISCOU, CARMEN ALEXANDRA, MD	IPC THE HOSPITALIST COMPANY 3550 BUSCHWOOD PARK DRIVE SUITE350	TAMPA	FL	33618
14226	01/23/1995	NO	COLE, STEVE, MD	1750 MADISON ST STE 210	MEMPHIS	TN	38104
17861	06/10/2002	NO	COLEMAN, KRISTIN MARIE, MD	94 PALMER CREST	THE WOODLANDS	TX	77381
18231	09/08/2003	NO	COLLIGAN, MARK FRANCIS, MD	COAST CARDIOVASCULAR CONSULTANTS 1720A MEDICAL PARK DR. SUITE 340	BILOXI	MS	39582
16490	06/16/1999	NO	CONDON, SIMON LIAM, MD	CENTRAL FLORIDA HOSPITALIST FTNRS. 211 SOUTH CENTRAL AVE	FLORIDA	FL	32703
19749	06/07/2007	NO	COOK, GREGORY DOUGLAS, MD	VA COMMONWEALTH UNIV HEALTH SYSTEM DEPT: ENDOCRINOLOGY P O BOX 980111	RICHMOND	VA	23298-0111
08539	12/07/1972	NO	COLEY, IRA LAMAR, MD	2200 S LAMAR BLVD STE C	OXFORD	MS	38855
20507	01/06/2006	NO	COX, STEPHEN BROOKE, MD	SOUTH TEXAS REGIONAL MED CTR. 1901 HWY 97 EAST	JOURDANTON	TX	78054
15291	05/05/1997	NO	CRAFTON, EUGENE MIDDLETON, MD	GASTROENTEROLOGY ASSOC OF N MS PA 1208 OFFICE PARK DR	OXFORD	MS	38655
80191	06/12/2006	NO	CRAIG, KETURAH, DPM	HJFIELD MEDICAL BUILDING 1180 S. CEDAR STREET	DEMOPOUS	AL	36732
10462	07/01/1984	NO	CRIDER, JOHN PAUL, MD	DECATUR CO CLINIC 1100 PRICE ST	PARSONS	TN	38363
14013	07/11/1984	NO	CROOK, ERROL DERRIN, MD	UNIV OF SOUTH AL COLLEGE OF MEDICINE MASTIN 400 A 2451 FILLINGIM STREET	MOBILE	AL	36617-2203
14871	07/01/1996	NO	CROOK, TAMARA LAWRENCE, MD	7004 CHARLESTON OAK DR. N.	MOBILE	AL	36695
18649	03/28/2005	NO	CURLEE, PATRICK M, SR, MD	CAMPBELL CLINIC, PC 1458 WEST POPLAR SUITE 100	COLLIERVILLE	TN	38017-0530

License Issued	Disciplinary Name	Address	City	State	Zip		
06256	08/15/1988	NO	DABNEY, JAMES CONWAY, MD	3512 S LAMAR	OXFORD	MS	38866
13128	06/01/1992	NO	DAGGETT, ROBERT B, MD	2ND FLOOR 2024 15TH ST	MERICAN	MS	39301
13265	04/14/1997	NO	DANG, SURINDER PAUL, MD	1 HOSPITAL DR #400	HUNTSVILLE	AL	35801
09487	10/06/1981	YES	DANIELSON, HARRY ALBERT, MD	7626 APAKI PL	DIAMOND-HEAD	MS	39525
12387	05/23/1991	NO	DAUNIS, MARK STEPHEN, MD	1900 S MORRISON	HAMMOND	LA	70403
08580	08/15/1982	NO	DAVIES, THOMAS CLIFFORD, MD	PIEDMONT GERIATRIC HOSPITAL 5001 E. PATRICK HENRY HIGHWAY	BURKEVILLE	VA	22822
18023	08/26/1996	NO	DAVIS, SHANNON PEYTON, MD	ENT-HEAD & NECK SURGERY OF HUNTSVILLE P.C. 201 WHITESPORT DRIVE	HUNTSVILLE	AL	35891
18870	04/11/2005	NO	DE PAULA, JOHN MONTEBRUN, MD	UNIVERSITY OF MS MEDICAL CENTER 2500 NORTH STATE ST	JACKSON	MS	39216
11027	07/01/1986	NO	DEAL, ROY W, MD	1940 HARRISON AVENUE	PANAMA CITY	FL	32405
09958	07/01/1983	NO	DEAN, PHILIP COLEMAN, MD	4851 GRANDE DRIVE	PENASCOLA	FL	32504
14136	06/28/1994	NO	DENNEY, WILLIAM DAVID, MD	2400 PATTERSON STREET SUITE 400	NASHVILLE	TN	37203
19759	05/14/2007	NO	DILLON, SUE CATES, DO	NO PRIMARY PRACTICE ADDRESS ON FILE.			
17359	08/27/2001	NO	DIMITROVA, MARIANA GRIGOROVA, MD	MARIANA DIMITROVA, M.D. 14870 GRANADA AVE #325	APPLE VALLEY	MN	55134
19577	03/06/2007	NO	DOLAN, JAMES PATRICK, MD	OREGON HEALTH & SCIENCE UNIVERSITY SURGERY L-223A 3161 SW SAM JACKSON PARK ROAD	PORTLAND	OR	97238
19927	08/13/2005	NO	DORAN, JAMES REED, MD	LAWSON FAMILY CLINIC 1440 JEFFERSON ST	LAUREL	MS	39440
19483	06/28/2006	NO	DORAN, THAO THI PHAM, DO	SOUTH CENTRAL MEDICAL CLINIC 140 EUREKA STREET	TAYLORSVILLE	MS	39168
08470	10/08/1981	NO	DRAGOJEVIC, STEVE MILOS, MD	NO PRIMARY PRACTICE ADDRESS ON FILE.			
17507	12/17/2002	NO	DRESHER, BRADLEY DEAN, MD	BRADLEY D. DRESHER, MD 3207 N ACADEMY BLVD	COLORADO SPRINGS	CO	80917
09431	08/13/1981	NO	DUBUSSON, ROBERT LEONARD, MD	SHANDS AT AGH 801 SW 2ND AVE	GAINESVILLE	FL	32601
19635	01/28/2007	NO	DUCKETT, EVA JEANEAL, MD	VIRTUAL RADIOLOGIC PROFESSIONALS 11985 SINGLETREE LANE, SUITE 500	EDEN PRAIRE	MN	55344
20109	02/12/2008	NO	DUNAVANT, WILLIAM DAVID, JR., MD	5027 WALNUT GROVE ROAD STE 118	MEMPHIS	TN	38120
10259	07/01/1984	NO	EAKES, DAVID LAMAR, MD	PEDIATRIC CONSULTANTS INC 100 TECH CENTER DR	KNOXVILLE	TN	37912
19500	10/03/2006	NO	ELSAKS, KELECY DAWN, MD	VIRTUAL RADIOLOGIC PROFESSIONALS 11985 SINGLETREE LANE, SUITE 500	EDEN PRAIRE	MN	55344
19530	08/03/1983	NO	ELLER, STEPHEN MARK, MD	988 S YATES STE. 1	MEMPHIS	TN	38119
19534	07/31/1980	NO	ESCALONA, DANIEL MAYPA, MD	102 COULEX SHORE DR	LAFAYETTE	LA	70503
19537	05/03/1989	NO	ESTEP, RITA MERJE, MD	1513 BROADWAY SUITE 5	JACKSON	MS	39202
19538	06/04/2007	NO	EUBANKS, AARON CHRISTIAN, MD	M5 SPORTS MEDICINE 1325 E. FORTIFICATION ST	JACKSON	MS	39204
18127	06/30/2003	NO	FANOS, KATHLEEN HILARE, DO	STE 381 1880 CHADWICK DRIVE	BLOXO	MS	39634
20026	11/20/2007	NO	FARFORD, BRYAN ASHTON, DO	KEESLER AIR FORCE BASE 301 FISHER ST.			
03455	08/19/1946	NO	FEATHERSTON, JOHN SMITH, MD	NO PRIMARY PRACTICE ADDRESS ON FILE.			
05804	08/21/1988	NO	FERNANDEZ, EUSEBIO JULIO, MD	APPLE MEDICAL CENTER 772 MADDOX DRIVE SUITE 110	EAST ELLIJAY	GA	30540
19414	07/24/2006	NO	FERNANDEZ, JOSS DEAN, MD	BAPTIST MEMPHIS HOSPITAL 8019 WALNUT GROVE	MEMPHIS	TN	38120
17421	10/22/2001	NO	FINGER, SIMON, MD	1850 GAUSE BLVD STE 300	SLIDELL	LA	70461
09555	12/07/1972	NO	FOSTER, CHARLES STEPHEN, MD	NO PRIMARY PRACTICE ADDRESS ON FILE.			
14318	04/25/1996	NO	FRAZER, CHARLES ARTHUR, MD	151 HILL ST	EUNICE	LA	70535
18231	02/27/2006	NO	FYNES, MARGARET MARY, MD	NIGHTHAWK RADIOLOGY SERVICES 601 FRONT STREET, SUITE 502	COEUR D'ALENE	ID	83814-5156
20372	08/22/2008	NO	GAGE, KELLY DAVID, MD	301 FISHER ST	KEESLER AFB	MS	39854
18082	06/08/2003	NO	GAINES, MATTHEW TODD, MD	IMA- TUPELO PHYSICIAN OFFICE 1150 S GREEN SUITE 1A	TUPELO	MS	39804
09529	02/18/1982	NO	GAITAN, EDUARDO, MD	202 MEADOWVIEW LN	BRANDON	MS	39047
19508	10/08/2008	NO	GALLET DE SAINT ALPHRIN, BERTRAND LAURENT	VIRTUAL RADIOLOGIC PROFESSIONALS 11985 SINGLETREE LANE, SUITE 500	EDEN PRAIRE	MN	55344
11291	12/24/1986	NO	GANAPATHY, LAKSHMAHAN, MD	211 E COURT AVE 211 EAST COURT AVE	SELMER	TN	38375
18874	06/27/2005	NO	GARCIA-PACHECO, IGOR, MD	140 BURKE ROAD	CALHOUN CITY	MS	38918
17872	11/25/2002	NO	GARE, MER, MD	MSPB - RADIOLOGY 5401S CONGRESS AVE, SUITE 102	ATLANTIS	FL	33462
19155	12/12/2006	NO	GAYCKEN, BETTINA ANNE-MARGARET, MD	BAPTIST HOSPITAL MEMPHIS 8019 WALNUT GROVE RD.	MEMPHIS	TN	38120
19699	03/18/2007	NO	GEB, TIMOTHY MICHAEL, MD	M5 SPORTS MEDICINE & ORTHOPAED 1325 E. FORTIFICATION ST	JACKSON	MS	39202
15867	12/08/1997	NO	GIDDENS, JEFFREY LEE, MD	NO PRIMARY PRACTICE ADDRESS ON FILE.			
18199	01/25/1998	NO	GIBBS, WILLIAM LEWIS, MD	PROGRESSIVE RADIATION ONCOLOGY STE B 204 S 9TH ST	MURRAY	KY	42071
20543	02/24/2009	NO	GLEBOCKI, DAVID JOHN, MD	10717 NORTH 140TH PLACE	SCOTTSDALE	AZ	85259
04569	06/20/1982	NO	GOFF, BARBARA LEE, MD	8 CHARTRES ST	BRANDON	MS	39047
19559	11/08/2006	NO	GOISSE, MARCY JO, MD	1001 HOLLAND AVE	PHILADELPHIA	MS	39350
09521	02/08/1982	NO	GORDON, JACK CHARLES, MD	1804 HOSPITAL PARKWAY STE 207	BEDFORD	TX	76022
15827	06/26/2000	NO	GOSBY, JAMES RAGAN, JR., MD	1850 GAUSE BLVD #300	SLIDELL	LA	70461
14650	08/28/1996	NO	GOWSEY, MICHAEL KEVIN, MD	PEHOSSCOT BAY MEDICAL CENTER DEPT OF ANESTHESIOLOGY	ROCKPORT	ME	04856
16580	06/23/1997	NO	GROSSMAN, CLIFFORD NORMAN, MD	DIAGNOSTIC IMAGING SPECIALISTS 8000 LAKE FOREST DRIVE SUITE 475	ATLANTA	GA	30328

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20229	06/03/2008	NO	GLA, XIANYONG, MD	G I PATHOLOGY, PLUC 150 COLLINS STREET	MEMPHIS TN 38017
12742	02/16/1991	NO	GLUTTER, KELLY PARKS, MD	1301 SUNSET DR, STE 3	JOHNSON CITY TN 37604
20082	12/11/2007	NO	GLUTTER, RALPH AARON, MD	NO PRIMARY PRACTICE ADDRESS ON FILE.	
19316	05/15/2006	NO	HALE, STEVEN SHEA, MD	CAMPBELL CLINIC, INC. 1211 UNION AVE, SUITE 510	MEMPHIS TN 38104
19878	03/06/2007	NO	HANNA, MELISSA, DO	KEESLER MEDICAL CENTER 81 MDOS/SGOMI 301 FISHER ST.	KEESLER AFB MS 38634
19636	01/29/2007	NO	HARBOUR, KEVIN CLARK, MD	UMC DEPARTMENT OF MEDICINE 2500 N. STATE ST.	JACKSON MS 38218
03064	06/20/1991	NO	HARRKINS, MITCHELL HENRY, MD	114 CATWID DR	JACKSON MS 38211
19438	07/28/1997	NO	HATZIS, NICK, MD	8080 BLUEBONNET BLVD STE 1000	BATON ROUGE LA 70810
14189	11/22/1994	NO	HAYNES-LANKS, ARLEEN GRACE, MD	PENNSYLVANIA HOSPITAL NEWBORN PEDIATRICS 800 SPRUCE STREET	PHILADELPHIA PA 19107
07776	10/08/1976	NO	HECKLER, FREDERICK ROGER, MD	320 E NORTH AVE	PITTSBURGH PA 15212
19708	05/28/2007	NO	HEINZELMANN, ANDREW DUNSMORE, MD	MS SPORTS MEDICINE & ORTHOPAEDIC 1325 E. FORTIFICATION ST	JACKSON MS 38211
05713	06/21/1998	NO	HENDERSON, JULIAN CROWDER, MD	2183 EASTOVER DRIVE	JACKSON MS 38211
18016	06/06/2006	NO	HENRICKSON, LYNN ANDRE, MD	NO PRIMARY PRACTICE ADDRESS ON FILE.	
18216	03/03/1997	NO	HERBERTSON, FLOYD JAMES, MD	4844 C R 155	BLUFF DALE TX 76433
19111	06/23/2003	NO	HESLEV, RICHARD CLEAD, DO	UTAH VALLEY REGIONAL MEDICAL CENTER 1034 NORTH 500 WEST	PROVO UT 84604
14733	03/04/1998	NO	HILLIER, ROBERT K, MD	THE BONATI INSTITUTE 7315 HUDSON AVENUE	CORPPELL TX 75019
18208	02/01/1999	NO	HINDELANG, FLOYD MICHAEL, III, MD	747 PLAZA BLVD #100	HOUSTON TX 77080
06624	06/21/1988	NO	HINTON, WARREN EDWARD, MD	910 PEAKWOOD DRIVE SUITE 107	EDEN PRAIRIE MN 55344
19612	01/08/2007	NO	HO-LAJMANN, NANCY NAJ-SHING, MD	VIRTUAL RADIOLOGIC PROFESSIONALS 11995 SINGLETREE LANE, SUITE 500	BIRMINGHAM AL 38236
19740	04/23/2007	NO	HODGES, FRANK SPAIN, MD	48 MEDICAL PARK EAST DRIVE SUITE 255	CHARLOTTEVILLE VA 22011
19787	03/30/1998	NO	HOEHNER, PAUL JAMES, MD	120 FONTANA COURT	WASHINGTON DC 20007
17820	01/08/2003	NO	HOLMES, FRANK CLARKE, IV, MD	GEORGETOWN UNIVERSITY DARNALL HALL 3800 RESERVOIR ROAD, NW	ASHLAND CITY TN 37016
16806	05/12/2000	NO	HORNBSHY-ODOI, SUZETTE ANNE, MD	MEDWEST FAMILY PRACTICE 189 MONROE PLACE	EDEN PRAIRIE MN 55344
19709	03/28/2007	NO	HOY, JOHN FRANKLIN, MD	VIRTUAL RADIOLOGIC PROFESSIONALS 11995 SINGLETREE LANE, SUITE 500	CLAREMORE OK 74017
01	05/07/2001	NO	HUBBARD, KEVIN WAYNE, DO	1220 MUSKOGEE	JASPER AL 36504
07	06/12/1970	NO	HUDSON, ALCUS RAY, MD	2201 NORTH AIRPORT RD	LITTLE ROCK AR 72206
053	07/01/1984	NO	HUDSON, AMY JEAN RAPP, MD	PATHOLOGY LABORATORIES OF ARKANSAS #1 LILE CT STE 101	JACKSON MS 38216
19583	07/10/2006	NO	BOAYA, BENAHLI UWARIOMIEN, DO	UMC- DEPT. OF NEPHROLOGY 2500 N. STATE ST.	CANTON MS 38046
19399	07/11/2006	NO	BOAYA, IVABO ADETUTU, MD	1406 PEACE STREET	LEAKESVILLE MS 39451
18784	12/13/2004	NO	ISLAM, AALIYA SHAMSULI, MD	LEAKESVILLE MEDICAL CENTER 1616 WILLIAMS DRIVE	ALLEN TX 75013
18184	01/01/1999	NO	ISLAM, NJRUL, MD	1105 N CENTRAL EXPY SUITE 2230	METARRIE LA 70006
08079	06/31/1977	NO	JACOB, RUDOLPH DANIEL, MD	STE 340 4228 HOLMA BLVD	KINGSPOINT TN 37880
15286	05/09/1997	NO	JARJOURA, CHADI MILAD, MD	1212 BARNSLY PL	TAYLORSVILLE MS 39168
04054	03/25/1993	NO	JENNINGS, BOBBIE ERSKINE, MD	705 PINE STREET	PHILADELPHIA PA 19104
03905	06/26/1987	NO	JOHNSON, BERNETT LOGAN, JR, MD	HOSP OF THE UNIV OF PENNSYLVANIA 3800 SPRUCE ST	COLUMBUS AFB MS 38710
20105	02/06/2008	NO	JOHNSON, SCOTT RICHARD, MD	14TH MEDICAL GROUP 201 INDEPENDENCE DRIVE, SUITE 235	COVINGTON LA 70433
19024	07/25/2005	NO	KARGE, MICHAEL JOHN, MD	20221 HARRISON AVENUE	
08550	01/18/1979	NO	KEDDY, DAVID BISSETT, MD	NO PRIMARY PRACTICE ADDRESS ON FILE.	
05451	06/07/1987	NO	KEEN, JACK CLYDE, MD	9100 HARRIS PARKWAY MEDICAL DIRECTOR HARRIS METHODIST SOUTHWEST HOSPITAL	FORT WORTH TX 76132
19283	04/10/2009	NO	KEISER, SHARON DIANE, MD	UNIVERSITY OF MISSISSIPPI MED. CTR. 2500 N. STATE ST. DEPARTMENT OF OB/GYN	JACKSON MS 38219
16413	07/12/1999	NO	KENNEDY, RICHARD ELLIS, MD	8861 CARRINGTON LAKE CREST	TRUSSVILLE AL 35173
17398	10/08/2001	NO	KERRIGAN, BRIAN RICHARD, DO	3 LYON PLACE	OGDENSBURG NY 13699
19857	07/09/2007	NO	KNECHT, LANCE HOLBROOK, MD	1571 CRYSTAL HILLS DRIVE	ATHENS GA 30606
19597	06/22/1997	NO	KNIGHT, WAYON, MD	611 W LAUREL AVE	HATTIESBURG MS 39401
18284	04/14/1997	NO	KOHLI-DANG, NEETA, MD	285 CHATEAU DR	HUNTSVILLE AL 35891
19699	02/28/2007	NO	KORTZ, ANDREW EDWARD, MD	85 BAYBRIDGE DR.	GULF BREEZE FL 32561
19025	07/25/2005	NO	KOWALSKI, ROBERT JOHN, JR, MD	NEUROLOGICAL SURGERY WILFORD HALL MEDICAL CENTER 2200 BERGQUIST DR, SUITE 1	LACKLAND AFB TX 78230
16118	11/02/1998	NO	KRENTEL, ROD GEOFFREY, MD	4080 GRAND HERON WAY	MOBILE AL 36683
19989	07/31/2007	NO	LAYUSAN, MA TESSA LOLITA DIAZ, MD	401 SOUTHCREST CIRCLE, SUITE 104	SOUTHAVEN MS 38611
20186	05/06/2008	NO	LAZAROV, STUART J, MD	BAPTIST MEMPHIS 6019 WALNUT GROVE RD.	MEMPHIS TN 38120
10592	12/17/1984	NO	LE, CUONG VAN, MD	STE 380 1061 GAUSE BLVD	SLIDELL LA 70458
03606	06/27/1955	NO	LEE, CHARLES DAVID, MD	1337 E 1ST ST	FOREST MS 39074

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19809	06/18/2007	NO	LEE, JASON CHA JUNG, MD	LONG BEACH MEMORIAL MEDICAL CENTER DEPT. OF WOMEN'S ANESTHESIOLOGY 2801 ATLANTIC AVENUE NO PRIMARY PRACTICE ADDRESS ON FILE.	LONG BEACH	CA 90806
18390	06/28/1989	NO	LEFLER, LEE MURRIEL, MD	KEESLER AFB MEDICAL CENTER 312 FISHER AVENUE	KEESLER AFB	MS 39234
18971	08/07/2007	NO	LEWIS, DARRON, MD	JEFFERSON REG MED CTR 1800 W 40TH	NEW ORLEANS	LA 70131-3308
08640	03/11/1982	NO	LIJ, RODOLFO ESPALDON, MD	20 ENGLISH TURN DRIVE	MEMPHIS	TN 38133
17774	06/02/2002	NO	LIU, HENRY, MD	7865 EDUCATORS LAKE SUITES300	MAGEE	MS 39111
05755	06/27/1956	NO	LUNCEFORD, TRAVIS EUGENE, MD	376-A SIMPSON HWY 14B	JACKSON	MS 39216
19085	06/28/2005	NO	LUNDQUIST, DANIEL REID, MD	768 LAKELAND BLVD. WEST LJ BUILDING	ISHPEMING	MI 48849
19840	02/18/2007	NO	LY, TRAN HUYN THI, MD	BELL MEMORIAL HOSPITAL 101 SOUTH 4TH ST	SAN ANTONIO	TX 78258
17380	07/02/2001	NO	MADJAR, SHAHAR, MD	1119 CAMPANILE	STOCKBRIDGE	GA 30281
20127	03/03/2006	NO	MAJID, ANEESA SHAHNAZ, MD	165 EAGLES LANDING STE F	DONIPHAN	MO 63935
14863	07/02/1996	NO	MALONE-GILBERT, YOLANDA ANNETTE, MD	109 LEROUX DRIVE RIPLEY COUNTY FAMILY CLINIC	PASCAGOULA	MS 39581
19543	10/30/2006	NO	MANSOOR, UROOJ, MD	DOCTORS PLAZA STE 207 4211 HOSPITAL RD	PITTSBURGH	PA 15243
06300	06/11/1971	NO	MANUEL, WILBERT JOSEPH, MD	ST CLAIR HOSPITAL 1000 BOWER HILL RD	REDWOOD CITY	CA 94070
19627	01/22/2007	NO	MANNING, JAMES DAVID, MD	SEQUOIA HOSPITAL EMERGENCY DEPARTMENT 170 ALAMEDA DE LAS PULGAS	MEMPHIS	TN 38116
15690	12/15/1987	NO	MARKS, ARIEL DAN, MD	MEMPHIS CHILDREN'S CLINIC 1129 HALE ROAD	ASHEVILLE	NC 28603
20236	11/27/2007	NO	MARTIN, KIMBERLY BARCLAY, MD	3 KEEBLER ROAD		
19602	08/07/2007	NO	MASON, KIMBERLY WILKINSON, MD	NO PRIMARY PRACTICE ADDRESS ON FILE.		
19193	01/24/2006	NO	MATTHEU, URBAN EDWIN, MD	1000 WEST COLONIAL SUITE 289	OCOE	FL 34801
14004	07/01/1994	NO	MATTHEWS, VICTOR WILLIAM, MD	DEPT OF ANESTHESIOLOGY UNIVERSITY OF MS MEDICAL CENTER 2600 STATE ST	JACKSON	MS 39216
18328	11/17/2003	NO	MAYHEW, JAMES FRANKLE, MD	KEESLER MEDICAL CENTER EMERGENCY DEPARTMENT 301 FISHER STREET	KEESLER AFB	MS 39034
19467	08/14/2006	NO	MAYORGA, OLIVER, MD	4602 RIVERSIDE LANE	MURRELLS INLET	SC 29576
19235	02/27/2008	NO	MCCABE, JEROME FRANCIS, MD	580 441 HISTORIC HIGHWAY NORTH	DEMOAREST	GA 30536
1970	06/20/2004	NO	MCCARTHY, GARY PATRICK, MD	LSU HEALTH SCIENCES CENTER 1501 KINGS HWY	SHREVEPORT	LA 71130
1922	06/27/1956	NO	MCDONALD, JOHN CLIFTON, MD	LSURMC SCHOOL OF MEDICINE DEPT OF EMERGENCY MEDICINE 1501 KINGS HWY	SHREVEPORT	LA 71130
1975	03/05/2001	NO	MCGAULY, PATRICK LEROY, MD	5659 S. REX ROAD	MEMPHIS	TN 38119
1978	06/28/2006	NO	MCHUGH, PETER HOWARD, MD	SHAIRI KHALIFA MEDICAL CITY DIVISION OF SURGERY ABU DHABI	UNITED ARAB EMIRATES	
14881	01/08/2007	NO	MCLEOD, GENEVIEVE IVY, MD	MOBILE INFIRMARY HEALTH SYSTEMS 5800 GIRBY ROAD MOBILE, AL 36693	MOBILE	AL 36616
19815	03/24/2006	NO	MCMANUS, WILLIAM JASON, MD	OCHSNER CLINIC FOUNDATION DEPT OF CARDIOLOGY 1614 JEFFERSON HWY	NEW ORLEANS	LA 70121
03781	06/27/1986	NO	MCRAE, JOHN MURRELL, JR, MD	87E 202 R LINCOLN PARKWAY	HATTIESBURG	MS 39402
19521	10/16/2006	NO	MEADOR, RICHARD SELLORS, MD	UNIVERSITY MEDICAL CENTER DEPT. OF NEPHROLOGY 2500 N STATE STREET	JACKSON	MS 39216
19356	06/16/2006	NO	MEHRLE, ALEXA SMITH, MD	BOZEMAN DEACONESS HOSPITAL 915 HIGHLAND BLVD	BOZEMAN	MT 59715
04382	06/22/1980	NO	MERRELL, WAFFORD HUMPHRIES, JR, MD	208 EAST LAKE DR.	BRANDON	MS 39047
14810	10/04/1985	NO	MERURER, DENNIS RAMOND, MD	VA MEDICAL CENTER 1540 SPRING VALLEY DR.	HUNTINGTON	WV 25704
19885	10/08/2007	NO	MINA, ADEL FAROUK FARAG, MD	ILLINOIS MASONIC MEDICAL CENTER 836 W WELLINGTON	CHICAGO	IL 60687
14155	10/10/1994	NO	MIZELL, WILLIAM LEONARD, DO	50014 TRILLIUM LANE	FRANKLINTON	LA 70438
08272	12/01/1980	NO	MORRIS, GERALD CLIFTON, MD	208 N. BLAKE STREET HEALTHCARE PLUS	PINE BLUFF	AR 71601
19834	06/08/2004	NO	MOSKOWITZ, EDWARD JAMES, MD	121 FOOTHILL BOULEVARD	POCATELLO	ID 83204
17811	06/13/2002	NO	MOYD, LINDA, MD	131 FRENCH LANDING	NASHVILLE	TN 37228
19376	06/26/2006	NO	MULLIS, THOMAS CORBIN, MD	UMC DEPT. OF OTOLARYNGOLOGY 2500 N. STATE STREET	JACKSON	MS 39216
19785	05/14/2007	NO	NEELY, PHILIP EARL, MD	162 INTERCOASTAL DR.	MADISON	AL 35758
19787	06/04/2007	NO	NETCHAYOLODOFF, CATHERINE VADIME, MD	MAGNOLIA GASTROENTEROLOGY CLINIC 3080 CORDER DRIVE P O BOX 600	CORINTH	MS 38834
19345	06/12/2006	NO	NGUYEN, LAN KELLY, MD	NO PRIMARY PRACTICE ADDRESS ON FILE.		
03496	06/21/1984	NO	NICHOLS, CARL GRADY, JR, MD	NO PRIMARY PRACTICE ADDRESS ON FILE.		
19044	08/08/1986	NO	NIX, RALPHAEAL ROBERT, III, MD	431 BERTUCCI BLVD	BILOXI	MS 39531
22047	06/11/2006	NO	NORRIS, JEANETTE ELIZABETH, MD	RILEY HOSPITAL P O BOX 1810	MERRIDAN	MS 39302
05894	07/01/1983	NO	NORSWORTHY, THOMAS PHILIP, MD	708 W FOREST AVE	JACKSON	MS 39201
19720	04/02/2007	NO	O'NEAL, KELLY RAMSAY, III, MD	HATTIESBURG CLINIC PA 415 SOUTH 28TH AVE	JACKSON	MS 39204
19604	12/18/2006	NO	OSBORNE, SCOTT WEBB, MD	CMMD 1850 CHADWICK DR	HATTIESBURG	MS 39401
19796	06/14/2007	NO	OSTERBERGER, JAMES SHELDON, JR, MD	HATTIESBURG CLINIC PA 415 SOUTH 28TH AVE		
17909	12/17/2002	NO	OZOW, ROBERT KEAT, MD	NO PRIMARY PRACTICE ADDRESS ON FILE.		
19744	04/23/2007	NO	PACKARD, RICHARD ANDREW, MD	785 OHIO AVE., SUITE 1F	CLARKSDALE	MS 38914
18761	05/08/2000	NO	PANKZER, SHAWN WILLIAM, MD	1815 MISSION 66	VICKSBURG	MS 39180
19616	01/08/2007	NO	PARSAD, SULEKHA, MD	VIRTUAL RADIOLOGIC PROFESSIONALS 11995 SINGLETREE LANE, SUITE 500	EDEN PRAIRE	MN 55344

License	Issued	Disciplinary	Name	Address	City	State	Zip
14323	06/01/1995	NO	PASSYN, KATHERINE LIPSCOMB, MD	CHESTER RIVER MEDICAL CENTER 100 BROWN STREET	CHESTERTOWN	MD	21620
16752	05/08/2000	NO	PATEL, SHANTU NAGIN, MD	TIFT REGIONAL MEDICAL CENTER 901 EAST 18TH STREET	TIFTON	GA	31794
16701	03/13/2000	NO	PATTERSON, GLENDA MARIE, MD	FAYETTEVILLE V A MEDICAL CENTER DEPT OF MEDICAL SERVICES 1100 N COLLEGE AVE	FAYETTEVILLE	AR	72705
19276	04/03/2006	NO	PEARSON, AMANDA WILLIAMSON, MD	LA WOMEN'S HEALTHCARE ASSOCIATES 9000 AIRLINE HWY, SUITE 420	BATON ROUGE	LA	70816
19982	05/27/2005	NO	PEARSON, CHARLES LANE, JR, MD	CRITICAL CARE MEDICINE SERVICE 7777 HENNESSY BLVD, SUITE 701	BATON ROUGE	LA	70806
80148	08/24/1998	NO	PELSANG, JAMES LOUIS, DPM	NO PRIMARY PRACTICE ADDRESS ON FILE.			
19607	07/19/2004	NO	PHAM, TUANANH MINH, MD	FAMILY MEDICAL CENTER OF NATCHEZ SUITE 140 150 JEFFERSON DAVIS BLVD	NATCHEZ	MS	39120
80129	05/13/1996	NO	PIANO, THEODORE JOSEPH, DPM	4142 HANGING MOSS CT.	JACKSONVILLE	FL	32257
19967	10/08/2000	NO	PILGRIM, RANDAL LEE, MD	BILOXI REGIONAL MEDICAL CENTER 150 REYNOLD ST	BILOXI	MS	39530
04636	12/02/1993	NO	PITTMAN, JAMES ALTUS, MD	ELLISVILLE STATE SCHOOL 1101 HWY 11 SOUTH	ELLISVILLE	MS	39437
19344	03/14/2005	NO	POLSTON, JOHN ARDEN, DO	2130 PASS ROAD	BILOXI	MS	39531
18013	07/18/2005	NO	PORTER, SCOTT EDWARD, MD	UNIVERSITY MISSISSIPPI MEDICAL CENT 2800 NORTH STATE STREET	JACKSON	MS	39216-4505
19311	05/10/1999	NO	PRIOR, MICHAEL IAN, MD	MARSHALL UNIVERSITY JOAN C. EDWARDS SCHOOL OF MEDICINE 1249 15TH STREET, RM 4048	HUNTINGTON	WV	25701
20112	02/12/2008	NO	PURINS, JURIS LEON, MD	UNIVERSITY OF MS MEDICAL CENTER DEPT. OF RADIOLOGY 2500 N. STATE STREET	JACKSON	MS	39216
19302	10/27/2003	NO	RASALAM-DELA CRUZ, MINERVA MANIBOG, MD	1950 SOUTH HICKORY STREET SUITE 3 G-18	MELBOURNE	FL	32901
19008	07/01/1993	NO	REBAND, PAMELA BREHKERT, MD	HAVASU REGIONAL MEDICAL CENTER 101 CIVIC CENTER DR	LAKE HAVASU CITY	AZ	86404
14734	03/05/1998	NO	REDMANN, GREGORY ALPHONSE, MD	TULANE UNIVERSITY MEDICAL CENTER DIVISION OF NEUROLOGY 1440 CANAL STREET TB-52	NEW ORLEANS	LA	70112
19692	07/31/2007	NO	REISS, GARY MICHAEL, MD	METROPOLITAN GASTROENTEROLOGY ASSOC 1111 MEDICAL CENTER BLVD., STE 9450	MARRERO	LA	70072
19177	01/08/2006	NO	RICHARDS, RANDOLPH MONTGOMERY, MD	1750 MEMORIAL DR., STE.B	CLARKSVILLE	TN	37043
19177	12/28/1992	NO	RICHMOND, JACK GILBERT, MD	13010 CLOUD DR	SANTE FE	TX	77510
19177	07/07/1997	NO	RISCH, ROBERT MARTIN, MD	MEMORIAL MEDICAL CTR 4700 WATERS AVENUE	SAVANNAH	GA	31412
19177	08/15/1995	NO	RIZVI, AKBAR, MD	RENA TARGET CANCER CENTER 4201 MEDICAL CENTER DRIVE SUITE 180	MCKINNEY	TX	75016
19014	06/17/1994	NO	ROGERS, EARL MCNICHO, MD	NO PRIMARY PRACTICE ADDRESS ON FILE.			
14860	06/24/1996	NO	ROSENQUIST, MARY ORTIZ, DO	DR. MARY ROSENQUIST FAMILY PRACTICE 935 CEDAR LAKE RD.	BILOXI	MS	39632
14869	06/24/1996	NO	ROSENQUIST, RONALD LEON, DO	SINGING RIVER HOSPITAL 3151 DENNY AVENUE	PASCAGOULA	MS	39581
19162	11/30/1998	NO	ROSS, GLENN RAY, MD	NO PRIMARY PRACTICE ADDRESS ON FILE.			
19058	12/18/2006	NO	RUBENSTEIN, FORREST SCOT, MD	150 JEFFERSON DAVIS BLVD STE 110	NATCHEZ	MS	39120
19100	10/03/2005	NO	RUTLAND, EDWARD HAMPTON, MD	534 PENNSYLVANIA AVE	JACKSON	MS	39216
11820	02/03/1988	NO	RYAN, GEORGE LEONARD, MD	NO PRIMARY PRACTICE ADDRESS ON FILE.			
07708	08/09/1976	NO	SANDERS, CURREN JOHNSTON, MD	SANDERS CLINIC FOR WOMEN 1041 S. MADISON ST.	TUPELO	MS	38801
06240	06/11/1971	NO	SANDERS, JOHN RUTLEDGE, MD	1041 SOUTH MADISON	TUPELO	MS	38801
15237	03/17/1997	NO	SCHERER, MARK MATTHEW, MD	NASNI BMC HAS NORTH ISLAND	CORONADO	CA	92118
09045	08/28/1977	NO	SCHMID, WILLIAM ARTHUR, JR, MD	816 CANNON	FORT WORTH	TX	76104
14540	08/21/1995	NO	SCOTT, PHILIP LESLIE, DO	MISSISSIPPI STATE HOSPITAL OAK CIRCLE CENTER BLDG. 23	WHITFIELD	MS	39193
19701	03/19/2007	NO	SFAKI, MOHAMED, MD	VIRTUAL RADIOLOGIC CORPORATION 6896 OPUS PARKWAY SUITE 200	MINNETONKA	MN	55343
19185	01/04/1999	NO	SHABTI, RAAFIAT A, MD	NO PRIMARY PRACTICE ADDRESS ON FILE.			
19930	01/22/2007	NO	SHAKH, KHAWAR MUSHTAQ, MD	1251 WESLEY DR., #169	MEMPHIS	TN	38116
19735	11/08/2004	NO	SHEYBANI, ALI, MD	VA SONNY MONTGOMERY CENTER 1600 E. WOODROW WILSON DRIVE	JACKSON	MS	39216-0199
19414	07/12/1999	NO	SIDDIAH, NARENDRA, MD	UNIVERSITY OF MS MEDICAL CENTER DIVISION OF DIGESTIVE DISEASES 2500 N. STATE STREET	JACKSON	MS	39216-4505
11425	07/01/1987	NO	SIMON, STUART BEN, MD	6301 GASTON AVENUE EAST TOWER SUITE 400	DALLAS	TX	75214
11476	07/01/1987	NO	SIMPSON, K KELLEY, MD	SUITE 160 2121 EAST HARMONY ROAD	FT COLLINS	CO	80528
05676	08/21/1988	NO	SIMPSON, PERVIE BLANTON, JR, MD	1220 WEST 42ND ST	PINE BLUFF	AR	71603
19080	09/28/2005	NO	SINCLAIR, JASON DENNIS, MD	7207 HOVINGHAM	SAN ANTONIO	TX	78267
13387	01/11/1993	NO	SLATER, WILLIAM MASON, MD	190 S HWY 190 STE C8 PMS #390	PAHRUMP	NV	89046
20484	12/22/2006	NO	SMITH, EDWARD CLINTON, MD	DUKE U MEDICAL CTR DIVISION OF CHILD NEUROLOGY BOX 3836	DURHAM	NC	27710
08882	10/17/1979	NO	SMITH, KEITH PATRICK, MD	1007 GOODYEAR AVE. SUITE 202 100 BUILDING	GADSDEN	AL	35903
19914	08/13/2007	NO	SPENNETTA, JOSEPH DONALD, MD	FREEMAN HOSPITAL 1102 WEST 32ND STREET	JOPLIN	MO	64804
17762	06/19/2002	NO	SPIERS, JON PHILLIP, MD	3313 CASON	HOUSTON	TX	77005
14528	06/14/1995	NO	SPIESS, STEVEN D, MD	405 SACKVILLE DR LOWER SACKVILLE	NOVA SCOTIA	CN	B4C2R-9

License	Issued	Disciplinary	Name	Address	City	State	Zip
19404	07/17/2006	NO	STRECK, MARIA RUDISILL, MD	1118 PARK WEST BLVD	MT. PLEASANT	SC	29406
18643	12/13/1999	NO	STROBLE, ROBERT FARRELL, MD	GULF COAST MEDICAL CENTER 180 DEBUYS RD	BILOXI	MS	39531
19507	07/07/1998	NO	STUBBS, MALCOLM JAY, MD	MALCOLM J. STUBBS, M.D., LLC 1211 COOLIDGE ST., SUITE 100	LAFAYETTE	LA	70503
19727	04/09/2007	NO	SUBONG, ERIC NEIL PAULINO, MD	VRF EYE SPECIALTY GROUP 3353 NORTH GLOSTER	TUPELO	MS	38804
18567	09/29/1998	NO	TALAND, JAMES VINCENT, MD	DEPT OF CARDIOLOGY SWMCT7 INSTITUTE 700 2ND AVE. NORTH SUITE 301	NAPLES	FL	34102
19405	07/11/2006	NO	TARBAH, GERALD TANWANDA, MD	SW MS REGIONAL MEDICAL CENTER 215 MARION AVE.	MCCOMB	MS	38648
10492	07/11/1984	NO	TAYLOR, ROBERT WAYNE, MD	2750 GAUSE BLVD	SLIDELL	LA	70461
15715	01/12/1998	NO	TEASLEY, DENISE JONES, MD	OBSTETRICS AND GYNECOLOGY 92 W RATLIFF ST	LUCEDALE	MS	39452
13663	07/01/1994	NO	THIGPEN, RHONDA ELATRA, MD	HOSPITAL MEDICINE GROUP 3600 FLORIDA BLVD.	BATON ROUGE	LA	70806
08441	09/09/1979	NO	THOMPSON, THOMAS ALLAN, MD	STE 101 501 MARSHALL ST	JACKSON	MS	39202
03132	06/20/1951	NO	TILLMAN, CLIFFORD, MD	129 WOODVILLE DRIVE	NATCHEZ	MS	39120
19378	09/26/2006	NO	TULLIS, JASON EDWARD, MD	9601 LILE DR., SUITE 310	LITTLE ROCK	AR	72205
07372	08/04/1976	NO	TURKLESON, MARGARET LOUISE, MD	STE 900 300 TAYLOR RD	MONTGOMERY	AL	38117
15228	03/01/1999	NO	WAINNER, KEENEH FRED, MD	2208 WILDWOOD TERRACE	EDMOND	OK	73054
17783	08/09/2002	NO	WALLS, ULYSSES CHRISTOPHER, MD	GREAT LAKES HEART CENTER 460 LONG RAPIDS PLAZA	ALPENA	MI	49707
19059	06/19/2006	NO	WANG, ALUN RONGXIANG, MD	4490 GEN. DEGAULLE DR., STE 108	NEW ORLEANS	LA	70131
19940	02/25/2006	NO	WARMAN, MARC JAY, MD	469 MOUNTAIN LAUREL RD.	FAIRFIELD	CT	06824
05031	09/17/1964	NO	WATKINS, HORACE CLEMENT, III, MD	304 S 10TH AVE.	LAUREL	MS	39440
19782	01/24/1994	NO	WATSON, RICHARD BALDWIN, MD	2134 EAST 27TH STREET	YUMA	AZ	85305
12489	06/19/1990	NO	WATTS, RISKER, JR., MD	217 T SMITH RD.	HATTIESBURG	MS	39401-8016
18700	10/04/2004	NO	WAXMAN, JONATHAN, MD	670 GLADES ROAD, SUITE 300	BOCA RATON	FL	33431
16296	06/03/1996	NO	WEBSTER, RAYMOND LEONARD, MD	711 HIGH ST	DE MOINES	IA	50211
19818	06/19/2007	NO	WEEKS, JAMES KELLEY, MD	UNIV OF TN / METHODIST RADIOLOGY 1285 UNION AVENUE	MEMPHIS	TN	38104
19953	09/11/2007	NO	WEEKS, JEFFREY LOWELL, MD	UNIVERSITY OF MS MEDICAL CENTER DEPT. OF OPHTHALMOLOGY 2600 NORTH STATE STREET	JACKSON	MS	39216
1955	08/12/2002	NO	WILLEMS, MICHAEL SCOTT, DO	4131 S UNIVERSITY BLVD, #11	JACKSONVILLE	FL	32216
1944	12/03/1970	NO	WILLIAMS-NEAL, ETHELYN JUANITA, MD	1331 UNION AVE STE 900	MEMPHIS	TN	38104
16282	03/18/1989	NO	WILLSON, RONALD LEE, MD	REINA ASSOCIATES 3525 PRYTANIA ST STE 320	NEW ORLEANS	LA	70115
17012	11/27/2000	NO	WILSON, DIANA WILLIAMS, MD	8 RAVENNA LANE	NATCHEZ	MS	39120
05339	06/16/1986	NO	WILSON, ROBERT MAXWELL, MD	118 WILSON VILLAGE TRAIL	SALTELO	MS	38888
19053	09/09/1996	NO	WISEMAN, PAMELA MARRIEWCZ, MD	TULANE SCHOOL OF MEDICINE FAMILY & COMMUNITY MEDICINE 1430 TULANE AVENUE	NEW ORLEANS	LA	70112
19048	05/08/2005	NO	WOOD, MARK STEPHEN, MD	6017 LOCKHEED MARTIN RD.	MERIDIAN	MS	39301
16386	01/28/2004	NO	WOODRUFF, ALEXIS CRANE, MD	2201 LEXINGTON AVENUE	ASHLAND	KY	41101
15885	05/22/1998	NO	WOODS, WILLIAM KANTER, MD	FORREST GENERAL CANCER CTR. 301 S 28TH AVENUE	HATTIESBURG	MS	39401
12856	07/01/1991	NO	WOODWARD, ANGELIA MCALPIN, MD	DCH EMERGENCY DEPT 808 UNIVERSITY BLVD E	TUSCALOOSA	AL	35401
13967	07/01/1994	NO	WOODWARD, DOUGLAS KIMBALL, MD	DCH EMERGENCY DEPT 808 UNIVERSITY BLVD E	TUSCALOOSA	AL	35401
08273	06/11/1971	NO	WOOLDRIDGE, WILLIAM HENRY, MD	EAST TN CHILDREN'S HOSP 2018 CLINCH AVE	KNOXVILLE	TN	37916
11442	07/01/1987	NO	WRIGHT, ANNA MARY, MD	4286 SUNBEAM ROAD	JACKSONVILLE	FL	32257
15056	09/18/1998	NO	YABLON, STUART AARDN, MD	METHODIST REHABILITATION CENTER 1350 E WOODROW WILSON	JACKSON	MS	39218
19674	02/28/2007	NO	YU, SAMUEL DONGLON, MD	747 PLAZA BLVD., SUITE 200	COPELL	TX	75019

I certify that the names appearing on this list have not renewed their Mississippi license for the period July 1, 2009 thru June 30, 2010.

H. Van Capps
EXECUTIVE DIRECTOR

Total number of physicians : 299

COPY

FILED
SEP 18 2009

NOTICE OF PROPOSED RULE ADOPTION

STATE OF MISSISSIPPI
Mississippi State Board of Medical Licensure

MISSISSIPPI
SECRETARY OF STATE

Mississippi State Board of Medical Licensure
c/o Rhonda Freeman
1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216

Specific Legal Authority authorizing the promulgation of
Rule: {Insert citation to state or federal statute, or
rule Section 73-43-11

Reference to Rules repealed, amended or suspended by the
Proposed Rule :{ Insert citation to specific rule(s) repealed,
amended or suspended Chapter 09 Collaboration/Consultation with
Nurse Practitioners

(601) 987-3079
rhonda@msbml.state.ms.us

Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule: {Insert here}
This amendment deletes section 400 which requires board review every two years and joint promulgation by
the Board of Medical Licensure and the Nursing Board.

This rule is proposed as a Final Rule, and/or a Temporary Rule (Check one or both boxes as applicable.)

Persons may present their views on the proposed rule by addressing written comments to the agency at the above address. Persons making comments should include their name and address, as well as other contact information, and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

Oral Proceeding: Check one box below:

An oral proceeding is scheduled on this rule on Date: _____ Time: _____
Place: _____

If you wish to be heard and present evidence at the oral proceeding you must make a written request to the agency at the above address at least _____ day(s) prior to the proceeding to be placed on the agenda. The request should include your name, address, telephone number as well as other contact information; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

An oral proceeding is not scheduled on this rule. Where an oral proceeding is not scheduled, an oral proceeding will be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address and telephone number of the person(s) making the request; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

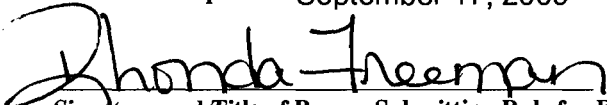
Economic Impact Statement: Check one box below:

The agency has determined that an economic impact statement is not required for this rule, or
 The concise summary of the economic impact statement required is attached.

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Date Rule Proposed: September 17, 2009

Proposed Effective Date of Rule: 30 days from final filing.



Signature and Title of Person Submitting Rule for Filing
Rhonda Freeman, Bureau Director

TELEPHONE: (601) 987-3079



FAX: (601) 987-4159

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

To: Mississippi Secretary of State
From: Mississippi State Board of Medical Licensure
Date: September 17, 2009
Subject: Notice of Proposed Rule Adoption

Mississippi Code §73-43-11 gives the Mississippi State Board of Medical Licensure the authority to promulgate and publish reasonable rules and regulations necessary to enable it to discharge its functions and to enforce the provisions of law regulating the practice of medicine and the conduct of physicians.

This amendment deletes the requirement for the Board to jointly promulgate rules and regulations regarding nurse practitioners with the Board of Nursing.

Any comments concerning the proposed regulation may be sent to the following address:

Mississippi State Board of Medical Licensure
1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216

Chapter 09 Collaboration/Consultation with Nurse Practitioners

Scope

- 100 These regulations apply to all individuals licensed to practice medicine or osteopathic medicine in the state of Mississippi.

Definitions

- 200 For the purpose of Chapter 09 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 who holds an unrestricted license or whose practice or prescriptive authority is not limited as a result of voluntary surrender or legal/regulatory order.
 2. “Free Standing Clinic” means a clinic or other facility wherein patients are treated by a nurse practitioner, which is more than fifteen (15) miles away from the primary office of the collaborative/consultative physician. Excluded from this definition are all licensed hospitals, state health department facilities, federally qualified community health clinics and volunteer clinics.
 3. “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.
 4. “Collaborating/Consulting Physician” means a physician who, pursuant to a duly executed protocol has agreed to collaborate/consult with a nurse practitioner.
 5. “Nurse Practitioner” means any person licensed 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.
 6. “Advanced Practice Registered Nurse” includes all nurse practitioners, certified nurse midwives and certified registered nurse anesthetists.

Board Review

- 300 Physicians who wish to collaborate/consult with a nurse practitioner who plans or anticipates practicing in a free standing clinic, must first (a) appear personally or by telephone before the Mississippi State Board of Medical Licensure and/or the Joint Committee of the Board of Medical Licensure and the Board of Nursing if the Board of Medical Licensure determines that the collaborative/consultative relationship may not be approved absent action from the Joint Committee, (b) present and discuss the protocol, and (c) obtain approval from the Board to act as a collaborating/consulting physician. The facts and matters to be considered by the Board shall include, but are not limited to, how the collaborating/consulting physician and nurse practitioner plan to implement the protocol, the method and manner of collaboration, consultation, and referral.
- 301 The requirement for Board appearance and approval set forth in Section 300 above also applies to any physician collaborating/consulting with a nurse practitioner who later moves

to a free standing clinic under an existing protocol.

- 302 Where a nurse practitioner is practicing in a free standing clinic pursuant to an existing protocol as of the effective date of this regulation, the requirements of personal appearance or telephone interview and Board approval set forth in Section 300 above shall not be required until the next succeeding renewal date for said certificate as required by the Mississippi State Board of Nursing.
- 303 Where two or more physicians anticipate executing a protocol to collaborate/consult with a nurse practitioner practicing in a free standing clinic, it shall not be necessary that all of the physicians personally appear before the Mississippi State Board of Medical Licensure as required in Section 300. In this situation, the physician who will bear the primary responsibility for the collaboration/consultation with the nurse practitioner shall make the required personal appearance or telephone interview.
- 304 Each collaborative/consultative relationship shall include and implement a formal quality improvement program which shall be maintained on site and shall be available for inspection by representatives of the Mississippi State Board of Medical Licensure. The quality assurance/quality improvement program shall consist of:
1. Review by collaborative physician of a random sample of charts that represent 10% or 20 charts, whichever is less, of patients seen by the nurse practitioner every month. Charts should represent the variety of patient types seen by the nurse practitioner. Patients that the nurse practitioner and collaborating physician have consulted on during the month will count as one chart review.
 2. The nurse practitioner shall maintain a log of charts reviewed which include the identifier for the patient's charts, reviewers' names, and dates of review.
 3. Each nurse practitioner shall meet face to face with a collaborating physician once per quarter for the purpose of quality assurance and this meeting should be documented.

Re-evaluation of Nurse Practitioner Categories

~~400 Pursuant to authority granted in Mississippi Code, Section 73-15-5, the Mississippi State Board of Medical Licensure, along with the Mississippi Board of Nursing are granted authority to jointly promulgate rules and regulations governing nurse practitioners. In order to ensure the current nature and accuracy of said rules and regulations, the Board shall perform a review of said regulations every two (2) years. If changes are deemed necessary, joint action by the Board and Mississippi Board of Nursing shall be pursued.~~

Violation of Regulations

5400 Any violation of the rules and regulations as enumerated above shall constitute unprofessional conduct in violation of Mississippi Code, Section 73-25-29(8).

Effective Date of Regulation

6500 The above rules and regulations pertaining to collaborating/consulting physicians shall become effective September 21, 1991.

Amended May 19, 2005. Amended March 13, 2009.

COPY

NOTICE OF RULE ADOPTION—FINAL RULE

STATE OF MISSISSIPPI
Mississippi State Board of Medical Licensure

FILED
SEP 18 2009

**MISSISSIPPI
SECRETARY OF STATE**

Mississippi State Board of Medical Licensure
c/o Rhonda Freeman
1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216

(601) 987-3079
rhonda@msbml.state.ms.us

Specific Legal Authority Authorizing the promulgation of
Rule: {Insert citation to state or federal statute, or
rule Section 73-43-11

**Reference to Rules repealed, amended or suspended by the
Proposed Rule :** {Insert citation to specific rule(s) repealed,
amended or suspended Chapter 17 The Practice of Acupuncturists

Date Rule Proposed:

Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule:

~~Amendments to this regulation define the scope of practice, qualifications for licensure, practice standards, renewal schedule, and other
Board requirements pertaining to the practice of acupuncturists in the state.~~

**The Agency Rule Making Record for this rule including any written comments received during the comment period
and the record of any oral proceeding is available for public inspection by contacting the Agency at the above address.**

An oral proceeding was held on this rule:

Date:
Time:
Place:

An oral proceeding was not held on this rule.

The Agency has considered the written comments and the presentations made in any oral proceedings, and


This rule as adopted is without variance from the proposed rule.

This rule as adopted differs from the proposed rule as there are minor editorial changes which affect the form
rather than the substance of the rule.

The rule as adopted differs from the proposed rule. The differences however are:
Within the scope of the matters in the Notice of Proposed Rule Adoption, the logical outgrowth of the contents of
the Notice of Proposed Rule Adoption and the comments submitted in response thereto, and
The Notice of Proposed Rule Adoption provided fair warning that the outcome of the proposed rule adoption could
be the rule in question.

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Effective Date of Rule: October 17, 2009



Signature and Title of Person Submitting Rule for Filing

Rhonda Freeman
Bureau Director

TELEPHONE: (601) 987-3079



FAX: (601) 987-4159

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

TO: Mississippi Secretary of State

From: Mississippi State Board of Medical Licensure

Date: September 17, 2009

Subject: Notice of Proposed Rule Adoption - Final Rule

Mississippi Code §73-43-11 gives the Mississippi State Board of Medical Licensure the power to promulgate and publish reasonable rules and regulations necessary to enable it to discharge its functions and to enforce the provisions of law regulating the practice of medicine.

This rule as adopted differs from the proposed rule. The differences however are:

Within the scope of the matters in the Notice of Proposed Rule Adoption, the logical outgrowth of the contents of the Notice of Proposed Rule Adoption and the comments submitted in response thereto, and the Notice of Proposed Rule Adoption provided fair warning that the outcome of the proposed rule adoption could be the rule in question.

This is an amendment to Board regulation, Chapter 17, Sections 1600 and 1700, The Practice of Acupuncture. It amends the current regulation to define the scope of practice, qualifications for licensure, practice standards, renewal schedule, and other Board requirements pertaining to the practice of acupuncturists in the state.

Chapter 17 The Practice of Acupuncture

Scope

- 100 The following regulations pertain to acupuncture practitioners performing the technique of acupuncture for a patient only if the patient has received a written referral or prescription for acupuncture from a Mississippi currently licensed physician.
- 101 The practitioner shall perform the technique of acupuncture under the general supervision of the patient's referring or prescribing physician. General supervision does not require that the acupuncturist and physician practice in the same office.
- 102 While treating a patient, the practitioner shall not make a medical diagnosis, but may provide pattern differentiation according to Traditional Chinese Medicine. If a patient's condition is not improving or a patient requires emergency medical treatment, the practitioner shall consult promptly with a physician.

Definitions

- 200 For the purpose of Chapter 17 only, the following terms have the meanings indicated:
1. "Board" means the Mississippi State Board of Medical Licensure.
 2. "Council" means the Mississippi Council of Advisors in Acupuncture.
 3. "NCCAOM" means the National Certification Commission for Acupuncture and Oriental Medicine.
 4. "ACAOM" means the Accreditation Commission of Acupuncture and Oriental Medicine.
 5. "CCAOM" means the Council of Colleges of Acupuncture and Oriental Medicine.

Qualifications for Licensure

- 300 On or after July 1, 2009, applicants for acupuncture licensure must meet the following requirements:
1. Satisfy the Board that he or she is at least twenty-one (21) years of age and of good moral character.
 2. Satisfy the Board that he or she is a citizen or permanent resident of the United States of America.
 3. Submit 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.
 4. Pay the appropriate fee as determined by the Board.
 5. Present a certified copy of birth certificate or valid and current passport.
 6. Submit proof of legal change of name if applicable (notarized or certified copy of marriage or other legal proceeding).
 7. Provide information on registration or licensure in all other states where the applicant is or has been registered or licensed as an acupuncturist.

8. Provide favorable references from two (2) acupuncturists licensed in the United States with whom the applicant has worked or trained.
9. Provide proof, directly from the institution, of successful completion of an educational program for acupuncturists that are in candidacy status or accredited by ACAOM, NCCAOM or its predecessor or successor agency that is at least three (3) years in duration and includes a supervised clinical internship to ensure that applicants with an education outside the US are recognized because of the NCCAOM review process for foreign applicants.
10. Pass the certification examinations administered by the NCCAOM and have current NCCAOM Diplomate status in Acupuncture or Oriental Medicine that is consistent with one of the following:
 - a. If taken before June 1, 2004, pass the Comprehensive Written Exam (CWE), the Clean Needle Technique portion (CNTP), and the Practical Examination of Point Location Skills (PEPLS).
 - b. If taken on or after June 1, 2004, and before January 1, 2007, pass the NCCAOM Foundations of Oriental Medicine Module, Acupuncture Module, Point Location Module and Biomedicine Module.
 - c. If taken on or after January 1, 2007, pass the NCCAOM Foundations of Oriental Medicine Module, Acupuncture Module with Point Location Module, and the Biomedicine Module.
11. If applicant is a graduate of an international educational program, provide proof that the applicant is able to communicate in English as demonstrated by one of the following:
 - a. Passage of the NCCAOM examination taken in English.
 - b. Passage of the TOEFL (Test of English as a Foreign Language) with a score of 560 or higher on the paper based test or with a score of 220 or higher on the computer based test.
 - c. Passage of the TSE (Test of Spoken English) with a score of 50 or higher.
 - d. Passage of the TOEIC (Test of English for International Communication) with a score of 500 or higher.
12. Provide proof of successful completion of a CCAOM-approved clean needle technique course sent directly from the course provider to the Board.
13. Provide proof of current cardiopulmonary resuscitation (CPR) certification from either the American Heart Association or the American Red Cross.
14. Provide proof of malpractice insurance with a minimum of \$1 million dollars in coverage.
15. Appear for a personal interview in the office of the Mississippi State Board of Medical Licensure and pass the Jurisprudence Examination as administered by the Board.

Practice Standards

- 400 Before treatment of a patient the acupuncturist shall be sure that the patient has been examined and referred by a licensed physician and shall review the diagnosis for which the patient is receiving treatment.

- 401 The acupuncturist shall obtain informed consent from the patient after advising them of potential risks and benefits of acupuncture treatment plan.
- 402 The acupuncturist shall obtain a written prescription from the patient's licensed physician.
- 403 The acupuncturist shall obtain a detailed medical history that would identify contraindications to acupuncture such as a bleeding disorder.
- 404 An acupuncture practitioner will use sterilized equipment that has been sterilized according to standards of the national centers for disease control and prevention.
- 405 An acupuncturist shall comply with all applicable state and municipal requirements regarding public health.

Patient Records

- 500 A licensed acupuncturist shall maintain a complete and accurate record of each patient that they treat. The record shall include:
1. Name and address of the patient and other appropriate identifying information
 2. Written referral from physician
 3. The acupuncturist's evaluation of the patient including patient history examination and diagnosis
 4. Informed consent
 5. Documentation of treatment including points treated
 6. Evidence of instructions given to patient
- 501 Patient records must be maintained for a period of seven (7) years from the date of last treatment.
- 502 At patient's request, the acupuncturist shall provide the patient or other authorized person a copy of the acupuncture record. Refer to Board regulation Chapter 08, Release of Medical Records.
- 503 Acupuncturists are subject to a peer review process conducted by the Council.

Supervision

- 600 Any acupuncturist licensed to practice as an acupuncturist in this state shall perform the technique of acupuncture for a patient only if the patient has received a written referral or prescription for acupuncture from a physician. As specified in the referral or prescription, the Mississippi licensed acupuncturist shall provide reports to the physician on the patient's condition or progress in treatment and comply with the conditions or restrictions on the acupuncturist's course of treatment.
- 601 The acupuncturist shall perform the technique of acupuncture under the general supervision

of the patient's referring or prescribing physician. General supervision does not require that the acupuncturist and physician practice in the same office.

- 602 Before treating a patient, the acupuncturist shall advise the patient that acupuncture is not a substitute for conventional medical diagnosis and treatment and shall obtain the informed consent of the patient.
- 603 On initially meeting a patient in person, the acupuncturist shall provide in writing the acupuncturist's name, business address, and business telephone number, and information on acupuncture, including the techniques that are used.
- 604 While treating a patient, the acupuncturist shall not make a diagnosis. If a patient's condition is not improving or a patient requires emergency medical treatment, the acupuncturist shall consult promptly with a physician.

Supervising Physician Limited

- 700 Before making the referral or prescription for acupuncture, the physician shall perform a medical diagnostic examination of the patient or review the results of a medical diagnostic examination recently performed by another physician.
- 701 The physician shall make the referral or prescription in writing and specify in the referral or prescription all of the following:
1. The physician's diagnosis of the ailment or condition that is to be treated by acupuncture;
 2. A time by which or the intervals at which the acupuncturist must provide reports to the physician regarding the patient's condition or progress in treatment; and
 3. The conditions or restrictions placed on the acupuncturist's course of treatment.
- 702 The physician shall be personally available for consultation with the acupuncturist. If the physician is not on the premises at which acupuncture is performed, the physician shall be readily available to the practitioner through some means of telecommunication and be in a location that under normal circumstances is not more than sixty (60) minutes travel time away from the location where the practitioner is practicing.

Duty to Notify Board of Change of Address

- 800 Any acupuncturist who is licensed to practice as an acupuncturist in this state and changes their practice location shall immediately notify the Board in writing of the change of location. Failure to notify within 30 days could result in disciplinary action.

Continuing Education

- 900 Every acupuncturist must earn or receive not less than thirty (30) hours of acupuncture related continuing education courses as precedent to renewing their license for the next fiscal

year. This thirty (30) hours is per two-year cycle. Excess hours may not be carried over to another two-year cycle. *For the purpose of this regulation, the two-year period begins July 1, 2010, and every two years thereafter.* Continuing education courses must be sponsored and/or approved by one of the following organizations:

1. Mississippi Council of Advisors in Acupuncture
2. Mississippi Oriental Medicine Association
3. American Association of Acupuncture and Oriental Medicine
4. National Certification Commission for Acupuncture and Oriental Medicine
5. American Acupuncture Council

901 All persons licensed as acupuncturists must comply with the following continuing education rules as a prerequisite to license renewal.

1. Acupuncturists receiving their initial license to perform acupuncture in Mississippi after June 30 are exempt from the minimum continuing education requirement for the two-year period following their receiving a license. The thirty (30) hour continuing education certification will be due within the next two-year cycle.
2. The approved hours of any individual course or activity will not be counted more than once in a two (2) year period toward the required hour total regardless of the number of times the course or activity is attended or completed by any individual.
3. The Board may waive or otherwise modify the requirements of this rule in cases where there is illness, military service, disability or other undue hardship that prevents a license holder from obtaining the requisite number of continuing education hours. Requests for waivers or modification must be sent in writing to the Executive Director prior to the expiration of the renewal period in which the continuing education is due.

Violations

1000 Any acupuncturist who falsely attests to completion of the required continuing education may be subject to disciplinary action pursuant to 2009 HB 458 Section 17 and 18.

1001 Any acupuncturist that fails to obtain the required continuing education may be subject to disciplinary action pursuant to 2009 HB 458 Section 17 and 18, and may not be allowed to renew license.

1002 Continuing education obtained as a result of compliance with the terms of the Board Orders in any disciplinary action shall not be credited toward the continuing education required to be obtained in any two (2) year period.

Renewal Schedule

1100 The license of every person licensed to practice as an acupuncturist in the state of Mississippi shall be renewed annually.

1101 On or before May 1 of every year, the State Board of Medical Licensure shall notify every

acupuncturist to whom a license was issued or renewed during the current licensing period of the forthcoming annual renewal of license. The notice shall provide instructions for obtaining and submitting applications for renewal. The applicant shall obtain and complete the application and submit it to the Board in the manner prescribed by the Board in the notice before June 30 with the renewal fee of an amount established by the Board. The payment of the annual license renewal fee shall be optional with all acupuncturists 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 license of renewal for the ensuing one (1) year period, beginning July 1 and expiring June 30 of the succeeding licensure period.

- 1102 An acupuncturist practicing in Mississippi who allows their license to lapse by failing to renew the license as provided in Section 1201 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. If the license has not been renewed within ninety (90) days after its expiration, the renewal shall be assessed a late fee of \$200.
- 1103 Any acupuncturist who allows their license to lapse shall be notified by the Board within thirty (30) days of such lapse.
- 1104 Any acupuncturist who fails to renew their license within four (4) years after its expiration may not renew that license. The license will become null and void and the acupuncturist will have to apply for and obtain a new license.
- 1105 Any person practicing as an acupuncturist during the time their license has lapsed shall be considered an illegal practitioner and shall be subject to 2009 HB 458 Section 17 and 18.

Professional Ethics

- 1200 All license holders shall comply with the Code of Ethics adopted by the NCCAOM except to the extent that they conflict with the laws of the State of Mississippi or the rules of the Board. If the NCCAOM Code of Ethics conflicts with state law or rules, the state law or rules govern the matter. Violation of the Code of Ethics or state law or rules may subject a license holder to disciplinary action pursuant to Section 1000.

Disciplinary Proceedings

- 1300 **Hearing Procedure and Appeals**
No individual shall be denied a license or have their license suspended, revoked or restriction placed thereon, unless the individual licensed as an acupuncturist 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 in the state of Mississippi.

1302 Reinstatement of License

1. A person whose license to practice as an acupuncturist has been revoked, suspended, or otherwise restricted may petition the Mississippi State Board of Medical Licensure to reinstate their license after a period of 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.
2. The petition shall be accompanied by two (2) or more verified recommendations from physicians or acupuncturists 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 or she is under probation or parole. The hearing may be continued from time to time as the Board of Medical Licensure finds necessary.

3. 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 or her, the offense for which he or she was disciplined, their activity during the time their license was in good standing, their general reputation for truth, professional ability and good character; and it may require the petitioner to pass an oral examination.

Impaired Acupuncturists

- 1400 Any individual licensed to practice as an acupuncturist, shall be subject to restriction, suspension, or revocation in the case of disability by reason of one or more of the following:
 - mental illness, or
 - physical illness, including but not limited to deterioration through the aging process, or loss of motor skills
 - excessive use or abuse of drugs, including alcohol
- 1401 If the Board has reasonable cause to believe that an acupuncturist is unable to practice with reasonable skill and safety to patients because of one or more of the conditions described above, referral of the acupuncturist 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 Professionals Health Program, sponsored by the Mississippi State Medical Association.

Use of Professional Titles

1500 A licensee shall use the title "Acupuncturist" or "Licensed Acupuncturist," "Lic. Ac.," or "L.Ac.," immediately following his/her name on any advertising or other materials visible to the public which pertain to the licensee's practice of acupuncture. Only persons licensed as an acupuncturist may use these titles. A licensee who is also licensed in Mississippi as a physician, dentist, chiropractor, optometrist, podiatrist, and/or veterinarian is exempt from the requirement that the licensee's acupuncture title immediately follow his/her name.

Acupuncture Advertising

1600 Misleading or deceptive advertising. Acupuncturists shall not authorize or use false, misleading, or deceptive advertising, and, in addition, shall not engage in any of the following:

1. Hold themselves out as a physician or surgeon or any combination or derivative of those terms unless also licensed by the Board of Medical Licensure as a physician as defined under the Mississippi Medical Practice Act.
2. Use the terms "board certified" unless the advertising also discloses the complete name of the board which conferred the referenced certification.
3. Use the terms "board certified" or any similar words or phrases calculated to convey the same meaning if the advertised board certification has expired and has not been renewed at the time the advertising in question was published, broadcast, or otherwise promulgated.
- ~~4. Marketing and sale of nutritional supplements, vitamins and herbs or botanical substances in the practitioner's office is prohibited.~~

Sale of Goods from Practitioner's Office

1700 Due to the potential for patient exploitation in the sale of goods, acupuncturists should be mindful of appropriate boundaries with patients, should avoid coercion in the sale of goods in their offices, and should not engage in exclusive distributorship and/or personal branding.

1701 Acupuncturists should make available disclosure information with the sale of any goods in order to inform patients of their financial interests.

1702 Acupuncturists may distribute goods free of charge or at cost in order to make such goods readily available.

1703 Acupuncturists may make available for sale in their offices durable medical goods essential to the patient's care and non-health related goods associated with a charitable organization.

Effective Date of Regulations

17800 The above rules and regulations pertaining to the practice of acupuncturists shall become effective October 17, 2009.

NOVEMBER 2009

**MINUTES
EXECUTIVE COMMITTEE MEETING
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
NOVEMBER 18, 2009**

MEMBERS PRESENT:

Don A. Gibson, M.D., Richland, President
William S. Mayo, D.O., Oxford, Vice President
S. Randall Easterling, M.D., Vicksburg, Secretary

ALSO PRESENT:

H. Vann Craig, M.D., Director
Stan T. Ingram, Complaint Counsel for the Board
Rhonda Freeman, Bureau Director, Licensure Division
Frances Scott, Special Projects Officer, Investigative Division
Ruby Litton, RN, Compliance Nurse
Sherry Harris, Staff Officer

NOT PRESENT:

Ellen O'Neal, Assistant Attorney General
Thomas Washington, Bureau Director, Investigative Division
Leslie Ross, Investigations Supervisor

The Executive Committee of the Mississippi State Board of Medical Licensure met on Wednesday, November 18, 2009, at 1:10 p.m. in the Executive Conference Room of the Office of the Board located at 1867 Crane Ridge Drive, Jackson, Mississippi.

SUKHDEV CHAND SONI, M.D., BOLLINGBROOK, IL, MISSISSIPPI MEDICAL LICENSE NUMBER 19277

Dr. Craig advised that the Board had previously sent Dr. Soni an Agreed Order of Reprimand mirroring action from the Medical Board in the State of Illinois. Dr. Craig advised that Dr. Soni had signed and returned the Agreed Order for the Board's approval.

After a brief discussion, motion was made by Dr. Mayo, and seconded by Dr. Easterling to accept Dr. Soni's Agreed Order of Reprimand. A copy of the Agreed Order of Reprimand is attached hereto and incorporated by reference.

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JAMES IKEMEFUNA OKOH, M.D., EDEN PRAIRIE, MN, MISSISSIPPI MEDICAL LICENSE NUMBER 19189

Dr. Craig advised that the Board had previously sent Dr. Okoh an Agreed Order of Reprimand mirroring action from the Medical Board in the State of Florida. Dr. Craig advised that Dr. Okoh had signed and returned the Agreed Order for the Board's approval.

After a brief discussion, motion was made by Dr. Mayo, and seconded by Dr. Easterling to accept Dr. Okoh's Agreed Order of Reprimand. A copy of the Agreed Order of Reprimand is attached hereto and incorporated by reference.

SHELBY CURLEE REID, M.D., CORINTH, MISSISSIPPI MEDICAL LICENSE NUMBER 04093

Dr. Craig advised that the matter concerning Dr. Reid had been discussed at the September 16, 2009, Executive Committee meeting. Dr. Craig advised that the Board had received a Voluntary Retirement from Dr. Reid to become effective January 01, 2010.

After a brief discussion, motion was made by Dr. Mayo, and seconded by Dr. Easterling to accept Dr. Reid's voluntary retirement. A copy of the Voluntary Retirement of Medical License is attached hereto and incorporated by reference.

DR. GIBSON ENTERED THE MEETING AT 1:20 P.M.

GREGG SPAULDING HUNTER, M.D., HOUMA, LA, MISSISSIPPI MEDICAL LICENSE NUMBER 14990

Dr. Craig advised that the Board had sent Dr. Hunter a certified letter dated September 30, 2009, requesting payment of investigative fees in the amount of \$982.24. Dr. Craig advised that to-date, the Board had not received the monies or heard from Dr. Hunter.

After a brief discussion, motion was made by Dr. Easterling to advise Dr. Hunter that he has 30 days to pay the Board the monies due or the Board will take further action as authorized under Section 73-25-27 and prohibit him from practicing medicine in Mississippi, and the matter will be a reportable offense. Dr. Mayo seconded the motion, and it carried unanimously.

EXECUTIVE COMMITTEE MINUTES

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SANTANU SOM, D.O., NATCHEZ, MISSISSIPPI MEDICAL LICENSE NUMBER 20149

Dr. Craig advised that the Board had received an Adverse Action Report that had been submitted to the National Practitioner Data Bank by Natchez Regional Medical Center on Dr. Santanu Som for concerns with his intra-abdominal surgeries. Dr. Craig advised that Natchez Regional had suspended Dr. Som's intra-abdominal surgeries while all other clinical privileges were maintained.

After a brief discussion, Stan Ingram, Complaint Counsel for the Board, advised that the Board has grounds for disciplinary action and the issuing of a summons and affidavit to appear before the Board in a hearing. Motion was made by Dr. Mayo to issue a summons and affidavit requesting Dr. Som to appear before the Board in a hearing. Dr. Easterling seconded the motion, and it carried unanimously.

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

Dr. Craig advised that the Board had been advised that Greenville Hospital had suspended Dr. Herzog's interventional surgeries and were requiring that he receive additional training. Dr. Craig advised that Dr. Herzog is a 1981 graduate and that his primary specialty is cardiovascular disease.

After a brief discussion, motion was made by Dr. Easterling, seconded by Dr. Mayo, and carried unanimously to invite Dr. Herzog to the January 2010 Executive Committee meeting and offer him a Consent Order advising that he cannot do interventional medicine until he receives more training and/or certification.

PERSONAL APPEARANCE BY ALFIO RAUSA, M.D., DISTRICT HEALTH OFFICER, MS STATE DEPARTMENT OF HEALTH, GREENWOOD, MISSISSIPPI MEDICAL LICENSE NUMBER 05536

Dr. Craig introduced Dr. Rausa and Dr. Mary Currier, both from the Mississippi State Department of Health. Dr. Rausa addressed the Executive Committee and thanked them for the opportunity to appear before the Committee.

Dr. Rausa advised that he and Dr. Currier were here to request a variance to the Board's regulation concerning the Advanced Practice Registered Nurse (APRN) and specifically relating to the monthly review by the collaborative physician of a random sample of charts that represent 10% or 20 charts, whichever is less, of patients seen by the nurse practitioner. Dr. Rausa said with 11 APRN's in 2 districts that they were requesting a variance. Dr. Currier advised that APRN's do only preventive care, no acute care, and patients with problems are sent to another physician.

EXECUTIVE COMMITTEE MINUTES

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After a brief discussion, Mr. Ingram advised the Board that any variance or exception would require an amendment to the regulation.

Motion was made by Dr. Mayo, seconded by Dr. Easterling, and carried unanimously to take the matter under advisement. After further discussion, the Executive Committee unanimously agreed that the Department of Health should work towards meeting the guidelines and establishing a cover sheet that could be used by the APRN's to summarize their charts and make the records available to speed the process.

Dr. Craig also handed out to the Executive Committee a recommendation from Ruby Litton, RN, Compliance Nurse, concerning our rules and regulations pertaining to the collaborative relationship. The Executive Committee unanimously agreed to refer the matter to the Scope of Practice Committee for consideration.

PERSONAL APPEARANCE BY JAMES WESLEY ADAMS, II, M.D., MEMPHIS, TN, MISSISSIPPI MEDICAL LICENSE NUMBER 10673

Dr. Craig advised that Dr. Adams had been invited to address the Executive Committee concerning action taken on his license by the Tennessee Board of Medical Examiners. Dr. Craig advised that Dr. Adams had prescribed numerous controlled medications to himself and family members without maintaining medical records.

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

Dr. Adams addressed the Executive Committee and stated that what he did was stupid and explained the medications prescribed. After answering several questions from the Executive Committee, motion was made by Dr. Mayo, seconded by Dr. Easterling, and carried unanimously to mirror Tennessee's action.

PERSONAL APPEARANCE BY SHUNTE' MONIQUE JONES, M.D., VICKSBURG, MISSISSIPPI MEDICAL LICENSE NUMBER 18182

Dr. Craig advised that Dr. Jones had been invited to address the Executive Committee concerning her resignation from Memorial Hospital in Gulfport during an investigation relating to an incident in the Emergency Room.

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

EXECUTIVE COMMITTEE MINUTES

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Dr. Jones addressed the Executive Committee and explained that she resigned to move on with her life and put the matter behind her. Dr. Jones admitted that she went to work at River Region in Vicksburg without advising them of the matter. After answering questions from the Executive Committee, motion was made by Dr. Mayo, seconded by Dr. Easterling, and carried unanimously to take the matter under advisement and notify her of the Committee's decision. Dr. Jones thanked the Executive Committee for allowing her the opportunity to address them before exiting.

After further discussion, the Executive Committee unanimously agreed that Dr. Jones needs to resolve the problem at Memorial Hospital in Gulfport. Motion was made by Dr. Easterling, seconded by Dr. Mayo, and carried unanimously to advise Dr. Jones that the Executive Committee felt that she should voluntarily contact the Mississippi Professionals Health Program for their evaluation and assessment. The Executive Committee agreed that if Dr. Jones does not voluntarily contact MPHP within 30 days of our notifying her that the Board should make a formal request.

PERSONAL APPEARANCE BY YOLANDA W. WILSON, M.D., JACKSON, MISSISSIPPI MEDICAL LICENSE NUMBER 12555 AND THERESA LANE-FISHER, PA-C, JACKSON

Dr. Craig advised that Dr. Wilson and PA Lane-Fisher had been invited to address the Executive Committee due to the fact that they worked in a collaborative relationship from July to October without an approved protocol.

Dr. Wilson and PA Lane-Fisher joined the meeting and were not represented by legal counsel. Both had executed a written agreement for this informal meeting, copies are attached hereto and incorporated by reference.

Dr. Wilson addressed the Executive Committee and apologized for the error. Dr. Wilson advised that they did not receive the July letter requesting additional information. After answering questions from the Executive Committee, motion was made by Dr. Mayo, seconded by Dr. Easterling, and carried unanimously to issue Dr. Wilson and PA Lane-Fisher a non-public Letter of Concern.

PERSONAL APPEARANCE BY RON ELLER, PA-C, VICKSBURG

Dr. Craig advised that Ron Eller, PA, had been invited to address the Executive Committee after the Board had received information that Mr. Eller was rotating PA students through River Region and had been doing so since December 2007 without the Board's knowledge.

EXECUTIVE COMMITTEE MINUTES

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Mr. Eller joined the meeting and was not represented by legal counsel. Mr. Eller had executed a written agreement for this informal meeting, a copy of which is attached hereto and incorporated by reference. Mr. Eller also had accompanying him Ms. Joan Ward, Clinical Coordinator for Philadelphia University.

Dr. Craig expressed the Board's concerns of not being made aware of the rotations and stated that PA students do not have resident status and are not licensed in Mississippi as residents. Mr. Eller advised that River Region is not the only hospital performing the rotations. Mr. Eller advised that all PA's work under direct supervision of their precepting physician at all times and the preceptor's credentials are in accordance with protocols established by the Accreditation Review Commission on Education for the Physician Assistant. Mr. Eller advised that his role with the PA's and preceptors is an administrative liaison and an adviser between the University of Philadelphia, the PA's and physician preceptors. Mr. Eller also advised that Ms. Ward comes to River Region periodically to meet with students and hospital administration to address any concerns.

JAMES MICHAEL SMITH, M.D., RIDGELAND, MISSISSIPPI MEDICAL LICENSE NUMBER 18323

Dr. Craig discussed a complaint received from a pharmacist concerning a spa that has since closed its operation. The pharmacist advised that a licensed tattoo artist that worked at the spa had called in a prescription for a dosage of Acyclovir that does not exist under Dr. Smith's name. Dr. Craig advised that he had queried other states and it seems that no one has any rules or regulations concerning who is allowed to phone in a prescription.

PERSONAL APPEARANCE BY EMILE ANTHONY PICARELLA, M.D., JACKSON, MISSISSIPPI MEDICAL LICENSE NUMBER 20017

Dr. Craig advised that Dr. Picarella had been invited to address the Executive Committee to discuss his care of an elderly patient at Natchez Regional Medical Center. Dr. Craig advised that even though the Board had received confirmation that our letter had been received by Dr. Picarella, he was a "no show".

After a brief discussion, motion was made by Dr. Easterling, seconded by Dr. Mayo, and carried unanimously that Dr. Craig should contact Dr. Picarella and request that he come to the Board and meet with Dr. Craig personally to discuss the matter.

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REQUEST FROM EDWIN EGGER, M.D., GREENVILLE, MISSISSIPPI MEDICAL LICENSE NUMBER 06402

Dr. Craig advised Dr. Egger was wanting the Board to monitor him instead of PHP, but Dr. Craig advised that he had informed Dr. Egger that the Board does not have the manpower to monitor and that he needs to remain under PHP.

OTHER BUSINESS

Dr. Craig briefly discussed the records he had received from the subpoena request concerning Scotty Paul Reed, M.D., Tupelo, concerning a large malpractice settlement. After a brief discussion, motion was made by Dr. Easterling, seconded by Dr. Mayo, and carried unanimously to let the hospital handle the matter since this is a quality of care issue.

SUBPOENA REQUESTS

Dr. Craig presented those facts necessary to make a determination of reasonable cause pursuant to Miss. Code Ann §73-25-27 for the Investigative Division to issue four (4) subpoenas. The following subpoenas were requested:

1. Central Mississippi Medical Center - for records of Eric L. Thomas, M.D.
2. Oktibbeha County Hospital - for records of Eric L. Thomas, M.D.
3. West Point Internal Medicine Clinic - for records of Edmund Miller, Jr., M.D.
4. Clay County Medical Center - for records of Edmund Miller, Jr., M.D.

After a brief discussion, motion was made by Dr. Mayo, seconded by Dr. Easterling, and carried unanimously that reasonable cause did exist and granted approval for the Investigative Division to issue the subpoenas to obtain and copy records necessary for the above noted investigations.

REVIEW OF NOVEMBER 19, 2009, BOARD AGENDA

Dr. Craig briefly reviewed the agenda for tomorrow's meeting.

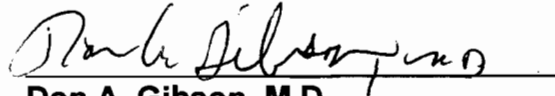
ADJOURNMENT

There being no further business, the meeting adjourned at 4:25 p.m.

EXECUTIVE COMMITTEE MINUTES

November 18, 2009

Page 8



Don A. Gibson, M.D.
President

Minutes taken and transcribed
by Sherry Harris
Staff Officer
November 18, 2009

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

SUKHDEV CHAND SONI, M.D.

AGREED ORDER OF REPRIMAND

WHEREAS, Sukhdev Chand Soni, M.D., hereinafter referred to as "Licensee," is the current holder of License No. 19277, issued April 03, 2006, to practice medicine in the State of Mississippi;

WHEREAS, On June 24, 2009, Licensee entered into a Consent Order agreeing to a Reprimand with the State of Illinois Department of Financial and Professional Regulation based on an allegation Licensee failed to adequately monitor the radiation administered to a patient, resulting in the amputation of the patient's right leg due to damage from excess radiation;

WHEREAS, Licensee agreed to resolve this matter by entering into a Consent Order issuing a reprimand of his Illinois medical license (Exhibit A);

WHEREAS, pursuant to Subsection (9) of Section 73-25-29, Mississippi Code (1972), Annotated, the aforementioned Consent Order constitutes action taken or restriction placed on his license by another jurisdiction, being grounds 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;

WHEREAS, Licensee wishes to avoid a hearing before the Mississippi State Board of Medical Licensure and in lieu thereof has consented to the issuance of a formal public reprimand by the Mississippi State Board of Medical Licensure;

NOW, THEREFORE, the Mississippi State Board of Medical Licensure, with the consent of Licensee as signified by his joinder herein, does hereby formally Reprimand Licensee.

Licensee further understands that violation of this Order or any other Orders or Agreements that Licensee has entered into, or is subject to from other Licensing authorities shall constitute evidence of unprofessional conduct and will be grounds for further disciplinary action by the Mississippi State Board of Medical Licensure. Licensee shall comply with all Federal and State laws governing the practice of medicine.

This Reprimand shall be subject to approval by the Mississippi State Board of Medical Licensure. If the Board fails to approve the Reprimand, 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 Reprimand to avoid a hearing before the Board. In this regard, Licensee authorizes the Board to review and examine any documentary evidence or materials concerning the Licensee prior to or in conjunction with its consideration of this Reprimand. Should this Reprimand not be accepted by the Board, it is agreed that presentation to and consideration of this Reprimand 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 Reprimand, if approved and executed by the Mississippi State Board of Medical Licensure, shall constitute a public record of the State of Mississippi.

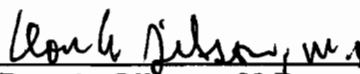
Recognizing his right to notice of charges specified against him, to have such charges adjudicated pursuant to Mississippi Code annotated, Section 73-25-27 (1972), to be represented therein by legal counsel of his choice and to a final decision rendered upon written findings of fact and conclusions of law, Sukhdev Chand Soni, 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 Reprimand.

Signed this the 16th day of October, 2009.



Sukhdev Chand Soni, M.D.

ACCEPTED AND APPROVED this the 19th day of November, 2009,
by the Mississippi State Board of Medical Licensure.



Don A. Gibson, M.D.
President



Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

PAT QUINN
Governor

BRENT E. ADAMS
Secretary

DANIEL E. BLUTHARDT
Director
Division of Professional Regulation

CERTIFICATION OF PROCEEDINGS

I, DORIS E. BARNES, Public Service Administrator, Medical Administration Unit, Division of Professional Regulation of the State of Illinois, do hereby certify that a search of the records was conducted, and state that this is a true and correct copy of the records, in re: IDFPR vs. SUKHDEV CHAND SONI, MD, LICENSE NO.: 036045378, CASE FILE NO.: 200705702, to the best of my knowledge.

IN WITNESS THEREOF, I have hereunto set my hand and caused to be affixed the seal of the DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION OF THE STATE OF ILLINOIS.

DATE:

August 31, 2009

Doris E Barnes

Doris E. Barnes
Administrator of the Medical Practice Act
Medical Administration Unit

SEAL

EXHIBIT A

office on November 19, 2008, with Edward and Joseph Bruno, Attorneys for the Respondent, Sukhdev Chand Soni, M.D., the Respondent, Susan J. Link, Attorney for the Department, Vladimir Lozovskiy, Attorney for the Department, and Edward Rose, M.D., a member of the Medical Disciplinary Board, in attendance.

The Respondent for purposes of this Consent Order only, admits the allegations.

The Respondent has been advised of the right to have the pending allegations reduced to writing, the right to a hearing, the right to present evidence, and the right to administrative review of any Order resulting from a hearing. Respondent knowingly waives each of these rights, as well as any right to administrative review of this Consent Order. Such waiver ceases if this Consent Order is rejected by either the Board or Director. The Respondent acknowledges that a Department attorney may be requested to communicate with the Board or Director in furtherance of the approval of this Consent Order.

The Respondent and the Department have agreed, in order to resolve this matter, that the Respondent be permitted to enter into a Consent Order with the Department, providing for the imposition of disciplinary measures which are fair and equitable in these circumstances and which are consistent with the best interests of the people of the State of Illinois.

Respondent acknowledges that he has freely and willfully entered into this Consent Order without threat or coercion by any person and that he has not relied upon any statement or representation made by any person on behalf of the Department other than as specifically set forth herein.

CONDITIONS

WHEREFORE, the Department, through Susan J. Link, Attorney for the Department, Vladimir Lozovskiy, Attorney for the Department, Sukhdev Chand Soni, M.D., Respondent, and Edward Bruno, Attorney for the Respondent agree:

- A. Respondent's Physician and Surgeon License, Certificate of Registration No. 036045378, shall be Reprimanded.

DATE 4-20-09

Joseph Bruno
Joseph Bruno
Attorney for the Respondent

DATE _____

A. Soni
Sukhdev Chand Soni, M.D.
Respondent

DATE 5/20/09

[Signature]
Member
Illinois State Medical Disciplinary Board

THIS CONSENT ORDER IS APPROVED IN FULL:

DATED THIS 24th DAY OF June, 20 09.

DEPARTMENT OF FINANACIAL AND PROFESSIONAL
REGULATION of the State of Illinois; MICHAEL T. MCRAITH,
ACTING SECRETARY

DIVISION OF PROFESSIONAL REGULATION

[Signature]
DANIEL E. BLUTHARDT
Director of Professional Regulation

REF: Case No. 200705702
License No. 036045378

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

JAMES IKEMEFUNA OKOH, M.D.

AGREED ORDER OF REPRIMAND

WHEREAS, James Ikemefuna Okoh, M.D., hereinafter referred to as "Licensee," is the current holder of License No. 19189, issued January 23, 2006, to practice medicine in the State of Mississippi;

WHEREAS, On June 22, 2009, Licensee entered into a Settlement Agreement accepting the terms of the Settlement Stipulation with the State of Florida Department of Health based on an allegation Licensee violated Section 456.072(1)(bb), Florida Statutes (2008), by performing a wrong site procedure, wrong procedure, unauthorized procedure and/or a procedure that is medically unnecessary.

WHEREAS, Licensee agreed to resolve this matter by entering into a Stipulated Agreement issuing a Letter of Concern from the Florida Board of Medicine (Exhibit A);

WHEREAS, pursuant to Subsection (9) of Section 73-25-29, Mississippi Code (1972), Annotated, the aforementioned Consent Order constitutes action taken or restriction placed on his license by another jurisdiction, being grounds 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;

WHEREAS, Licensee wishes to avoid a hearing before the Mississippi State Board of Medical Licensure and in lieu thereof has consented to the issuance of a formal public reprimand by the Mississippi State Board of Medical Licensure;

NOW, THEREFORE, the Mississippi State Board of Medical Licensure, with the consent of Licensee as signified by his joinder herein, does hereby formally Reprimand Licensee.

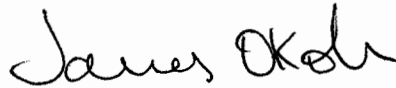
Licensee further understands that violation of this Order or any other Orders or Agreements that Licensee has entered into, or is subject to from other Licensing authorities shall constitute evidence of unprofessional conduct and will be grounds for further disciplinary action by the Mississippi State Board of Medical Licensure. Licensee shall comply with all Federal and State laws governing the practice of medicine.

This Reprimand shall be subject to approval by the Mississippi State Board of Medical Licensure. If the Board fails to approve the Reprimand, 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 Reprimand to avoid a hearing before the Board. In this regard, Licensee authorizes the Board to review and examine any documentary evidence or materials concerning the Licensee prior to or in conjunction with its consideration of this Reprimand. Should this Reprimand not be accepted by the Board, it is agreed that presentation to and consideration of this Reprimand 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 Reprimand, if approved and executed by the Mississippi State Board of Medical Licensure, shall constitute a public record of the State of Mississippi.

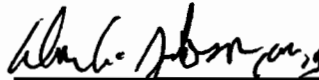
Recognizing his right to notice of charges specified against him, to have such charges adjudicated pursuant to Mississippi Code annotated, Section 73-25-27 (1972), to be represented therein by legal counsel of his choice and to a final decision rendered upon written findings of fact and conclusions of law, James Ikemefuna Okoh, 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 Reprimand.

Signed this the 7th day of November, 2009.



James Ikemefuna Okoh, M.D.

ACCEPTED AND APPROVED this the 19th day of November, 2009,
by the Mississippi State Board of Medical Licensure.



Don A. Gibson, M.D.
President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

**IN THE MATTER OF PHYSICIAN'S LICENSE
OF
SHELBY CURLEE REID, M.D.**

RETIREMENT OF MEDICAL LICENSE

WHEREAS, I, Shelby Curlee Reid, M. D. , am the current holder of License Number 04093, issued on June 25, 1958, to practice medicine in the State of Mississippi and;

WHEREAS, since it my wish to retire from the practice of medicine, effective January 1, 2010, I voluntarily retire my current license (No. 04093) to practice medicine in the State of Mississippi;

WHEREAS, I request the Board accept this retirement of my license, effective January 1, 2010 and I fully understand that I shall not be authorized to participate in the practice of medicine in the State of Mississippi while the license is retired.

EXECUTED this the 29th day of October, 2009.

Danny & Larry
Witness *Danny & Larry*

Shelby Curlee Reid
Shelby Curlee Reid, M.D.

Accepted and approved by the Full Board on November 19th 2009.

Don A. Gibson
Don A. Gibson, M.D.
Board President

AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE

I, James Wesley Adams, II, 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 18 day of November, 2009.

Witness:

Sherry Harris

James Wesley Adams, II

AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE

I, Shunte' Monique Jones, 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 18th day of November, 2009.

Shunte' Monique Jones MD

Witness:

Sherry Lewis

AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE

I, Yolanda W. Wilson, 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 18 day of NOV, 2009.

Witness:

Sherry Harris

Yolanda W. Wilson

AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE


I, Theresa Lane-Fisher, PA-C, 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:

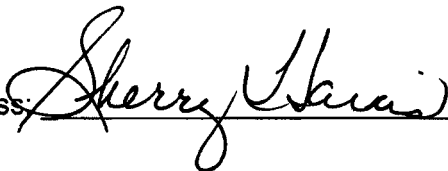
with legal counsel present (name of counsel: _____)

without legal counsel present

EXECUTED, this the 18 day of NOV, 2009.



Witness:



AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE

I, Ron Eller, PA-C, 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 18th day of November, 2009.

Ronald Eller

Witness:

Sherry Harris

BOARD

MEETING

MINUTES

**BOARD MINUTES
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
NOVEMBER 19, 2009**

The regularly scheduled meeting of the Mississippi State Board of Medical Licensure was held on Thursday, November 19, 2009, in the Board Room of the Office of the Board located at 1867 Crane Ridge Drive, Jackson, Mississippi.

The following members were present:

Don A. Gibson, M.D., Richland, President
William S. Mayo, D.O., Oxford, Vice President
S. Randall Easterling, M.D., Vicksburg, Secretary
Larry B. Aycock, M.D., McComb
Dewitt G. Crawford, M.D., Louisville
Virginia M. Crawford, M.D., Hattiesburg
A. Wallace Conerly, M.D., Jackson
William B. Jones, M.D., Greenwood
Philip T. Merideth, M.D., J.D., Jackson

Also present:

H. Vann Craig, M.D., Director
Stan T. Ingram, Complaint Counsel for the Board
Ellen O'Neal, Assistant Attorney General
Rhonda Freeman, Bureau Director, Licensure Division
Frances Scott, Special Projects Officer, Investigative Division
Sherry Harris, Staff Officer
Wesley Breland, Hattiesburg, Consumer Health Committee
Cecil R. Burnham, Jackson, Consumer Health Committee

Not present:

Thomas Washington, Bureau Director, Investigative Division

The meeting was called to order at 9:10 a.m. by Dr. Gibson, President. The invocation was given by Dr. Gibson and the pledge was led by Dr. Merideth. Dr. Gibson welcomed Melissa Magee, Court Reporter. Dr. Gibson extended a welcome to all visitors present at today's meeting which is the last meeting for 2009.

Dr. Gibson opened the floor for public comments but there were none.

BOARD MINUTES
November 19, 2009
Page 2

APPROVAL OF CERTIFICATION OF MISSISSIPPI LICENSES TO OTHER ENTITIES FOR THE PERIOD SEPTEMBER 01, 2009, THROUGH OCTOBER 31, 2009

Two hundred twelve (212) licenses were certified to other entities for the period September 01, 2009, through October 31, 2009. Motion was made by Dr. Easterling, seconded by Dr. D. Crawford, and carried unanimously to approve these certifications.

APPROVAL OF LICENSES ISSUED FOR THE PERIOD SEPTEMBER 01, 2009, THROUGH OCTOBER 31, 2009

Eighty-four (84) licenses were issued for the period of September 01, 2009, through October 31, 2009. Motion was made by Dr. Mayo, seconded by Dr. D. Crawford, and carried unanimously to approve these licenses.

REVIEW OF MINUTES OF THE EXECUTIVE COMMITTEE MEETING DATED SEPTEMBER 16, 2009, AND MINUTES OF THE BOARD MEETING DATED SEPTEMBER 17, 2009

Minutes of the Executive Committee meeting dated September 16, 2009, and Minutes of the Board meeting dated September 17, 2009, were reviewed. Dr. Mayo moved for approval of the minutes as submitted. Dr. D. Crawford seconded the motion, and it carried unanimously.

REPORT OF NOVEMBER 18, 2009, EXECUTIVE COMMITTEE MEETING

Dr. Craig briefly discussed issues that were approved by the Executive Committee on November 18, 2009. Information pertaining to the Executive Committee's decisions are included in the Executive Committee Minutes dated November 18, 2009.

All issues/actions approved and reported by the Executive Committee on Wednesday, November 18, 2009, were ratified unanimously by the Full Board.

REPORTS FROM COMMITTEES

Consumer Health - Mr. Breland (Chair), Mr. Burnham

Mr. Breland advised there was no new information to report.

Education & Workforce - Dr. Conerly (Chair), Dr. D. Crawford, Dr. Mayo

Dr. Conerly advised there was no new information to report.

BOARD MINUTES
November 19, 2009
Page 3

Scope of Practice - Dr. V. Crawford (Chair), Dr. Easterling, Dr. Aycock

Dr. V. Crawford advised there was no new information to report.

Professional Health Program - Dr. Gibson (Chair), Dr. Mayo, Dr. Merideth

Dr. Gibson advised there was no new information to report.

Rules, Regulation & Legislative - Dr. Easterling (Chair), Dr. D. Crawford, Dr. Jones

Dr. Easterling advised there was no new information to report.

Ethics - Dr. Merideth (Chair), Dr. V. Crawford, Dr. Conerly

Dr. Merideth advised there was no new information to report.

Electronic Medical Records - Dr. Aycock (Chair), Dr. V. Crawford, Dr. Mayo

Dr. Aycock advised there was no new information to report.

PRESENTATION BY DAVID PIZZIMENTI, D.O., FACOI, PROGRAM DIRECTOR & DME, MAGNOLIA REGIONAL HEALTH CENTER, INTERNAL MEDICINE RESIDENCY PROGRAM

Dr. Pizzimenti is the Program Director at Magnolia Regional Health Center in Corinth, MS., which has an Internal Medicine Residency Program for osteopathic physicians. Dr. Pizzimenti advised that they hope to have six (6) residents per year in the program and that their program is currently the only osteopathic program in the state. Dr. Pizzimenti advised that they started their residency program in 2008 and they are associated with the Pikeville College School of Osteopathic Medicine located in Pikeville, KY. Dr. Pizzimenti provided the Board with an informative slide presentation of the school and of residents in the program.

GEORGE E. WILKERSON, M.D., HATTIESBURG, MS., INTERIM MEDICAL DIRECTOR OF MISSISSIPPI PROFESSIONALS HEALTH PROGRAM (MPHP)

Dr. Wilkerson thanked the Board for the opportunity to address them and provide an update of what is happening at MPHP during the transition period. Dr. Wilkerson advised that he is working to correct problems and that he feels MPHP's sole purpose is to provide the Board and the people of Mississippi the best possible physicians.

BOARD MINUTES
November 19, 2009
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Dr. Mayo advised that he wanted to publicly commend him for the actions taken thus far. Dr. Craig added that the information flow has been much better and that the Medical Board just needs to be kept well informed of all situations.

REQUEST FROM ROGER ANASTASIO, M.D., HATTIESBURG, MISSISSIPPI
MEDICAL LICENSE NUMBER 07384

Dr. Craig advised that Dr. Anastasio had signed a Consent Order with the Board in 1993 and has met all the necessary requirements to ask for an unrestricted license. Dr. Anastasio had failed to request an appearance before the Board to have the restrictions lifted and only realized the problem when requesting to supervise a nurse practitioner, and that requires the physician to have an unrestricted license.

After a brief discussion, motion was made by Dr. Aycock, seconded by Dr. Mayo, and carried unanimously to grant Dr. Anastasio an unrestricted license to practice medicine in the State of Mississippi. A copy of the Board's Order Removing all Restrictions is attached hereto and incorporated by reference.

REQUEST FROM UNIVERSITY OF CALIFORNIA, SAN DIEGO SCHOOL OF
MEDICINE, TO BE ADDED TO THE BOARD'S APPROVED LIST OF CONTINUED
MEDICAL EDUCATION (CME) HOURS REGARDING REGULATORY ISSUES

Dr. Craig advised that the University of California, San Diego School of Medicine is already on the Board's approved list for boundary issues and they are now requesting to be added to the Board's approved list for continuing medical education regarding regulatory issues.

Motion was made by Dr. Mayo, seconded by Dr. Easterling, and carried unanimously to add the University of California, San Diego School of Medicine to the Board's approved list for CME hours regarding regulatory issues.

PERSONAL APPEARANCE BY JAMES BENJAMIN BURKE, M.D., NATCHEZ, MS,
MISSISSIPPI MEDICAL LICENSE NUMBER 20064

Mr. Ingram advised that Dr. Burke was present but was not represented by legal counsel. Mr. Ingram introduced Dr. Burke to the Board and Ms. O'Neal questioned Dr. Burke regarding legal representation. Dr. Burke stated that he wanted to waive his right to an attorney and proceed without legal counsel. Dr. Burke was sworn in by the court reporter, Melissa Magee.

Mr. Ingram addressed the Board and provided a background of why Dr. Burke was here today before entering several exhibits into the record. Also, Mr. Ingram

BOARD MINUTES
November 19, 2009
Page 5

advised Dr. Burke that the Board had received a complaint from a female employee of Adams County Correctional Center, but that it was still being investigated and would not be considered at this time, adding that the Board could charge him later as to that complaint. Dr. Burke acknowledged that he understood.

Mr. Ingram covered Dr. Burke's current Consent Order and advised that Dr. Burke is currently working at the Adams County Correctional Center, a privately owned facility, which is not under the jurisdiction of the Mississippi Department of Corrections (MDOC).

Dr. Burke addressed the Board and stated that he was told that all correctional facilities were under the state's jurisdiction. Dr. Burke briefly covered the anonymous complaint that had been received by the Board.

Mr. Ingram advised that Dr. Burke has not been charged with a summons and affidavit nor has he been officially charged with violating his Consent Order. Mr. Ingram advised that Dr. Burke was not requesting that the restrictions be removed from his license, but was only requesting that an additional location be added to allow him to work at the Adams County Correctional Center even though it is not part of MDOC.

Upon a motion by Dr. Aycock, seconded by Dr. Easterling, and carried unanimously the Board went into Executive Session to discuss the matter.

Upon a motion by Dr. Mayo, seconded by Dr. D. Crawford, and carried unanimously the Board came out of Executive Session at which time Dr. Gibson asked Dr. Easterling to report on the Board's decision. Dr. Easterling advised that in a eight (8) vote for, one (1) vote against motion the decision is to allow Dr. Burke to practice in the private facility in Natchez where he is presently practicing and other MDOC facilities. Also, Dr. Easterling advised his Consent Order is to be changed to reflect same. A copy of the Board's Order Amending Consent Agreement is attached hereto and incorporated by reference.

A verbatim account of this proceeding was recorded by Melissa Magee, Court Reporter.

HEARING IN THE CASE OF SETH YOSER, M.D., MEMPHIS, TN, MISSISSIPPI
MEDICAL LICENSE NUMBER 14348

Mr. Ingram advised the Board that Dr. Yoser was not present today. Mr. Ingram advised that the Board had sent Dr. Yoser an Agreed Order of Surrender of Medical License and to avoid a hearing, Dr. Yoser had signed and returned the Agreed Order hereby voluntarily surrendering his Mississippi medical license.

BOARD MINUTES
November 19, 2009
Page 6

Motion was made by Dr. Mayo, seconded by Dr. Easterling, and carried unanimously to accept Dr. Yoser's voluntary surrender. A copy of the Agreed Order of Surrender of Medical License is attached hereto and incorporated by reference.

PROPOSED AMENDMENT CHANGES TO REGULATION CONCERNING RELEASE OF MEDICAL RECORDS

Dr. Craig advised that the changes to the regulation were being made to include acupuncturists.

Motion was made by Dr. Mayo, seconded by Dr. Easterling, and carried unanimously of the Board's intent to adopt the proposed amendment changes to the regulation concerning release of medical records. A copy of the proposed amendment is attached hereto and incorporated by reference. The proposed amendment of the regulation will be filed with the Secretary of State under the Administrative Procedures Act.

FINAL ADOPTION OF AMENDMENT TO REGULATION CONCERNING COLLABORATION/CONSULTATION WITH NURSE PRACTITIONERS

Motion was made by Dr. Easterling, seconded by Dr. D. Crawford, and carried unanimously of the Board's intent to final adopt the amendment to the regulation concerning collaboration/consultation with nurse practitioners. A copy of the amended regulation is attached hereto and incorporated by reference. The regulation will be filed with the Secretary of State under the Administrative Procedures Act.

OCTOBER 13, 2009, FINAL FILING OF REGULATION CONCERNING LICENSURE REQUIREMENT FOR THE PRACTICE OF MEDICAL DOCTORS AND OSTEOPATHIC PHYSICIANS

For informational purposes only, Dr. Craig advised that per the Board's request at the September 17, 2009, Oral Hearing that the above regulation had been final filed with the Secretary of State under the Administrative Procedures Act on October 13, 2009. A copy of the amended regulation is attached hereto and incorporated by reference.

REQUIREMENT OF ON-LINE APPLICATIONS FOR INITIAL MEDICAL LICENSE

Dr. Craig briefly discussed the request and advised that approximately 95% of all initial applications are being submitted on-line at the present. Dr. Craig advised that he was requesting that we work towards 100% initial on-line applications by making it a Board requirement that all initial applications be submitted on-line.

BOARD MINUTES
November 19, 2009
Page 7

Motion was made by Dr. D. Crawford, seconded by Dr. V. Crawford, and carried unanimously to request all applicants applying for licensure to apply on-line.

ADJOURNMENT

There being no further business, the meeting adjourned at 11:05 a.m., with the next meeting scheduled for Thursday, January 21, 2010.



Don A. Gibson, M.D.
President

Minutes taken and transcribed
by Sherry Harris
Staff Officer
November 19, 2009


**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
NOVEMBER 19, 2009**

AGENDA ITEM: XII. Personal appearance by James Benjamin Burke, M.D.

Motion made by Dr. D. Crawford, seconded by Dr. Mayo, in a vote of eight (8) for and one (1) vote against, to allow Dr. Burke to practice in the private facility in Natchez where he is presently practicing and other MDOC facilities. Dr. Burke's Consent Order is to be changed to reflect same.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.	X			
A. Wallace Conerly, M.D.	X			
Dewitt G. Crawford, M.D.	X			
Virginia M. Crawford, M.D.	X			
S. Randall Easterling, M.D.		X		
Don A. Gibson, M.D.	X			
William B. Jones, M.D.	X			
William S. Mayo, D.O.	x			
Philip T. Merideth, M.D., J.D.	X			

With a motion by Dr. Mayo, seconded by Dr. D. Crawford, the Board came out of Executive Session.



Don A. Gibson
President

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

OF

ROGER MICHAEL ANASTASIO, M.D.

ORDER REMOVING ALL RESTRICTIONS

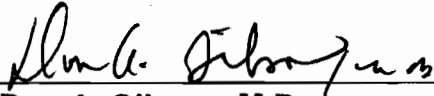
THIS MATTER came on regularly for consideration on November 19, 2009, before the Mississippi State Board of Medical Licensure, in response to the request of Roger Michael Anastasio, M.D., (hereinafter "Licensee"), for removal of all restrictions imposed on his Mississippi medical license by virtue of that certain Consent Order dated January 21, 1993. The Board, after hearing said request, finds the same to be well-taken.

IT IS HEREBY ORDERED, that Licensee's request for removal of all restrictions is hereby granted. Licensee now holds an unrestricted license to practice medicine in the State of Mississippi.

IT IS FURTHER ORDERED, that pursuant to MS Code Annotated Sections §73-25-27 and §73-25-32 (1972), a copy of this Order shall be sent by registered mail or personally served upon Roger Michael Anastasio, M.D.

ORDERED, this the 19th day of November, 2009.

Mississippi State Board of Medical Licensure



Don A. Gibson, M.D.
President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

JAMES BENJAMIN BURKE, M.D.

ORDER AMENDING CONSENT AGREEMENT

THIS MATTER came on regularly for consideration on November 19, 2009, before the Mississippi State Board of Medical Licensure in response to the request of James Benjamin Burke, M.D. (hereinafter "Licensee"), seeking clarification as to those restrictions on his license to the practice medicine in the state of Mississippi imposed thereon by virtue of that certain Consent Order dated November 30, 2007. Specifically, the 2007 Consent Order limited Licensee's practice to the Mississippi State Penitentiary, Parchman, Mississippi or "other correctional facilities under the jurisdiction of the Mississippi Department of Corrections". Further, Licensee was directed to practice in a supervised structured environment, which practice shall be limited to treatment of male patients only. The Board was advised that Licensee is now and has been since August, 2009 practicing at the Adams County Correctional Center, Natchez, Mississippi, which is a privately held correctional facility housing only federal prisoners.

Licensee was present without counsel. Complaint Counsel for the Board was Honorable Stan T. Ingram. Sitting as legal advisor to the Board was Honorable Ellen O'Neal, Assistant Attorney General.

During the hearing, Licensee openly acknowledged that the Adams County Correctional Center is not a facility under the jurisdiction of the Mississippi Department of Corrections. Licensee acknowledged his failure to obtain permission from the Board prior to his employment at Adams County. Notwithstanding, the Board recognizes that the Adams County Correctional Center, similar to the Mississippi State Penitentiary, provides Licensee with a supervised structured practice limited to the treatment of male patients only. Further, the Board believes that Licensee is fully aware of the violation committed and admonishes him in that regard.

The Mississippi State Board of Medical Licensure, after hearing all testimony and evidence, believes that the best course of action is to amend the 2007 Consent Order to authorize Licensee to continue his present practice at said Adams County Correctional Center.

IT IS HEREBY ORDERED, that the November 30, 2007 Consent Order by and between Licensee and the Mississippi State Board of Medical Licensure is hereby amended so as to delete Restriction No. 1 as it is presently written and in lieu thereof, insert the following restriction, to-wit:

1. Until authorized otherwise by order of the Board, Applicant's practice in the state of Mississippi shall be limited to the Adams County Correctional Center, Natchez, Mississippi or other correctional facility approved in advance and in writing by the Board. Applicant shall practice in a supervised structured environment, which practice shall be limited to treatment of male patients only.

IT IS FURTHER ORDERED, that Licensee shall continue to comply in each and every respect with the Recovery Contract Agreement which Licensee has entered into with the Mississippi Professionals Health Program.

IT IS FURTHER ORDERED, that after expiration of one (1) year from the date of this order, Licensee shall have the right to petition the Board for release of any or all of the restrictions imposed by virtue of this Order and the November 30, 2007, Consent Order.

IT IS FURTHER ORDERED, that pursuant to Miss. Code Ann. Sections §73-25-27, a copy of this Order shall be sent by registered mail or personally served upon James Benjamin Burke, M.D.

ORDERED, this the 19th day of November, 2009.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY: 
DON A. GIBSON, M.D., PRESIDENT

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

SETH LEIGH YOSER, M.D.

**AGREED ORDER OF
SURRENDER OF MEDICAL LICENSE**

WHEREAS, SETH LEIGH YOSER, M.D., hereinafter referred to as "Licensee," is the current holder of Medical License Number 14348, issued May 22, 1995, to practice medicine in the State of Mississippi;

WHEREAS, on July 15, 2009, Licensee voluntary entered a plea of guilty to Counts 1 through 35 of an Indictment filed before the United States District Court for the Western District of Tennessee Western Division in Case 2:09-cr-20265-STA; said indictment charging Licensee with violation of 18 United States Code, Section 1341, Frauds and Swindles (Counts 1-10); 21 United States Code, Sections 331(t), 333(b)(1)(D) and 352(e)(2)(A), Prohibited Acts-Distribution of Drugs (Counts 11-33); and 21 United States Code, Section 1343, Fraud by Wire, Radio, or Television (Counts 34 and 35).

WHEREAS, such conduct, if established in a due process hearing before the Mississippi State Board of Medical Licensure (hereinafter "Board"), would constitute conviction of a felony or misdemeanor involving moral turpitude, and unprofessional, dishonorable or unethical conduct likely to deceive, defraud or harm the public; all in violation of Miss. Code Ann. §73-25-29(6) and §73-25-29(8)(d), being grounds for which

the Board may place Licensee's medical license on probation the terms of which may be set by the Board, suspend his right to practice for a time deemed proper by the Board, revoke said license, or take any other action in relation to said license as the Board may deem proper under the circumstances;

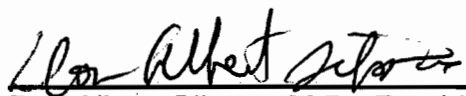
WHEREAS, Licensee wishes to avoid an hearing before the Board by voluntarily relinquishing his right to practice medicine in the State of Mississippi. Pursuant to Mississippi Code Annotated, Section 73-25-30, Licensee shall pay all such investigative costs as are allowed by law. Licensee shall be advised 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;

NOW, THEREFORE, Licensee hereby voluntarily surrenders his medical license (Number 14348) to practice medicine in the State of Mississippi. Licensee understands that this is an unconditional surrender, is reportable as disciplinary action to the National Practitioner Data Bank, and is a public record of the State of Mississippi. In the event Licensee later decides to practice medicine in the State of Mississippi, it will be necessary for his to submit a new application with the Board. At such time, the Board reserves the right to utilize all evidence, including all facts developed during the current investigation, as part of the consideration of any application.

EXECUTED this the 16th day of November, 2009.

Seth Leigh Yoser, MD
Seth Leigh Yoser, M.D.

ACCEPTED AND APPROVED this the 19th day of November, 2009, by the
Mississippi State Board of Medical Licensure.



Don Albert Gibson, M.D., President
Mississippi State Board of Medical Licensure

FILED
NOV 19 2009

COPY

NOTICE OF PROPOSED RULE ADOPTION

**MISSISSIPPI
SECRETARY OF STATE**

**STATE OF MISSISSIPPI
Mississippi State Board of Medical Licensure**

Mississippi State Board of Medical
Licensure
c/o Rhonda Freeman
1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216

(601) 987-3079
rhonda@msbml.state.ms.us

Specific Legal Authority authorizing the promulgation of Rule: {Insert citation to state or federal statute, or rule Section 73-43-11

Reference to Rules repealed, amended or suspended by the Proposed Rule : { Insert citation to specific rule(s) repealed, amended or suspended Chapter 08 Release of Medical Records

Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule: {Insert here}
The amendment to this regulation removes the wording that specifically addresses phvsicians and replaces it with licensee. This is due to the Board licensing and regulating professions other than phvsicians.

This rule is proposed as a Final Rule, and/or a Temporary Rule (Check one or both boxers as applicable.)

Persons may present their views on the proposed rule by addressing written comments to the agency at the above address. Persons making comments should include their name and address, as well as other contact information, and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

Oral Proceeding: Check one box below:

An oral proceeding is scheduled on this rule on Date: _____ Time: _____
Place: _____

If you wish to be heard and present evidence at the oral proceeding you must make a written request to the agency at the above address at least _____ day(s) prior to the proceeding to be placed on the agenda. The request should include your name, address, telephone number as well as other contact information; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

An oral proceeding is not scheduled on this rule. Where an oral proceeding is not scheduled, an oral proceeding will be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address and telephone number of the person(s) making the request; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

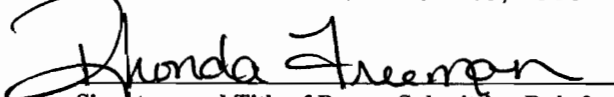
Economic Impact Statement: Check one box below:

The agency has determined that an economic impact statement is not required for this rule, or
 The concise summary of the economic impact statement required is attached.

-The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Date Rule Proposed: November 19, 2009

Proposed Effective Date of Rule: 30 days from final filing.



Signature and Title of Person Submitting Rule for Filing
Rhonda Freeman, Bureau Director

TELEPHONE: (601) 987-3079



FAX: (601) 987-4159

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

To: Mississippi Secretary of State
From: Mississippi State Board of Medical Licensure
Date: November 19, 2009
Subject: Notice of Proposed Rule Adoption

Mississippi Code §73-43-11 gives the Mississippi State Board of Medical Licensure the authority to promulgate and publish reasonable rules and regulations necessary to enable it to discharge its functions and to enforce the provisions of law regulating the practice of medicine and the conduct of physicians.

The amendment to this regulation removes the wording that specifically addresses physicians and replaces it with licensee. This is due to the Board licensing and regulating professions other than physicians.

Any comments concerning the proposed regulation may be sent to the following address:

Mississippi State Board of Medical Licensure
1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216

Chapter 08 Release of Medical Records

Definitions

- 100 For the purpose of Chapter 08 only, the following terms have the meanings indicated:
1. “Physician Licensee” means any person licensed to practice medicine, osteopathic medicine, ~~or~~ podiatric medicine or acupuncture 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 licensee may have.
 3. “Patient” means a natural person who receives or should have received health care from a licensed physician licensee, under a contract, express or implied, whether or not the physician licensee 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.

Medical Records - Property of Physician Licensee/Clinic

- 200 Medical records, as defined herein, are and shall remain the property of the physician licensee or physicians licensees, 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.

Transfer of Patient Records to Another Physician Licensee

- 300 A physician licensee who formerly treated a patient shall not refuse for any reason to make the information contained in his or her medical records of that patient available upon request by the patient, or legal representative of the patient, to another physician licensee presently treating the patient. The physician licensee 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 licensee must tender a copy of said documents to the other physician licensee 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 licensee is entitled to reasonable compensation paid in advance for any copy expenses as provided in Section 600.

Release of Patient Records to Patient

- 400 A physician licensee 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 licensee shall not be obligated to release the records directly to the patient, but shall, upon request, release the records to the patient's legal representative. The physician licensee has a right to request a written authorization prior to release of the records. Upon receipt of the written release and authorization, the physician licensee must tender a copy of the records to the authorized requesting party within a reasonable period of time. Transfer of the records shall not be withheld because of an unpaid bill for medical services, but the physician licensee is entitled to reasonable compensation paid in advance for any copy expenses as provided in Section 600.

Narrative Summary of Medical Record

500 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 licensee may provide the narrative summary. The physician licensee may charge a reasonable fee for the time devoted to preparation of the medical record narrative summary.

Duplication and Administrative Fees

600 Licensees have a right to be reimbursed for duplication and other expenses relating to requests for medical records. The copying charge is set by Mississippi Code, Section 11-1-52 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.

601 A physician licensee shall only charge normal, reasonable and customary charges for a deposition related to a patient that the physician licensee is treating or has treated.

602 Any medical provider shall charge no more than Twenty-five Dollars (\$25.00) for executing a medical record affidavit, when the affidavit is requested by the patient or the patient's representative.

Exclusion

- 700 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.

Violation of Regulations

- 800 A refusal by a physician licensee 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, Section 73-25-29(8)(d).

**Amended March 16, 1995. Amended July 18, 2002. Amended September 18, 2003.
Amended September 16, 2004. Amended May 17, 2007.**

NOTICE OF RULE ADOPTION—FINAL RULE

STATE OF MISSISSIPPI

Mississippi State Board of Medical Licensure

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MISSISSIPPI
SECRETARY OF STATE

Mississippi State Board of Medical Licensure
c/o Rhonda Freeman
1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216

(601) 987-3079
rhonda@msbml.state.ms.us

Specific Legal Authority Authorizing the promulgation of
Rule: {Insert citation to state or federal statute, or
rule Section 73-43-11

Reference to Rules repealed, amended or suspended by the
Proposed Rule : {Insert citation to specific rule(s) repealed,
amended or suspended Chapter 09 Collaboration/Consultation with
Nurse Practitioners

Date Rule Proposed: September 17, 2009

Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule: {Insert here
This amendment deletes section 400 which requires board review every two years and joint promulgation by the Board of Medical
Licensure and the Nursing Board.

The Agency Rule Making Record for this rule including any written comments received during the comment period
and the record of any oral proceeding is available for public inspection by contacting the Agency at the above address.

An oral proceeding was held on this rule:

Date:
Time:
Place:

An oral proceeding was not held on this rule.

The Agency has considered the written comments and the presentations made in any oral proceedings, and

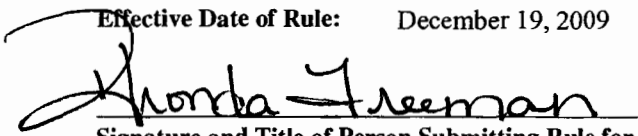
This rule as adopted is without variance from the proposed rule.

This rule as adopted differs from the proposed rule as there are minor editorial changes which affect the form
rather than the substance of the rule.

The rule as adopted differs from the proposed rule. The differences however are:
Within the scope of the matters in the Notice of Proposed Rule Adoption, the logical outgrowth of the contents of
the Notice of Proposed Rule Adoption and the comments submitted in response thereto, and
The Notice of Proposed Rule Adoption provided fair warning that the outcome of the proposed rule adoption could
be the rule in question.

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Effective Date of Rule: December 19, 2009



Signature and Title of Person Submitting Rule for Filing

Rhonda Freeman
Bureau Director

TELEPHONE: (601) 987-3079



FAX: (601) 987-4159

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

TO: Mississippi Secretary of State

From: Mississippi State Board of Medical Licensure

Date: November 19, 2009

Subject: Notice of Proposed Rule Adoption - Final Rule

Mississippi Code §73-43-11 gives the Mississippi State Board of Medical Licensure the power to promulgate and publish reasonable rules and regulations necessary to enable it to discharge its functions and to enforce the provisions of law regulating the practice of medicine.

This rule as adopted is without variance from the proposed rule.

This is an amendment to Board regulation, Chapter 09, Collaboration/Consultation with Nurse Practitioners. This amendment deletes the requirement for the Board to jointly promulgate rules and regulations regarding nurse practitioners with the Board of Nursing.

Chapter 09 Collaboration/Consultation with Nurse Practitioners

Scope

- 100 These regulations apply to all individuals licensed to practice medicine or osteopathic medicine in the state of Mississippi.

Definitions

- 200 For the purpose of Chapter 09 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 who holds an unrestricted license or whose practice or prescriptive authority is not limited as a result of voluntary surrender or legal/regulatory order.
 2. “Free Standing Clinic” means a clinic or other facility wherein patients are treated by a nurse practitioner, which is more than fifteen (15) miles away from the primary office of the collaborative/consultative physician. Excluded from this definition are all licensed hospitals, state health department facilities, federally qualified community health clinics and volunteer clinics.
 3. “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.
 4. “Collaborating/Consulting Physician” means a physician who, pursuant to a duly executed protocol has agreed to collaborate/consult with a nurse practitioner.
 5. “Nurse Practitioner” means any person licensed 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.
 6. “Advanced Practice Registered Nurse” includes all nurse practitioners, certified nurse midwives and certified registered nurse anesthetists.

Board Review

- 300 Physicians who wish to collaborate/consult with a nurse practitioner who plans or anticipates practicing in a free standing clinic, must first (a) appear personally or by telephone before the Mississippi State Board of Medical Licensure and/or the Joint Committee of the Board of Medical Licensure and the Board of Nursing if the Board of Medical Licensure determines that the collaborative/consultative relationship may not be approved absent action from the Joint Committee, (b) present and discuss the protocol, and (c) obtain approval from the Board to act as a collaborating/consulting physician. The facts and matters to be considered by the Board shall include, but are not limited to, how the collaborating/consulting physician and nurse practitioner plan to implement the protocol, the method and manner of collaboration, consultation, and referral.
- 301 The requirement for Board appearance and approval set forth in Section 300 above also applies to any physician collaborating/consulting with a nurse practitioner who later moves

to a free standing clinic under an existing protocol.

- 302 Where a nurse practitioner is practicing in a free standing clinic pursuant to an existing protocol as of the effective date of this regulation, the requirements of personal appearance or telephone interview and Board approval set forth in Section 300 above shall not be required until the next succeeding renewal date for said certificate as required by the Mississippi State Board of Nursing.
- 303 Where two or more physicians anticipate executing a protocol to collaborate/consult with a nurse practitioner practicing in a free standing clinic, it shall not be necessary that all of the physicians personally appear before the Mississippi State Board of Medical Licensure as required in Section 300. In this situation, the physician who will bear the primary responsibility for the collaboration/consultation with the nurse practitioner shall make the required personal appearance or telephone interview.
- 304 Each collaborative/consultative relationship shall include and implement a formal quality improvement program which shall be maintained on site and shall be available for inspection by representatives of the Mississippi State Board of Medical Licensure. The quality assurance/quality improvement program shall consist of:
1. Review by collaborative physician of a random sample of charts that represent 10% or 20 charts, whichever is less, of patients seen by the nurse practitioner every month. Charts should represent the variety of patient types seen by the nurse practitioner. Patients that the nurse practitioner and collaborating physician have consulted on during the month will count as one chart review.
 2. The nurse practitioner shall maintain a log of charts reviewed which include the identifier for the patient's charts, reviewers' names, and dates of review.
 3. Each nurse practitioner shall meet face to face with a collaborating physician once per quarter for the purpose of quality assurance and this meeting should be documented.

Violation of Regulations

- 400 Any violation of the rules and regulations as enumerated above shall constitute unprofessional conduct in violation of Mississippi Code, Section 73-25-29(8).

Effective Date of Regulation

- 500 The above rules and regulations pertaining to collaborating/consulting physicians shall become effective September 21, 1991.

Amended May 19, 2005. Amended March 13, 2009. Amended November 19, 2009.

NOTICE OF RULE ADOPTION—FINAL RULE

STATE OF MISSISSIPPI

Mississippi State Board of Medical Licensure

COPY FILED
OCT 13 2009
MISSISSIPPI
SECRETARY OF STATE

Mississippi State Board of Medical Licensure
c/o Rhonda Freeman
1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216

(601) 987-3079
rhonda@msbml.state.ms.us

Specific Legal Authority Authorizing the promulgation of
Rule: {Insert citation to state or federal statute, or
rule Section 73-43-11

Reference to Rules repealed, amended or suspended by the
Proposed Rule : {Insert citation to specific rule(s) repealed,
amended or suspended Chapter 02 Licensure Requirements for the
Practice of Medical Doctors and Osteopathic Physicians

Date Rule Proposed: September 17, 2009

Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule: {Insert here
Amendments to this regulation will delete the requirement that applicants for medical licensure have to graduate from a medical school
approved by the California Medical Board or the Caribbean Accreditation Authority. The regulation will read as it did prior to the
implementation of the rule July 1, 2009.

The Agency Rule Making Record for this rule including any written comments received during the comment period
and the record of any oral proceeding is available for public inspection by contacting the Agency at the above address.

An oral proceeding was held on this rule:

Date:
Time:
Place:

An oral proceeding was not held on this rule.

The Agency has considered the written comments and the presentations made in any oral proceedings, and

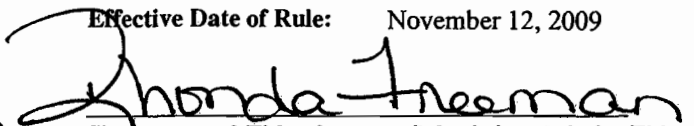
This rule as adopted is without variance from the proposed rule.

This rule as adopted differs from the proposed rule as there are minor editorial changes which affect the form
rather than the substance of the rule.

The rule as adopted differs from the proposed rule. The differences however are:
Within the scope of the matters in the Notice of Proposed Rule Adoption, the logical outgrowth of the contents of
the Notice of Proposed Rule Adoption and the comments submitted in response thereto, and
The Notice of Proposed Rule Adoption provided fair warning that the outcome of the proposed rule adoption could
be the rule in question.

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Effective Date of Rule: November 12, 2009


Signature and Title of Person Submitting Rule for Filing

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MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

TO: Mississippi Secretary of State
From: Mississippi State Board of Medical Licensure
Date: October 12, 2009
Subject: Notice of Proposed Rule Adoption - Final Rule

Mississippi Code §73-43-11 gives the Mississippi State Board of Medical Licensure the power to promulgate and publish reasonable rules and regulations necessary to enable it to discharge its functions and to enforce the provisions of law regulating the practice of medicine.

This rule as adopted is without variance from the proposed rule.

This is an amendment to Board regulation, Chapter 02, Licensure Requirements for the Practice of Medical Doctors and Osteopathic Physicians. This amendment will delete the requirement that applicants for medical license must graduate from a medical school approved by the California Medical Board or the Caribbean Accreditation Authority.

Chapter 02 Licensure Requirements for the Practice of Medical Doctors and Osteopathic Physicians

Licensure by Examination

- 100 To qualify for admission by examination, an individual shall meet the following requirements, provided that the Board may admit any individual to the examination while reserving its right to deny licensure if that individual fails to meet all requirements for licensure subsequent to success or completion of the examination:
1. Applicant must satisfy the Board that he or she is at least twenty-one (21) years of age and of good moral character.
 2. Present a diploma from a reputable medical college or college of osteopathic medicine, subject to the following conditions:
 - a. If the degree is from a medical college or a college of osteopathic medicine in the United States or Puerto Rico, the medical college must be accredited at the time of graduation by the Liaison Committee on Medical Education (LCME), a Joint Committee of the Association of American Medical Colleges (AAMC) and the American Medical Association (AMA), or if a college of osteopathic medicine, must be accredited by the Professional Education Committee of the American Osteopathic Association (AOA).
 - b. If the degree is from a Canadian medical school, the school must be accredited at the time of graduation by the Liaison Committee on Medical Education (LCME) and by the Committee on Accreditation for Canadian Medical Schools, as sponsored by the Canadian Medical Association and Association of Canadian Medical Colleges.
 - c. If the degree is from a foreign medical school, an applicant must either (i) possess a valid certificate from the ECFMG or (ii) document successful completion of a Fifth Pathway program, as described in Section 101.
 - d. Any diploma or other document required to be submitted to the Board by an applicant which is not in the English language must be accompanied by a certified translation thereof into English.
 3. Applicants for licensure by examination must present documentation of having completed at least one (1) year of postgraduate training in the United States accredited by the Accreditation Council for Graduate Medical Education (ACGME) or by the AOA; or training in Canada accredited by the Royal College of Physicians and Surgeons.
 4. Present certified copy of birth certificate or valid passport.
 5. Subject to the provisions of Section 300.1 and 300.2, an applicant must successfully complete and pass all parts/steps of the FLEX or USMLE.
 6. Complete an application for medical license and submit it to the Board in the manner prescribed by the Board with a recent passport type photograph.
 7. Submit fee prescribed by the Board; however, any fees related to permanent licensure may be deferred for applicants indicating a desire to practice medicine under a Temporary License or Limited License within the confines of an ACGME or AOA approved postgraduate training program pursuant to Chapter 04 of these regulations.

8. Appear for a personal interview in the office of the Mississippi State Board of Medical Licensure, successfully pass the Jurisprudence Examination as administered by the Board, and submit for a criminal background check.
- 101 A Fifth Pathway Program, as a prerequisite for licensure by examination pursuant to Section 100.2.c, will be considered on an individual basis. Students who have completed the academic curriculum in a foreign medical school and who have fulfilled the conditions set forth, may be offered the opportunity to substitute for an internship required by the foreign medical school, an academic year of supervised clinical training prior to entrance into the first year of ACGME or AOA approved postgraduate medical education. The supervised clinical training (Fifth Pathway) must be under the direction of a medical school accredited by the LCME. Fifth Pathway will be available to students who have fulfilled the following conditions:
1. Completed, in an accredited American college or university, undergraduate pre-medical work of the quality acceptable for matriculation in an accredited U.S. medical school.
 2. Studied medicine at a medical school located outside the United States, Puerto Rico and Canada but which is recognized by the World Health Organization.
 3. Completed all of the formal requirements of the foreign medical school except internship and/or social service.
- 102 The Board will accept for examination or licensure only those individuals completing Fifth Pathway Programs by December 31, 2009.
- 103 Prior to issuance of a permanent Mississippi medical license, a graduate of a foreign medical school who has successfully completed all other requirements of application for licensure by examination must present documentation of having completed at least three (3) years of ACGME-approved postgraduate training in the United States or training in Canada approved by the Royal College of Physicians and Surgeons.

Licensure by Reciprocity or Endorsement

- 200 The Board endorses, for the purpose of reciprocity, licenses to practice medicine obtained in most states by written examination prior to March 8, 1973. Subject to the provisions of Section 300 below, all applicants for medical licensure by reciprocity who took the FLEX between March 8, 1973, and January 24, 1985, must have passed the FLEX taken in one three-day sitting with a weighted average of 75 or higher in order to obtain licensure in Mississippi. The Board will not accept scores of more than one administration of the FLEX which have been combined (factored) to provide a FLEX weighted average of 75 or higher. From and after January 24, 1985, an applicant for medical licensure by reciprocity must have passed both Components I and II of the FLEX with a score of 75 to be considered the passing grade for each component. From and after June 1994, the Board shall endorse, for the purpose of reciprocity, licenses to practice medicine from applicants who have successfully taken Steps 1, 2 and 3 of the USMLE.

- 201 Those doctors of osteopathic medicine who graduated prior to June 1, 1973, and who make application for licensure by reciprocity with another state will be considered only if they took and passed the same written licensure examination given in that state at that time to graduates of medical schools. A statement to this effect will be obtained by this Board from that licensing board.
- 202 The Board may affiliate with and recognize for the purpose of waiving examination and may grant licenses to Diplomates of the NBME; on or after February 13, 1973, to Diplomates of the NBOME and licentiates of the Medical Council of Canada. If a Diplomate of the NBME or NBOME, the applicant must have a Certification of Endorsement from that Board submitted directly to the Board. If seeking endorsement with the Medical Council of Canada, the applicant must have a Certificate of Standing submitted directly to the Board.
- 203 The applicant must have the state board where the original license was obtained by examination submit a certified copy of the examination to the Board.
- 204 The Board may grant a license by reciprocity to a graduate of a foreign medical school who was licensed in another state by written examination prior to March 8, 1973, if he or she is certified by a board recognized by the American Board of Medical Specialties. A statement verifying that the applicant is currently certified must be submitted directly to the Board by the American Board of Medical Specialties Board. The applicant must comply with all other licensure requirements for foreign medical graduates.
- 205 In addition to the above requirements for licensure by reciprocity and/or endorsement, an individual shall meet the following requirements:
1. Applicant must be twenty-one (21) years of age and of good moral character.
 2. Present a diploma from a reputable medical college or college of osteopathic medicine, subject to the following conditions:
 - a. If the degree is from a medical college or a college of osteopathic medicine in the United States or Puerto Rico, the medical college must be accredited at the time of graduation by the Liaison Committee on Medical Education (LCME), a Joint Committee of the Association of American Medical Colleges (AAMC) and the American Medical Association (AMA) or the College of Osteopathic Medicine must be accredited by the American Osteopathic Association (AOA).
 - b. If the degree is from a Canadian medical school, the school must be accredited at the time of graduation by the Liaison Committee on Medical Education (LCME) and by the Committee on Accreditation for Canadian Medical Schools, as sponsored by the Canadian Medical Association and Association of Canadian Medical Colleges.
 - c. If the degree is from a foreign medical school, an applicant must either (i) possess a valid certificate from the ECFMG or (ii) document successful completion of a Fifth Pathway program, as described in Section 101, and be currently board certified by a specialty board recognized by the American Board of Medical Specialties or the American Osteopathic Association.

- d. Any diploma or other document required to be submitted to the Board by an applicant which is not in the English language must be accompanied by a certified translation thereof into English.
3. If a graduate from a medical college or college of osteopathic medicine in the United States, Canada or Puerto Rico, applicant must present documentation of having completed at least one (1) year of postgraduate training in the United States accredited by the Accreditation Council for Graduate Medical Education (ACGME) or by the AOA; or training in Canada accredited by the Royal College of Physicians and Surgeons.
4. If a graduate from a foreign medical school, applicant must present documentation of having completed either:
 - a. three (3) or more years of ACGME-approved postgraduate training in the United States or training in Canada approved by the Royal College of Physicians and Surgeons; or
 - b. at least one (1) year of ACGME-approved postgraduate training in the United States or training in Canada approved by the Royal College of Physicians and Surgeons, be currently board certified by a specialty board recognized by the American Board of Medical Specialties or the American Osteopathic Association and must have approval by the Mississippi State Board of Medical Licensure.
5. An applicant who otherwise possesses all of the qualifications for licensure by reciprocity/endorsement, but has not taken a medical proficiency examination or licensure examination within ten (10) years prior to filing his or her application, must pass the Special Purpose Examination (SPEX)* as administered by and under auspices of the Board, unless the applicant:
 - a. Submits satisfactory proof of current certification by an American Board of Medical Specialties or American Osteopathic Association approved specialty board; or
 - b. Submits proof that the applicant's sole purpose for seeking licensure is to serve as the Dean, Chairman of the Department or Faculty of the University of Mississippi School of Medicine. In such case, a license shall remain in effect so long as Licensee is a member of the faculty of the University School of Medicine.
6. Present certified copy of birth certificate or valid passport.
7. Complete an application for medical license and submit it to the Board in a manner prescribed by the Board with a recent passport type photograph.
8. Submit fee prescribed by the Board.
9. Appear for a personal interview in the office of the Mississippi State Board of Medical Licensure, successfully pass the Jurisprudence Examination as administered

* SPEX (SPECIAL PURPOSE EXAMINATION) is a cognitive examination assisting licensing jurisdictions in their assessment of current competence requisite for general, undifferentiated medical practice by physicians who hold or have held a valid license in a U.S. jurisdiction. SPEX is made available through the Federation of State Medical Boards of the United States, Incorporated.

by the Board, and submit for a criminal background check.

206 Graduates of foreign medical schools seeking licensure by reciprocity or endorsement via Fifth Pathway Programs will be considered on an individual basis subject to those requirements set forth in Section 101.