

EXECUTIVE COMMITTEE

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2012

**MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
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NEW COMMITTEES APPOINTED - 9/2012

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Professionals Health Program - Dr. Chance (Chair), Dr. Crawford, Dr. Aycock

Rules, Regulation & Legislative - Dr. Mayo (Chair), Dr. Easterling, Dr. Jones, Dr. Miles, Mr. Breland

Ethics - Dr. Crawford (Chair), Dr. Merideth, Dr. Aycock

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Final adoption to Regulation Pertaining to Prescribing, Administering, and Dispensing of Medication - PMP Registration November

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JANUARY 2012

**MINUTES
EXECUTIVE COMMITTEE MEETING
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
JANUARY 18, 2012**

MEMBERS PRESENT:

William S. Mayo, D.O., Oxford, President
S. Randall Easterling, M.D., Vicksburg, Vice President
Virginia M. Crawford, M.D., Hattiesburg, 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 Carrillo, Special Projects Officer, Investigative Division
Mickey Boyette, Investigator, Investigative Division
Jonathan Dalton, Investigator, Investigative Division
Chuck Ware, Investigator, Investigative Division
Sherry H. Pilgrim, Staff Officer

The Executive Committee of the Mississippi State Board of Medical Licensure met on Wednesday, January 18, 2012, at 1:00 p.m. in the Board Room of the Office of the Board located at 1867 Crane Ridge Drive, Jackson, Mississippi.

**PERSONAL APPEARANCE BY INDIRA K. VEERISSETTY, M.D., RIDGELAND,
MISSISSIPPI MEDICAL LICENSE NUMBER 10202**

Dr. Craig advised that Dr. Veerisetty has been invited to the Executive Committee to discuss her involvement with advanced practice registered nurses (APRNs). Dr. Craig advised that on Dr. Veerisetty's 2012 licensure renewal she only indicated having one (1) APRN, when from all indications she has more than one APRN. Also, Dr. Craig advised that Dr. Veerisetty was unable to provide a signed protocol when requested by staff.

Stan Ingram, Complaint Counsel for the Board, introduced Dr. Veerisetty when she joined the meeting and advised that she had executed a written agreement for this informal meeting, a copy of which is attached and incorporated by reference. Mr. Ingram advised that Dr. Veerisetty was here today without counsel.

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After Dr. Craig introduced the members of the Executive Committee he explained to Dr. Veerisetty why she had been asked to appear. Dr. Veerisetty addressed the Executive Committee and advised that she brought the requested material. She also brought one (1) APRN, Alison Johnson, who stated that she practices off Highway 51 about a mile from Dr. Veerisetty.

After a brief discussion about who can dispense Phentermine, Dr. Craig advised that the Board of Nursing says that APRNs can distribute but not dispense Phentermine. Dr. Veerisetty advised that she collaborates with Ms. Johnson for the weight loss portion and that Dr. Michael Livingston also works with Ms. Johnson and supervises any Botox injections that she provides. Ms. Johnson advised that she does not do Botox injections if Dr. Livingston is out of town.

Following several questions from the Executive Committee, Dr. Veerisetty and Ms. Johnson were advised that it is against the Board's Rules and Regulations to give non-FDA approved medications for weight loss. Ms. Johnson advised that she uses these in adjunct for the weight loss plan, but not for weight loss.

Dr. Mayo thanked Dr. Veerisetty and Ms. Johnson for appearing and told them that the Executive Committee would discuss the matter and advise Dr. Veerisetty of their decision.

After further discussion, motion was made by Dr. Crawford, seconded by Dr. Easterling, and carried unanimously to issue Dr. Veerisetty a non-public Letter of Concern for not making the Board aware of changes in terms of APRNs where she was their collaborative physician.

PERSONAL APPEARANCE BY MICHAEL C. LIVINGSTON, M.D., RIDGELAND, MISSISSIPPI MEDICAL LICENSE NUMBER 15338

Dr. Craig advised that Dr. Livingston has been invited to the Executive Committee to discuss his involvement with advanced practice registered nurses (APRNs). Dr. Craig advised that on Dr. Livingston's 2012 licensure renewal he did not indicate any APRNs when in fact he is associated with three (3). Also, Dr. Craig advised that Dr. Livingston was unable to provide a signed protocol when requested by staff.

Stan Ingram, Complaint Counsel for the Board, introduced Dr. Livingston when he joined the meeting and advised that he had executed a written agreement for this informal meeting, a copy of which is attached and incorporated by reference. Mr. Ingram advised that Dr. Livingston was here today without counsel.

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After Dr. Craig introduced the members of the Executive Committee and advised Dr. Livingston why he had been invited to the meeting, he advised Dr. Livingston that he could address the Committee and explain the issues. Dr. Livingston advised that showing no APRNs on his 2012 renewal was an oversight. Dr. Livingston advised that he has two (2) APRNs that work with him in his clinic as well as his collaborating with Ms. Johnson at her free-standing clinic for Botox. Dr. Livingston advised that he was trained and had a certificate to so indicate. After further discussing Botox and the sell of lotions and skin creams in his office, the Committee reminded Dr. Livingston of the Board's policy concerning the sale of goods from physician offices.

Dr. Mayo thanked Dr. Livingston for appearing and told him that the Executive Committee would discuss the matter and advise him of their decision.

After further discussion, motion was made by Dr. Crawford, seconded by Dr. Easterling, and carried unanimously to issue Dr. Livingston a non-public Letter of Concern for not listing any APRNs on his 2012 renewal form.

PERSONAL APPEARANCE BY STEPHEN E. MASSEY, M.D., HATTIESBURG, MISSISSIPPI MEDICAL LICENSE NUMBER 16007

Dr. Craig briefly discussed that Dr. Massey has been invited to appear before the Executive Committee to address his prescribing and dispensing of Phentermine at Radiant Reflections Spa. Dr. Craig advised that investigators visited Dr. Massey on April 4, 2011, and discussed the Board's concerns with his prescribing and dispensing of Phentermine. A followup visit was performed on October 13, 2011, to find the same problems.

Stan Ingram, Complaint Counsel for the Board, introduced Dr. Massey when he joined the meeting and advised that he had executed a written agreement for this informal meeting, a copy of which is attached and incorporated by reference. Mr. Ingram advised that Dr. Massey was here today without counsel.

After Dr. Craig introduced the members of the Executive Committee and advised Dr. Massey why he had been invited to the meeting, he advised Dr. Massey that he could address the Committee and explain the issues. Dr. Massey addressed the Executive Committee and advised that he had made all the changes requested by the Board and that he is no longer giving out prescriptions for Phentermine. Jonathan Dalton, Board Investigator, advised that Dr. Massey had made an attempt to change but fell short of federal regulations for dispensing.

After answering several questions from the Executive Committee, the Committee reviewed a policy and procedure manual as well as protocols and information Dr.

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Massey provided on how they are handling diet patients. Dr. Massey advised that his wife is the nutrition educator and that he is now the one that dispenses Phentermine, but stated that he is no longer providing Phentermine on the first visit. The Executive Committee advised Dr. Massey that using B12 injections for weight loss is a violation of the Board's Rules and Regulations as it is not FDA approved for that use.

Dr. Mayo thanked Dr. Massey for appearing and told him that the Executive Committee would discuss the matter and advise him of their decision.

After further discussion, motion was made by Dr. Crawford, seconded by Dr. Easterling, and carried unanimously to perform a followup visit in the next six (6) months to ensure compliance, as well as issuing a non-public Letter of Concern about the use of B12 for weight loss in his practice.

PERSONAL APPEARANCE BY S. RAO RAYUDU, M.D., MEMPHIS, TN, MISSISSIPPI MEDICAL LICENSE NUMBER 14511

Dr. Craig advised that Dr. Rayudu had been invited to appear to address issues of his dispensing controlled substances from his clinic and why he is not reporting this dispensing to the Board of Pharmacy's Prescription Monitoring Program (PMP).

Dr. Rayudu joined the meeting and was represented by Chris Henderson, legal counsel. Dr. Rayudu had executed a written agreement for this informal meeting, a copy of which is attached and incorporated by reference.

After introductions, Dr. Craig explained to Dr. Rayudu why he had been asked to appear and asked him to address the Executive Committee concerning the matter. Dr. Rayudu advised that he is the one that usually dispenses medications, but if he was busy that his receptionist had handled that for him. As to the problems of the PMP reporting, Dr. Rayudu advised there had been problems with the computer program. Dr. Rayudu advised that 60% of his practice was weight loss and that he works one day a week in Mississippi. Dr. Rayudu advised that he also practices addiction medicine.

After responding to questions from the Executive Committee concerning his use of Suboxone and Subutex he advised that he does have his patients sign a pain contract. Dr. Rayudu added that he provides both weight loss and addiction medicine at the Batesville Clinic.

Deborah Brown, administrator of the PMP for the Board of Pharmacy, was asked about Dr. Rayudu and she stated that to the best of her knowledge that Dr. Rayudu had never had a conversation with her concerning any computer problems, and that the NDC# has not had any problems reported. Mr. Pugh, Compliance Officer with the

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Board of Pharmacy, advised that he went with the Board's Investigator, Mickey Boyette, on the compliance review and also witnessed the receptionist dispensing medications from her desk.

After further questions concerning Dr. Rayudu allowing an untrained medical receptionist to dispense medications, Thomas Washington, Bureau Director of Investigations, proposed to have his investigator go to Dr. Rayudu's clinic and help him get set up on the program and expect full compliance after that time. The Executive Committee unanimously agreed with Mr. Washington's proposal and advised Dr. Rayudu that he should call Mr. Washington prior to February 10, 2012, to schedule the visit.

After Dr. Mayo thanked Dr. Rayudu for appearing, motion was made by Dr. Crawford, seconded by Dr. Easterling, and carried unanimously to send Dr. Rayudu a letter outlining the Board's concerns as well as requiring that he receive additional education on controlled substance prescribing and record keeping at a Board approved facility. Also, the Executive Committee requested that the investigative staff perform a followup check to ensure compliance within the next six (6) months.

THE EXECUTIVE COMMITTEE RECESSED AT 2:45 P.M. AND RETURNED AT 2:55 P.M.

PERSONAL APPEARANCE BY GREGORY JOHN HALE, M.D., OXFORD, MISSISSIPPI MEDICAL LICENSE NUMBER 12842

Dr. Craig briefly discussed that Dr. Hale had been invited to appear before the Executive Committee due to concerns with medical records after a visit by Board Investigator, Mickey Boyette, and Special Agent Tom Billups, M.D., of the Mississippi Bureau of Narcotics.

Stan Ingram, Complaint Counsel for the Board, introduced Dr. Hale when he joined the meeting and advised that he had executed a written agreement for this informal meeting, a copy of which is attached and incorporated by reference. Mr. Ingram advised that Dr. Hale was here today without counsel.

After Dr. Craig introduced the members of the Executive Committee and advised Dr. Hale why he had been invited to the meeting, Dr. Craig asked Dr. Hale if he had pain contracts for all of his patients. Dr. Hale advised that he did but that not all were signed. Dr. Hale also advised that he does use the Prescription Monitoring Program (PMP) but that he has not been using it 100% for all patients. Dr. Craig asked Dr. Hale about the lack of records on his wife and he advised that they had recently moved from Tupelo to Oxford and that his wife did not have a primary care provider and stated he

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buckled to emotions.

The Executive Committee advised Dr. Hale that the reason the AMA has standards of taking care of family prevents this type of situation. The Executive Committee advised Dr. Hale to have his wife seek a primary care provider because she deserved having a physician that is not emotionally attached to her.

Dr. Mayo thanked Dr. Hale for appearing and advised him that the Committee would discuss his matter further and advise him of the outcome at a later date.

After discussion, motion was made by Dr. Easterling, seconded by Dr. Crawford, and carried unanimously that Dr. Hale be offered a Consent Order, in lieu of a hearing before the Full Board, that requires him to obtain courses in prescribing, ethics, and record keeping from a Board approved facility. Also, the proposed order is to require that he voluntarily refrain from prescribing scheduled drugs II - V, except for inpatient hospital, until he reappears before the Executive Committee. The proposed Consent Order will be reportable. In the event that Dr. Hale does not sign and return the proposed Consent Order, then a Summons and Affidavit is to be issued for him to have a formal hearing before the Full Board at the March meeting.

PERSONAL APPEARANCE BY CARL A. FAULKS, M.D., GULFPORT, MISSISSIPPI MEDICAL LICENSE NUMBER 19646

Dr. Craig briefly discussed why Dr. Faulks had been asked to appear before the Executive Committee. Dr. Craig advised that Dr. Faulks has frequent practice location changes as well as possible problems with his prescribing of controlled substances.

Dr. Faulks was not in the reception area, had not signed in at the receptionist desk, and not found when investigator, Jonathan Dalton, went to check on him.

After a brief discussion, the Executive Committee unanimously agreed that a Summons and Affidavit should be served on Dr. Faulks requesting his appearance before the Full Board at the March Board meeting to discuss the matter.

PERSONAL APPEARANCE BY JAMES URBAN MORRISON, JR., M.D., LAUREL, MISSISSIPPI MEDICAL LICENSE NUMBER 02857

Dr. Craig briefly discussed Dr. Morrison and the anonymous complaint that the Board had received concerning his prescribing of controlled medications. Dr. Craig advised that Mrs. Morrison had called and stated that Dr. Morrison is extremely ill, at home in hospice care, and will not be practicing. Dr. Craig advised that Mrs. Morrison instructed him that she has power of attorney.

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After discussing, Dr. Crawford made the motion that the Executive Committee request the DEA to send Dr. Morrison a letter requesting him to surrender his DEA number. The motion was seconded by Dr. Easterling and carried unanimously.

PERSONAL APPEARANCE BY RAYMOND L. PORTIS, II, M.D., MADISON, MISSISSIPPI MEDICAL LICENSE NUMBER 21256

Dr. Craig advised that his policy with UMC has been that a physician that is in a fellowship/training should not be allowed to collaborate with a mid level practitioner during that time. Dr. Craig further advised that the Board has repeatedly requested copies of the protocols that Dr. Portis has with the APRNs at the Weight Loss Clinic of Ridgeland but that he continues to fail to provide the copies.

Dr. Portis joined the meeting and was represented by Doug Mercier, legal counsel. Dr. Portis had executed a written agreement for this informal meeting, a copy of which is attached and incorporated by reference.

Dr. Craig briefly discussed the Board's concerns and asked about the protocols that the Board asked him to produce on several occasions.

Dr. Portis addressed the Executive Committee and advised that he thought that the situation with the protocols had been handled and advised that he is no longer the collaborative physician for the clinic. Dr. Portis advised that he visited the clinic about once a week, and that he was aware that the APRNs were dispensing Phentermine as well as using non-FDA approved injections for weight loss. Dr. Portis stated that he gave his 30 day notice in November and only works at the VA hospital now. Dr. Portis advised that prior to working at the weight loss clinic that he did gain the approval of his program director at UMMC.

Mr. Mercier advised he was counsel for the weight loss clinic and that Dr. Babcock was no longer the collaborative physician, but that he would be happy to pass any message along to them.

Dr. Mayo thanked both of them for appearing before the Executive Committee today to respond to their questions.

THE EXECUTIVE COMMITTEE RECESSED AT 4:00 P.M. AND RETURNED AT 4:10 P.M.

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DISCUSS MUKUND KANU PATEL, M.D., COLUMBUS, MISSISSIPPI MEDICAL LICENSE NUMBER 14386

Dr. Craig advised that Dr. Patel was arrested for practicing medicine without a license. Dr. Craig advised that at the May 12, 2011, Board meeting Dr. Patel's license was reinstated limiting him to practice only within a residency program, but that didn't work out. Dr. Craig stated that the Board had received a letter from MPHP withdrawing advocacy due to Dr. Patel's inability to comply with the terms of his Recovery Contract Agreement.

After a brief discussion, Stan Ingram, provided the Executive Committee with their options. Following a brief discussion, motion was made by Dr. Crawford, seconded by Dr. Easterling, and carried unanimously to send Dr. Patel a letter requesting that he voluntarily surrender his medical license.

DISCUSS GARY ALLEN NELSON, M.D., CLINTON, MISSISSIPPI MEDICAL LICENSE NUMBER 06011

Dr. Craig advised that Dr. Nelson is in violation of his contract with MPHP and had appeared before the Examining Committee, but has failed to cooperate with their request. After a brief discussion, motion was made by Dr. Crawford, seconded by Dr. Easterling, and carried unanimously to issue an Order of Prohibition prohibiting Dr. Nelson from practicing medicine until he enters treatment and therefore is found by the Board and PHP capable of practicing medicine with reasonable skill and safety.

RAYMOND LEE STRUCK, M.D., HATTIESBURG, MISSISSIPPI MEDICAL LICENSE NUMBER 17357, VOLUNTARY SURRENDER

For informational purposes, Dr. Craig advised that the Board had received and accepted a signed Voluntary Surrender on Dr. Raymond Struck. Motion was made by Dr. Crawford, seconded by Dr. Easterling, and carried unanimously of the Executive Committee's approval of the surrender.

QUESTION CONCERNING USE OF SKYPE

Dr. Craig advised that he had been contacted by Dr. William Cook to use skype in his psychiatric clinic. After a brief discussion, the Executive Committee agreed that as long as he has established a face-to-face relationship and skype is HIPAA compliant, then the Executive Committee has no problem with it being used.

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LETTER SENT TO MARK A. CONDON, M.D., JACKSON, MISSISSIPPI MEDICAL LICENSE NUMBER 13590

For informational purposes only, Dr. Craig advised that he had sent Dr. Condon a letter advising withdrawal of the Letter of Concern placed in his file after the November 2011 meeting. Dr. Craig advised that Dr. Condon never received the letter as hospital administration opened the letter and did not forward it on to him.

REQUEST FROM CARMELA OSBORNE, M.D., MADISON, MISSISSIPPI MEDICAL LICENSE NUMBER 20154

Dr. Craig discussed a request from Dr. Osborne asking for permission to perform medical Acupuncture in her psychiatric practice. After reviewing the CME's that were submitted, the Executive Committee unanimously approved Dr. Osborne's request.

ELLEN O'NEAL EXITED THE MEETING AT 4:40 P.M.

OTHER BUSINESS

Dr. Easterling expressed concern over a complaint he had received concerning a patient's treatment at Pine Grove. Dr. Easterling advised that Dr. Scott Hambleton, Medical Director, Mississippi Professionals Health Program(MPHP) was involved in all the calls and had expressed his concern also. One of the major concerns expressed was the kind of care received by patients referred by the Board and if it is what they need.

After a brief discussion concerning different options, Dr. Hambleton advised that he would not send any more patients to them until the Board is satisfied. Following further discussion, the Executive Committee unanimously agreed that the Board needs to make a visit to Pine Grove, along with Dr. Hambleton. A list needs to be compiled of suggestions, concerns and recommendations that need to be addressed. Dr. Hambleton advised that he would provide a list of guidelines for other treatment centers. Once the visit has been accomplished, the outcome is to be reported to the Executive Committee for further review.

MONTGOMERY FAMILY CLINIC

For informational purposes, Dr. Easterling advised that he had been made aware of an issue of an APRN owning a clinic and using false advertising by using physician instead of APRN in the ad, as well as using the term "board certified" when APRNs are not board certified. This matter is to be investigated further.

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MAINTENANCE OF LICENSURE PILOT PROJECTS (PHASE 1)


Dr. Mayo and Dr. Craig briefly discussed a listing of the types of pilots that can be performed by the Federation. Dr. Mayo suggested the initial pilots for licensure. Dr. Mayo advised that pilots are going to receive funding from the Federation and he feels that will assist the Board in getting ahead in this matter.

REVIEW OF JANUARY 19, 2012, BOARD AGENDA

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

ADJOURNMENT

There being no further business, the meeting adjourned at 5:35 p.m.


WILLIAM S. MAYO, D.O.
PRESIDENT

Minutes taken and transcribed
by Sherry H. Pilgrim
Staff Officer
January 18, 2012

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

RAYMOND LEE STRUCK, M.D.

SURRENDER OF MEDICAL LICENSE

WHEREAS, RAYMOND LEE STRUCK, M.D., hereinafter referred to as "Licensee," is the current holder of License Number 17357 issued on August 20, 2001, to practice medicine in the State of Mississippi;

WHEREAS, Licensee currently has a matter pending before the Mississippi State Board of Medical Licensure and wishes to avoid an evidentiary hearing;

WHEREAS, Licensee has decided to retire by surrendering his Mississippi medical license;

NOW, THEREFORE, Licensee hereby voluntarily surrenders his medical license (Number 17357) to practice medicine in the State of Mississippi. Licensee understands that this is an unconditional surrender, is reportable 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 8th day of December, 2011.

Raymond Lee Struck, MD

Raymond Lee Struck, M.D.

ACCEPTED AND APPROVED this the 19th day of December, 2011 by the Mississippi

State Board of Medical Licensure.

H. Vann Craig, MD

H. Vann Craig, M.D., Executive Director
Mississippi State Board of Medical Licensure

**AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE
BY CURRENT LICENSEE**

I, Indira K. Veerisetty, 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 the pending investigation of my license by the Board, the grounds if any for disciplinary action, and possible resolution of the same. 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 possible grounds for disciplinary action against my license.
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 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 January, 2011.

Indira K. Veerisetty

LICENSEE

INDIRA K. VEERISETTYAN

NAME PRINTED

Witness: Anna Boone

**AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE
BY CURRENT LICENSEE**

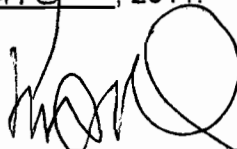
I, Michael C. Livingston, M.D., have requested an opportunity to appear informally before the Executive Committee of the Mississippi State Board of Medical Licensure (hereinafter "Board") to discuss the pending investigation of my license by the Board, the grounds if any for disciplinary action, and possible resolution of the same. It is the purpose of the informal meeting to discuss the facts of the case, to give me an opportunity to ask questions of the Committee or its staff, and to give the Committee or its staff an opportunity to ask questions of me. Because the meeting is informal, no disciplinary action will be taken without my express written consent. In so doing, I have been advised and understand the following:

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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 10th day of January, 2011.



LICENSEE

Witness:

Anna Boone

Michael Livingston M.D.

NAME PRINTED

**AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE
BY CURRENT LICENSEE**

I, Stephen E. Massey, 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 the pending investigation of my license by the Board, the grounds if any for disciplinary action, and possible resolution of the same. It is the purpose of the informal meeting to discuss the facts of the case, to give me an opportunity to ask questions of the Committee or its staff, and to give the Committee or its staff an opportunity to ask questions of me. Because the meeting is informal, no disciplinary action will be taken without my express written consent. In so doing, I have been advised and understand the following:

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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 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 JAN, 2011, 2012

Witness:

Anna Boone

LICENSEE

STEPHEN MASSEY

NAME PRINTED

**AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE
BY CURRENT LICENSEE**

I, S. Rao Rayudu, 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 the pending investigation of my license by the Board, the grounds if any for disciplinary action, and possible resolution of the same. It is the purpose of the informal meeting to discuss the facts of the case, to give me an opportunity to ask questions of the Committee or its staff, and to give the Committee or its staff an opportunity to ask questions of me. Because the meeting is informal, no disciplinary action will be taken without my express written consent. In so doing, I have been advised and understand the following:

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2. I authorize the Committee Members to review and examine any statements, documentary evidence, or materials concerning the possible grounds for disciplinary action against my license.
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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: Chris Henderson)

without legal counsel present

EXECUTED, this the 18 day of January, 2012

Witness: Linda G. Rich

LICENSEE
SREEDHAR RAO RAYUDU
NAME PRINTED

**AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE
BY CURRENT LICENSEE**

I, Gregory John Hale, 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 the pending investigation of my license by the Board, the grounds if any for disciplinary action, and possible resolution of the same. It is the purpose of the informal meeting to discuss the facts of the case, to give me an opportunity to ask questions of the Committee or its staff, and to give the Committee or its staff an opportunity to ask questions of me. Because the meeting is informal, no disciplinary action will be taken without my express written consent. In so doing, I have been advised and understand the following:

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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 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 January, 2011.

Witness: Ana Boone

Gregory J. Hale, MD
LICENSEE

Gregory J. Hale, MD
NAME PRINTED

**AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE
BY CURRENT LICENSEE**

I, Raymond L. Portis, 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 the pending investigation of my license by the Board, the grounds if any for disciplinary action, and possible resolution of the same. It is the purpose of the informal meeting to discuss the facts of the case, to give me an opportunity to ask questions of the Committee or its staff, and to give the Committee or its staff an opportunity to ask questions of me. Because the meeting is informal, no disciplinary action will be taken without my express written consent. In so doing, I have been advised and understand the following:

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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: Mucier)

without legal counsel present

EXECUTED, this the 18 day of Jan, 2011.



LICENSEE

Witness: Anna Boone _____

Raymond Portis

NAME PRINTED

BOARD

MEETING

MINUTES

BOARD MINUTES
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
JANUARY 19, 2012

The regularly scheduled meeting of the Mississippi State Board of Medical Licensure was held on Thursday, January 19, 2012, in the Board Room of the Office of the Board located at 1867 Crane Ridge Drive, Jackson, Mississippi.

The following members were present:

William S. Mayo, D.O., Oxford, President
S. Randall Easterling, M.D., Vicksburg, Vice President
Virginia M. Crawford, M.D., Hattiesburg, Secretary
Larry B. Aycock, M.D., McComb
Claude D. Brunson, M.D., Jackson
Rickey L. Chance, D.O., Ocean Springs
William B. Jones, M.D., Greenwood
Charles D. Miles, M.D., West Point

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 Carrillo, Special Projects Officer, Investigative Division
Sherry H. Pilgrim, Staff Officer
Wesley Breland, Hattiesburg, Consumer Health Committee

Not present:

Philip T. Merideth, M.D., J.D., Jackson
Cecil R. Burnham, Jackson, Consumer Health Committee
Charles Thomas, Yazoo City, Consumer Health Committee

The meeting was called to order at 9:05 a.m. by Dr. Mayo, President. Prior to the invocation, Dr. Mayo requested a moment of silence in memory of former Board member, A. Wallace Conerly, M.D. The invocation was given by Dr. Brunson and the pledge was led by Dr. Jones. Dr. Mayo welcomed Dawn Dillard, Court Reporter, and extended a welcome to all visitors present at the meeting.

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

BOARD MINUTES
January 19, 2012
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**APPROVAL OF CERTIFICATION OF MISSISSIPPI LICENSES TO OTHER ENTITIES
FOR THE PERIOD NOVEMBER 01, 2011, THROUGH DECEMBER 31, 2011**

One hundred sixty-seven (167) licenses were certified to other entities for the period November 01, 2011, through December 31, 2011. Motion was made by Dr. Easterling, seconded by Dr. Crawford, and carried unanimously to approve these certifications.

**APPROVAL OF LICENSES ISSUED FOR THE PERIOD NOVEMBER 01, 2011,
THROUGH DECEMBER 31, 2011**

Forty-seven (47) licenses were issued for the period November 01, 2011, through December 31, 2011. Motion was made by Dr. Crawford, seconded by Dr. Brunson, and carried unanimously to approve these licenses.

**REVIEW OF MINUTES OF THE EXECUTIVE COMMITTEE MEETING DATED
NOVEMBER 09, 2011, AND MINUTES OF THE BOARD MEETING DATED
NOVEMBER 10, 2011**

Minutes of the Executive Committee meeting dated November 09, 2011, and Minutes of the Board meeting dated November 10, 2011, were reviewed. Dr. Crawford moved for approval of the minutes as submitted. Dr. Jones seconded the motion, and it carried unanimously.

REPORT OF JANUARY 18, 2012, EXECUTIVE COMMITTEE MEETING

Dr. Craig briefly covered a number of appearances and issues that were discussed by the Executive Committee on January 18, 2012. Information pertaining to the Executive Committee decision is included in the Executive Committee Minutes dated January 18, 2012.

Dr. Mayo stated that the Executive Committee moves that their actions/decisions be approved. The Board unanimously approved to ratify the actions/decisions taken by the Executive Committee.

REPORTS FROM COMMITTEES

**Scope of Practice - Dr. Crawford (Chair), Dr. Easterling, Dr. Aycock, Dr. Miles,
Dr. Brunson, Mr. Burnham, Mr. Thomas**

Dr. Crawford advised that the Committee met this morning in an attempt to address mileage issues concerning Chapter 09 of the Board's Rules and Regulations.

BOARD MINUTES

January 19, 2012

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Dr. Crawford advised that while the Board is not interested in restricting healthcare in areas of Mississippi, there is more work to be done and the Committee plans on having the proposed regulation changes for the March meeting.

Professionals Health Program - Dr. Mayo (Chair), Dr. Merideth, Dr. Chance

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

Rules, Regulation & Legislative - Dr. Easterling (Chair), Dr. Jones, Dr. Mayo, Dr. Chance, Mr. Breland

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

Ethics - Dr. Merideth (Chair), Dr. Crawford, Dr. Jones

In Dr. Merideth's absence, Dr. Crawford advised that the Committee had not met and there was no new information to report.

Telemedicine / EHR - Dr. Aycock, (Chair), Dr. Miles, Dr. Brunson

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

Dr. Mayo stated that while we were discussing regulations that the Board had received a letter from Mark Garriga, representing Achieve Weight Loss dated January 18, 2012, and requested that the members take time to read the letter so that the matter could be discussed. Dr. Mayo stated that the letter is to request that the Board clarify its position with regard to the use of certain supplements by licensed physicians to be used for weight loss. Dr. Mayo reminded the Board that the matter had been discussed at the November meeting, but a vote was never taken on the issue.

After further discussion, motion was made by Dr. Miles, seconded by Dr. Jones, and carried unanimously that the Board needs to communicate via email to all physicians licensed in the state of Mississippi that any off-label use of any controlled substances or legend drugs that do not have FDA approval for use in the treatment of weight loss is prohibited. A copy of the email sent to all currently licensed physicians is attached hereto and incorporated by reference.

PRESENTATION BY KAMILA PIEKOS, PHARMD, MEDICAL LIAISON-PURDUE PHARMA AND KRISTI DOVER, PHARMD, SR. AREA DIRECTOR, MEDICAL LIAISON-PURDUE PHARMA

Dr. Craig advised that the Board had received a request from Ms. Piekos with

BOARD MINUTES

January 19, 2012

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Purdue Pharma to provide the Board with some updated information on pain medications, new resources available, as well as an online resource catalogue. Dr. Craig introduced Ms. Piekos to the Board.

Ms. Piekos addressed the Board and thanked them for their time. Ms. Piekos gave an informative presentation on some of their medications and discussed Butrans that was approved by the FDA on June 30, 2010. Also, Ms. Piekos provided the Board members with a DVD that highlights abusive medications and their recommendations as well as other information concerning their online resources.

Following questions from the Board members, Dr. Mayo thanked Ms. Piekos for taking the time to come and present the information to the Board members.

REQUEST FROM MISSISSIPPI ACADEMY OF PHYSICIAN ASSISTANTS

Rebecca Loveless, MHS, PA-C, with the Mississippi Academy of Physician Assistants (MAPA) addressed the Board and discussed the letter that had been sent concerning requested changes to their continuing medical education (CME) program. Ms. Loveless explained that they are attempting to be proactive with their education and were requesting to be allowed to use some taped presentations for certain lectures throughout the year. Ms. Loveless stated that no more than four (4) presentations would be taped during any year.

Dr. Mayo thanked Ms. Loveless for coming and discussing the proposed changes to Chapter 11, The Practice of Physician Assistants, that were before the Board today. After a brief discussion concerning the difference between distributing and dispensing, it was the unanimous decision of the Board that the Board and MAPA work together on the proposed changes to the rules and regulations and bring them back before the Board.

APPROVAL OF BOARD MEMBERS AND STAFF ATTENDING AIM AND FSMB ANNUAL MEETINGS IN FORT WORTH, TX, APRIL 25 - 28, 2012

The Board unanimously approved for Thomas Washington, Rhonda Freeman, and Sherry Pilgrim to attend the meetings. Dr. Craig stated that the Board has nominated the Board's attorney, Stan Ingram, for the Distinguished Service Award and we will learn the outcome later. Dr. Mayo strongly urged members of the Board to attend the meeting, if possible, and to notify the Board of their intent within the next week so arrangements can be confirmed.

**PERSONAL APPEARANCE BY CHARLES WILLIAMS, M.D., FLOWOOD,
MISSISSIPPI MEDICAL LICENSE NUMBER 08447, REINSTATEMENT REQUEST**

Stan Ingram, Complaint Counsel for the Board, introduced Dr. Williams and advised that he was here today without legal counsel, but that Scott Hambleton, M.D., Medical Director, Mississippi Professionals Health Program (MPHP), was present to advocate for him. Mr. Ingram advised that Dr. Williams was here requesting reinstatement of his medical license.

Ellen O'Neal, Assistant Attorney General, questioned Dr. Williams regarding legal representation and he stated that he wanted to waive his right to an attorney and proceed without legal counsel.

Mr. Ingram briefly discussed the Order of Prohibition that Dr. Williams is currently under and entered several exhibits into the record before Dr. Williams addressed the Board and made his request.

Dr. Hambleton was called as a witness and was sworn in by the court reporter. Dr. Hambleton addressed the Board and stated that Dr. Williams has fully complied with MPHP's recommendations and that they feel it is safe for Dr. Williams to return to practice.

Following several questions from Board members, motion was made by Dr. Aycock, seconded by Dr. Easterling, and carried unanimously to reinstate Dr. Williams' license contingent upon his continued participation and advocacy with the Mississippi Professionals Health Program. A copy of the Order is attached hereto and incorporated by reference.

A verbatim account of this proceeding was recorded by Dawn Dillard, Court Reporter.

**HEARING IN THE CASE OF THOMAS EDWARD STURDAVANT, M.D., GULFPORT,
MISSISSIPPI MEDICAL LICENSE NUMBER 16798, SUMMONS AND AFFIDAVIT**

Mr. Ingram introduced Dr. Sturdavant and his attorney, Bill Whitfield. Mr. Ingram advised that they were here today in response to the Board's Summons and Affidavit.

Mr. Ingram briefly summarized Dr. Sturdavant's history, made an opening statement, and entered several exhibits into the record. Mr. Ingram advised that Dr. Sturdavant had not filed a response to the counts listed in the Summons and Affidavit. Also, Mr. Ingram advised that Dr. Sturdavant's attorney advised that he was not denying

BOARD MINUTES

January 19, 2012

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any of the charges filed.

Mr. Whitfield addressed the Board and stated that Dr. Sturdavant has confessed to the counts filed against him and that both the website and internal problems at the clinic have been corrected.

Dr. Sturdavant was called to testify and was sworn in by the court reporter. Mr. Whitfield questioned Dr. Sturdavant concerning his practice and what steps have been taken to correct the problems listed in the Summons and Affidavit.

Mr. Ingram questioned Dr. Sturdavant prior to him responding to questions from the Board concerning his practice and the use of weight loss medications.

Motion was made by Dr. Easterling, seconded by Dr. Chance, and carried unanimously that the Board enter into Executive Session to discuss action that could adversely affect Dr. Sturdavant's medical license.

Upon a motion by Dr. Brunson, seconded by Dr. Chance, and carried unanimously the Board came out of Executive Session at which time Dr. Mayo asked Dr. Crawford to report on the Board's decision. Dr. Crawford advised that the Board accepts Dr. Sturdavant's confession of guilt as to all 10 counts. The Board finds that Dr. Sturdavant mismanaged his weight loss clinic by allowing certain advertisements regarding weight loss deemed misleading to the public to remain on his website after meeting with the Executive Committee. Also, he continued to administer non-approved drugs for weight loss. Therefore, the Board suspends Dr. Sturdavant's license for a period of 6 months, staying the suspension if he agrees to refrain permanently from practicing weight loss medicine in any form in the future. This action is reportable as a restriction on Dr. Sturdavant's license. A copy of the Order is attached hereto and incorporated by reference.

A verbatim account of this proceeding was recorded by Dawn Dillard, Court Reporter.

HEARING IN THE CASE OF RAY HARRON, M.D., BRIDGEPORT, WV, MISSISSIPPI MEDICAL LICENSE NUMBER 14223, SUMMONS AND AFFIDAVIT

Mr. Ingram introduced Dr. Harron and his attorney, Edward Blackmon, Jr. Mr. Ingram advised that Dr. Harron and his attorney were here today due to being issued a Summons and Affidavit after a previous Board Order was appealed to Chancery Court and later remanded back to the Board.

Both Mr. Ingram and Mr. Blackmon made opening statements, summarized the case, and entered several exhibits into the record. Mr. Ingram then cross examined Dr. Harron.

BOARD MINUTES

January 19, 2012

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Dr. Harron was called to the witness stand by Mr. Ingram and was sworn in by the court reporter prior to questioning.

THE BOARD RECESSED AT 12:55 P.M. FOR LUNCH AND RECONVENED AT 1:45 P.M.

Mr. Blackmon made his opening statements and entered several exhibits into the record prior to questioning Dr. Harron.

THE BOARD RECESSED AT 2:35 P.M. AND RECONVENED AT 2:40 P.M.

Mr. Blackmon continued his questioning concerning the Daubert hearings.

MR. BRELAND EXITED THE MEETING AT 3:00 P.M.

Mr. Ingram re-cross examined Dr. Harron and then questions were allowed from Board members.

Mr. Ingram and Mr. Blackmon made closing remarks prior to a motion being made by Dr. Easterling, seconded by Dr. Brunson, and carried unanimously that the Board enter into Executive Session to discuss a matter that may be appealable.

Upon a motion by Dr. Jones, seconded by Dr. Chance, and carried the Board came out of Executive Session at which time Dr. Mayo asked Dr. Crawford to report on the Board's decision. Dr. Crawford advised that Dr. Harron is found guilty of Counts 3 and 4, unprofessional conduct likely to deceive, defraud or harm by virtue of the following: 1) pre-signing ILO forms used to interpret chest x-rays for use at a later date and, 2) allowing non-medical persons to interpret medical records and render medical diagnosis. Dr. Harron is also found guilty of Counts 5 and 6, by virtue of surrendering his license in another state. Dr. Harron was found not guilty of Counts 1 and 2. Therefore, Dr. Harron is prohibited from renewing his license and permanently prohibited from seeking reinstatement of his Mississippi medical license. The Board further ordered that when reporting this action to the National Practitioner Data Bank as required by Federal Law, the Board will answer in the affirmative ("yes") that the adverse action specified in the report is based on the subject's professional competence or conduct, which adversely affected; or could have adversely affected the health or welfare of the patient. The Board's previous answer to this same question shall not be changed. A copy of the Board's Order is attached hereto and incorporated by reference.

A verbatim account of this proceeding was recorded by Dawn Dillard, Court Reporter.

BOARD MINUTES

January 19, 2012

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HEARING IN THE CASE OF MICHAEL A. WHITE, M.D., COLUMBUS, MISSISSIPPI MEDICAL LICENSE NUMBER 11125, SUMMONS AND AFFIDAVIT

Mr. Ingram introduced Dr. White and his attorney, Rodney Ray. Mr. Ray presented a motion to postpone the hearing and continue the same at a later date due to the case start being delayed and the length of time the matter could take. Dr. Mayo acknowledged the request but stated that it was denied as the Board members were prepared to stay until the matter was resolved.

Mr. Ingram addressed the Board and made opening remarks, briefly summarized the Summons and Affidavit, and entered several exhibits and videos into the record. Mr. Ingram advised that he would be calling Steve Sudderth, M.D., as an expert witness and requested that he be allowed to remain in the room during the videos and testimonies of the other witnesses. There was no objection to Mr. Ingram's request.

Mr. Ingram called three (3) witnesses in addition to Dr. Sudderth and each was sworn in by the court reporter, questioned by Mr. Ingram, Mr. Ray, and members of the Board concerning their involvement in the investigation.

THE BOARD RECESSED AT 7:10 P.M. AND RECONVENED AT 7:40 P.M. FOR DINNER IN THE BOARD BREAKOUT ROOM

Following the dinner break, Mr. Ingram, Mr. Ray, and Board members continued questioning witnesses and placing additional documents into the record.

Mr. Ingram called Dr. Sudderth to the witness stand and he was sworn in by the court reporter. Dr. Sudderth was questioned by Mr. Ingram, Mr. Ray, and members of the Board concerning his review of several patient files and patient testimony observed.

Mr. Ray advised that he had no witness but that he had letters from patients that he wished to enter as exhibits. There was no objection and the letters were placed into the record.

Mr. Ingram and Mr. Ray both made closing comments before a motion was made by Dr. Crawford, seconded by Dr. Easterling, and carried unanimously that the Board enter into Executive Session to discuss a matter that may be appealable.

Upon a motion by Dr. Aycock, seconded by Dr. Crawford, and carried unanimously the Board came out of Executive Session at which time, Dr. Mayo asked Dr. Crawford to report on the Board's decision. Dr. Crawford advised that the Board found Dr. White guilty of all counts; and therefore, suspends Dr. White's medical license for a period of six (6) months but stays that suspension contingent upon his

BOARD MINUTES

January 19, 2012

Page 9

completion of approved courses in the proper prescribing of controlled substances, ethics and medical record keeping, with said courses approved in advance by the Executive Director of the Board. Following completion of the courses, Dr. White shall submit documentary proof of successful completion. Following completion of said courses Dr. White shall appear before the Executive Committee to discuss his progress. In addition, the Board permanently prohibits Dr. White for practicing weight loss medicine and this restriction is reportable to the National Practitioner Data Bank. A copy of the Board's Order is attached hereto and incorporated by reference.

A verbatim account of this proceeding was recorded by Dawn Dillard, Court Reporter.

OTHER BUSINESS

CONSENT ORDER ON MICHAEL D. RALSTON, M.D.

Dr. Craig advised that the Board had received the proposed Consent Order that had been sent to Dr. Ralston. Following a brief discussion, motion was made by Dr. Crawford, seconded by Dr. Easterling, and carried unanimously to approve the Consent Order. A copy of the Order is attached hereto and incorporated by reference.

ADJOURNMENT

There being no further business, the meeting adjourned at 12:05 a.m., with the next scheduled meeting set for Thursday, March 22, 2012.



WILLIAM S. MAYO, D.O.
President

Minutes taken and transcribed
by Sherry H. Pilgrim
Staff Officer
January 19, 2012

Sherry Harris

From: THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
Sent: Monday, January 23, 2012 10:05 AM
To: THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
Subject: High Priority Notification

This information is being sent to you as a **HIGH PRIORITY** communication from the Board of Medical Licensure.

ANY off-label use of **ANY** medication that does not have Food and Drug Administration approval for use in the treatment of weight loss is prohibited. Thyroid hormone, diuretics, vitamin B12, B1, B2, B6, methionine, choline, inositol, chromium picolate and human chorionic gonadotropin are examples of medications that may **NOT** be used in the **SOLE** treatment of weight loss and are not inclusive examples. Off-label use in individual practice or allowing off label use by midlevel providers will result in discipline by the Board.

Mississippi Code Ann. Section 73-25-83(c) requires the reporting of **ANY** disciplinary action by a hospital or medical staff of a medical staff member to the Board of Medical Licensure. This is not being done as required. If you are a member of a medical executive committee, it is **YOUR** responsibility to see that the action is reported to the Board of Medical Licensure.

Mississippi State Board of Medical Licensure
1867 Crane Ridge Drive Suite 200-B
Jackson, MS 39216
01.987.3079

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

CHARLES H. WILLIAMS, M.D.

ORDER

THIS MATTER came on regularly for hearing on January 19, 2012, before the Mississippi State Board of Medical Licensure, in response to the petition of Charles H. Williams, M.D. (hereinafter "Licensee") for authorization to return to the practice of medicine.

On March 8, 2010, Licensee entered into a Recovery Contract Agreement (hereinafter "RCA") with the Mississippi Professionals Health Committee (hereinafter "MPHC") of the Mississippi Professionals Health Program and the Mississippi State Board of Medical Licensure (hereinafter "Board"), setting forth certain requirements for Licensee to insure his continued safe practice of medicine. Licensee failed to comply with all of the terms and conditions of his RCA and on October 4, 2011, the Board entered an Order of Prohibition, thereby prohibiting Licensee from practicing medicine until such time as the Board and MPHC determine that he is able to safely return to practice.

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. Board members present for all proceedings were William S. Mayo, D.O., President; S. Randall Easterling, M.D.; Larry B. Aycock, M.D., William B. Jones, M.D., Claude D. Brunson, M.D., Rickey L. Chance, D.O., Virginia M. Crawford, M.D., and Charles D. Miles, M.D.

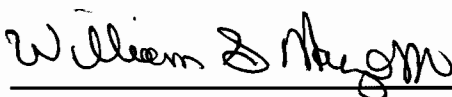
After consideration of the request, the Board finds Licensee's request to be well-taken. The evidence and testimony presented establishes that Licensee has completed all treatment, has secured advocacy from the MPHIC, and can now return to the practice of medicine with reasonable skill and safety to patients, provided he complies with all of the terms and conditions of the RCA.

IT IS, THEREFORE, ORDERED that Licensee is authorized to return to the practice of medicine, subject to the current Recovery Contract Agreement which Licensee has entered into with the MPHIC.

IT IS FURTHER ORDERED, that pursuant to Miss. Code Ann. Section 73-25-27 (1972), a copy of this Order shall be sent by registered mail or personally served upon, Charles H. Williams, M.D.

ORDERED, this the 19th day of January, 2012.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY: 

WILLIAM S. MAYO, D.O.
PRESIDENT

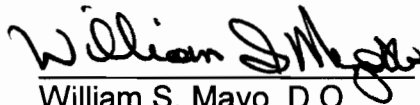
**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
JANUARY 19, 2012**

AGENDA ITEM: XIV. Hearing in the case of Thomas E. Sturdavant, M.D.

In a motion made by Dr. Aycock, seconded by Dr. Miles, in a vote of eight (8) for and one (1) absent, Dr. Crawford advised that the Board accepts Dr. Sturdavant's confession of guilt as to all 10 counts. The Board finds that Dr. Sturdavant mismanaged his weight loss clinic by allowing certain advertisements regarding weight loss to remain on his website after meeting with the Executive Committee. Also, he continued to administer non-approved drugs for weight loss. Therefore, the Board suspends Dr. Sturdavant's license for a period of 6 months, staying the suspension if he agrees to refrain permanently from practicing weight loss medicine in any form in the future. This action is reportable as a restriction on Dr. Sturdavant's license.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.	X			
Claude D. Brunson, M.D.	X			
Rickey L. Chance, D.O.	X			
Virginia M. Crawford, M.D.	X			
S. Randall Easterling, M.D.	X			
William B. Jones, M.D.	X			
William S. Mayo, D.O.	X			
Philip T. Merideth, M.D., J.D.				X
Charles D. Miles, M.D.	X			

With a motion by Dr. Brunson, seconded by Dr. Chance, the Board came out of Executive Session.


William S. Mayo, D.O.
President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

THOMAS EDWARD STURDAVANT, M.D.

DETERMINATION AND ORDER

THIS MATTER came on regularly for hearing on January 19, 2012, before the Mississippi State Board of Medical Licensure (hereinafter "Board"), pursuant to Title 73, Chapter 25 of Mississippi Code (1972) Annotated. The Board initiated these proceedings on December 14, 2011, by issuance of a Summons and Affidavit against Thomas Edward Sturdavant, M.D. (hereinafter "Licensee") setting forth a total of six (6) counts of violation of Miss. Code Ann. Sections 73-25-29 and 73-25-83.

Licensee was present, represented by Honorable William E. Whitfield, III. 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. Board members present for all proceedings were William S. Mayo, D.O., President; S. Randall Easterling, M.D., Larry B. Aycok, M.D., William B. Jones, M.D., Claude D. Brunson, M.D., Rickey L. Chance, D.O., Virginia M. Crawford, M.D., and Charles D. Miles, M.D.

In lieu of evidence and testimony, Licensee admitted to all charges. Therefore, the Summons and Affidavit and all matters contained therein were taken as confessed. Accordingly, the Board renders the following Findings of Fact, Conclusions of Law, and Order.

FINDINGS OF FACT

1. That Thomas Edward Sturdavant, M.D., hereinafter referred to as "Licensee," is a physician licensed to practice medicine in the State of Mississippi, currently holding License No. 16798. Said license is current until June 30, 2012.

2. That a records check on October 14, 2011, with the U.S. Drug Enforcement Administration (DEA), indicated that Licensee's Uniform Controlled Substance Registration Certificate No. BS6651815 was issued on February 26, 2009, with an expiration date of February 29, 2012, and includes prescriptive authority in schedules II, IIN, III, IIIN, IV, and V.

3. That Licensee is currently employed at Memorial Hospital in Gulfport, MS. Licensee also owns and operates Pounds & Inches Weight Loss Center, LLC, located at 419 Security Square, Gulfport, MS.

4. That on May 19, 2010, Licensee personally appeared before the Executive Committee of the Board to address his prescribing of controlled substances for weight loss. After responding to several questions from the Executive Committee, Licensee advised that the clinic no longer dispensed controlled substances and was then issuing prescriptions for Phentermine. Licensee was reminded of the Board's Rules and Regulations "Pertaining to Prescribing, Administering, and Dispensing of Medication." Licensee was also reminded of the problems that can occur when using drugs for "off label" purposes.

5. That on May 27, 2010, Licensee was sent a certified letter from the Board's Executive Director, H. Vann Craig, M.D. Licensee was cautioned in the

letter that, "Chapter 25, section 502 of the Board's Rules and Regulations states that a physician shall not utilize a legend drug for weight loss unless it has an FDA approved indication for this purpose."

6. That an October, 10, 2011, review of the Pounds & Inches Weight Loss Center, LLC website indicated that Licensee administered B-12 Lipo Injections for weight loss. Licensee's advertisement stated, "Lipo injections speed up the normal process of our body, breaking down fat and changing it from solid form to liquid form, and it consists of vitamins, amino acids, coenzymes and a metabolism booster. Shots are given once a week, followed by all natural supplements or appetite suppressants, and diet plan. Patients lose on average 2-3 lbs a week."

7. That an October 10, 2011, review of the Pounds & Inches Weight Loss Center, LLC website indicated that Licensee is providing a 12 week HCG (Human Chorionic Gonadotropin) program for the purpose of weight loss. The website advertisement states that, "Dr. ATW Simeon found that small daily amounts of HCG provide access to the abnormal fat bank and in conjunction with a very low calorie diet (500 - 700); patients can lose on average a half of pound to 1 pound per day. Patients weigh in weekly and should lose on average 4 to 7 lbs a week. This is a 12 week program followed by maintenance to keep the weight off. HCG has NO SIDE EFFECTS. Our patients are both male and female. Benefits of HCG is that it attacks the abnormal fat and no muscle mass. HCG IMPROVES *Diabetes *Rheumatism *Cholesterol *Blood Pressure etc."

8. That an October 10, 2011, review of the Pounds & Inches Weight Loss Center, LLC website indicated that Licensee made certain claims regarding

obesity. Specifically, "Obesity is due to a very specific diencephalic deficiency; the only way to cure obesity is to correct this deficiency."

CONCLUSIONS OF LAW

Based on the Finding of Facts as enumerated above, Licensee is guilty of Count 1 of the Summons and Affidavit, that is, violation of Chapter 25, paragraph 502, of the Rules and Regulations of the Board, "Pertaining to Prescribing, Administering and Dispensing of Medication," as a result of Licensee's administering weight loss injections that have not received FDA approval for the indication of weight loss.

Based on the Finding of Facts as enumerated above, Licensee is guilty of Counts 2 and 5 of the Summons and Affidavit, that is, violation of Chapter 24, paragraph 304(12), of the Rules and Regulations of the Board, "Physician Advertising," as a result of Licensee advertising the new use of a drug or medication for a specific ailment or condition for which the drug or medication has not been approved by the FDA for the indication cited.

Based on the Finding of Facts as enumerated above, Licensee is guilty of Counts 3, 7 and 10 of the Summons and Affidavit, that is, guilty of unprofessional conduct, which includes, but is not limited to any dishonorable or unethical conduct likely to deceive, defraud or harm the public, all in violation of Miss. Code Ann. §73-25-29, Subsection (8)(d) and §73-25-83(a).

Based on the Finding of Facts as enumerated above, Licensee is guilty of Count 4 of the Summons and Affidavit, that is, violation of Chapter 25, paragraph 502, of the Rules and Regulations of the Board, "Pertaining to Prescribing, Administering and Dispensing of Medication," as a result of Licensee's

administering of HCG for the purpose of weight loss when HCG has not received FDA approval for the indication of weight loss.

Based on the Finding of Facts as enumerated above, Licensee is guilty of Count 6 of the Summons and Affidavit, that is, violation of Chapter 24, paragraph 304(9), of the Rules and Regulations of the Board, "Physician Advertising," as a result of Licensee's lack of any lack of scientific evidence to substantiate the claims made regarding the success, efficacy or results obtained using HCG for weight loss.

Based on the Finding of Facts as enumerated above, Licensee is guilty of Count 8 of the Summons and Affidavit, that is, violation of Chapter 24, paragraph 301 of the Rules and Regulations of the Board, "Physician Advertising," as a result of Licensee advertising a statement which is deceptive because of the omission of necessary information, is a false or misleading statement, or operates otherwise to deceive.

Based on the Finding of Facts as enumerated above, Licensee is guilty of Count 9 of the Summons and Affidavit, that is, violation of Chapter 24, paragraph 302 of the Rules and Regulations of the Board, "Physician Advertising," as a result of Licensee using medical terms that are difficult to understand and does not communicate the information in a readily comprehensible manner.

ORDER

IT IS THEREFORE, ORDERED that Thomas E. Sturdavant, M.D. is hereby permanently prohibited from ever treating patients, including but not limited to prescribing, dispensing or administering any medication, for the purpose of weight loss or obesity.

IT IS FURTHER ORDERED, that Dr. Sturdavant shall reimburse the Board of all costs incurred in relation to the pending matter not to exceed \$10,000 pursuant to Miss. Code Ann., Section 73-25-30. Dr. Sturdavant 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 Licensee receives the aforementioned notification.

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 Dr. Sturdavant or his Counsel, Honorable William Whitfield, III. Because Dr. Sturdavant was informed of this decision following Board deliberations, the Order shall be given immediate effect.

SO ORDERED, this the 19th day of January, 2012.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY: William S Mayo, D.O.
WILLIAM S. MAYO, D. O.
PRESIDENT

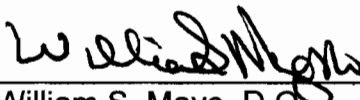
**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
JANUARY 19, 2012**

AGENDA ITEM: XV. Hearing in the case of Ray A. Harron, M.D.

In a motion made by Dr. Easterling, seconded by Dr. Brunson, Dr. Crawford advised that the Board finds Dr. Harron guilty of Counts 3 and 4, unprofessional conduct likely to deceive, defraud or harm by virtue of the following: 1) pre-signing ILO forms used to interpret chest x-rays for use at a later date and, 2) allowing non-medical persons to interpret medical records and render medical diagnosis. Dr. Harron is also found guilty of Counts 5 and 6, by virtue of surrendering his license in another state. Dr. Harron was found not guilty of Counts 1 and 2. Therefore, Dr. Harron is prohibited from renewing his license and permanently prohibited from seeking reinstatement of his Mississippi medical license. The Board further ordered that when reporting this action to the National Practitioner Data Bank as required by Federal Law, the Board will answer in the affirmative ("yes") that the adverse action specified in the report is based on the subject's professional competence or conduct, which adversely affected; or could have adversely affected the health or welfare of the patient. The Board's previous answer to this same question shall not be changed

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.	X			
Claude D. Brunson, M.D.	X			
Rickey L. Chance, D.O.	X			
Virginia M. Crawford, M.D.	X			
S. Randall Easterling, M.D.	X			
William B. Jones, M.D.	X			
William S. Mayo, D.O.	X			
Philip T. Merideth, M.D., J.D.				X
Charles D. Miles, M.D.	X			

With a motion by Dr. Jones, seconded by Dr. Chance, the Board came out of Executive Session.



William S. Mayo, D.O.
President

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 January 19, 2012, before the Mississippi State Board of Medical Licensure (hereinafter "Board"), pursuant to Title 73, Chapter 25 of Mississippi Code (1972) Annotated. The Board initiated these proceedings on August 23, 2011, by issuance of a Summons and Affidavit against Ray A. Harron, M.D. (hereinafter "Licensee") setting forth a total of six (6) counts of violation of Miss. Code Ann. Sections 73-25-29 and 73-25-83.

Licensee was present, represented by Honorable Edward Blackmon, 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. Board members present for all proceedings were William S. Mayo, D.O., President; S. Randall Easterling, M.D., Larry B. Aycock, M.D., William B. Jones, M.D., Claude D. Brunson, M.D., Rickey L. Chance, D.O., Virginia M. Crawford, M.D., and Charles D. Miles, M.D.

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

FINDINGS OF FACT

1. That Ray A. Harron, M.D., hereinafter referred to as "Licensee", is a physician, whose license (No. 14223) is currently inactive, but with the right to renew the same.

2. That on or about February 16, 2005, Licensee testified during the *Daubert* Hearings/Court Depositions held in the matter of: *In Re: Silica Products Liability Litigation*, United States District Court Southern District of Texas, Corpus Christi Division; Case No.: MDL-03-1553 before the Honorable Janis Graham Jack, United States District Court Judge. Following presentation of briefs and arguments, including the *Daubert* hearings/depositions, the U.S. District Court for the Southern District of Texas rendered its opinion and order on June 30, 2005, wherein the Court considered the testimony of Licensee and others.

3. According to Licensee's sworn testimony at the *Daubert* hearing, Licensee then held a current Mississippi medical license but did not maintain an office within the state. Licensee "practiced real medical radiology until about '95" at which time he "kind of gave up real medicine and [he has] just been doing this pneumoconiosis work." (Feb. 16, 2005 Transcript at 259-60.) Further, Licensee testified that from 1995 until the date of his deposition on February 16, 2005, he worked exclusively for plaintiffs' lawyers reading x-rays and diagnosing asbestosis and silicosis for litigation purposes. (Feb. 16, 2005 Transcript at 258-60.) From 1995 through approximately 2000, Licensee worked for the screening company N & M, Inc. (abbreviation for "Netherland & Mason") focused on asbestosis cases. (Feb. 16, 2005

Transcript at 279.) Beginning in 2001, however, Licensee's focus shifted from asbestosis cases to silicosis. (Feb. 16, 2005 Transcript at 279-80.)

4. In late 1996 or early 1997, Licensee was hired and paid by N&M, Inc. to read chest x-rays, conduct abbreviated physical examinations and/or make diagnoses in connection with litigation. (Feb. 17, 2005 Transcript at 270, 280.)

5. In the matter of *In Re Silica Liability* Litigation, 398 F. Supp. 2d 563 (S.D. Tex. 2005), Licensee was involved in the diagnosis of approximately 6,350 plaintiffs in the referenced MDL silicosis cases, either by performing B-reads and/or rendering diagnosis reports. (Feb. 16, 2005 Transcript at 300.) Licensee was listed as the diagnosing physician for approximately 2,600 plaintiffs in the silica MDL. (Feb. 16, 2005 Transcript at 317.)

6. Licensee testified during the *Daubert* hearing held in the Texas MDL silicosis case, that while the diagnoses he made in reference to the Texas MDL silicosis cases were based in terms of "a reasonable degree of medical certainty", these diagnoses were nevertheless intended to be relied upon by other medical people and the patient as a medical diagnosis. Licensee testified that while the diagnoses he made were actual medical diagnoses, they were, however, more of a legal standard diagnosis. (Feb. 16, 2005 Transcript at 268.)

7. Licensee testified during the *Daubert* hearing held in the Texas MDL silicosis case, that despite signing or authorizing the reports to be submitted under his signature, he disagreed with the statement contained in the reports that he relied upon the results of a physical examination in making his diagnosis. (Feb. 16, 2005 Transcript at 281-82.) Licensee testified that the screening company asked him to include the

language regarding his reliance upon a physical examination in the reports. (Feb. 16, 2005 Transcript at 281-82.) According to Licensee, although he did not rely on a physical examination in making his diagnoses, he nevertheless “capitulated” and allowed the statement, although untrue, to be added. (Feb. 16, 2005 Transcript at 281-82.)

8. At the *Daubert* hearing held in the Texas MDL silicosis case, Licensee testified that he did not take the patient history information in the silicosis cases. (Feb. 16, 2005 Transcript at 282.) According to Licensee, the history information was obtained by someone other than Licensee and was provided to him. (Feb. 16, 2005 Transcript at 282.) Although Licensee acknowledged relying on the accuracy of the history information in rendering his diagnosis, Licensee was unsure who actually took the patient history information. (Feb. 16, 2005 Transcript at 282.) Further, Licensee believed the lawyer, law firm, or screening company, and not a medical person, was responsible for actually having taken the history information that he was provided and relied upon. (Feb. 16, 2005 Transcript at 282.) While Licensee did not take the exposure history, he assumes the information was accurate inasmuch as the reports were signed by the patients.

9. Licensee testified at the *Daubert* hearing, that he did not keep or maintain any records of the physical exams or screens that he performed for the screening companies. (Feb. 16, 2005 Transcript at 317-19.) Licensee further testified that he completed the ILO forms and trusted the secretaries/typing staff to “translate [the ILO form] into English” as Licensee did not dictate separate findings or reports. (Feb. 16, 2005 Transcript at 289-90.) It was Licensee’s practice to allow the office staff, a typing

company not under his employ but located in his office building (N&M and perhaps others), to "prepare [Licensee's] reports, stamp [Licensee's] name on them, and send those reports out without [Licensee] editing or reviewing them." (Feb. 16, 2005 Transcript at 285-87.) Licensee chose to do so despite knowing that none of the clerical staff, with the exception of one secretary who happened to have been an x-ray technician at one time, had any medical training whatsoever. (Feb. 16, 2005 Transcript at 290.) In addition to entrusting his signature stamp to numerous individuals and allowing those individuals to affix his signature to documents without monitoring, Licensee provided N&M, Inc. with a stack of blank ILO forms that contained his signature. (Feb. 16, 2005 Transcript at 370-71.)

10. Licensee testified both at the *Daubert* hearing in Texas, as well as the hearing before this Board, that patients could be and were diagnosed with both silicosis and asbestosis. However, in his preparing his diagnosing letters, Licensee would limit the diagnosis to the illness being pursued by the requesting lawyers. To explain how this would occur, Licensee explained that the typists would "translate" the ILO form, that is, the typist reading the prepared ILO form would have interpreted the "s" primary opacity box checked by Licensee on the ILO form as being consistent with asbestosis. (Feb. 16, 2005 Transcript at 292.) Later, when the emphasis was on silicosis, the typist would have seen the "p" secondary opacity box checked and would have interpreted that as being consistent with silicosis, prompting the diagnosis of silicosis. (Feb. 16, 2005 Transcript at 292-94.) Licensee acknowledged that diseases and conditions other than asbestosis and silicosis could also have been consistent with the described opacities, however, the typist selected the diagnosis of asbestosis and/or silicosis and

rendered the report under Licensee's signature. (Feb. 16, 2005 Transcript at 293-94.) Despite Licensee's knowledge that diagnoses were being made by the secretaries and rendered under his signature, Licensee failed to review or supervise the letter reports being submitted.

11. When Licensee was asked at the *Daubert* hearing in the Texas silica MDL case to explain the methodology behind his varying litigation reports, Licensee invoked his Fifth Amendment privilege against self-incrimination. Later, Licensee was subpoenaed to testify before the U.S. House of Representatives. Licensee refused to answer questions and asserted his Fifth Amendment right against possible self incrimination at the hearing before the U.S. House of Representatives.

12. On or about April 13, 2007, based on allegations related to silica/silicosis litigation and Licensee's determination and signature on x-ray findings of silicosis for numerous silicosis plaintiffs, Licensee entered into an Agreed Order with the Texas Medical Board, wherein Licensee agreed not to practice medicine in the period before Licensee's Texas medical license (#C9439) expires, not to renew his medical license after it expires, and not to petition the Texas Medical Board for reinstatement or re-issuance of Licensee's Texas medical license.

CONCLUSIONS OF LAW

Based on the Finding of Facts as enumerated above, Licensee is guilty of Count 3 of the Summons and Affidavit. That is, Licensee is guilty of unprofessional conduct, which includes, but is not limited to any dishonorable or unethical conduct likely to deceive, defraud or harm the public as a result of Licensee pre-signing blank ILO forms, thereby allowing the forms to be filled in at a later date with Licensee's signature already

affixed, all in violation of Miss. Code Ann. §73-25-29, Subsection (8)(d) and §73-25-83(a).

Based on the Finding of Facts as enumerated above, Licensee is guilty of Count 4 of the Summons and Affidavit. That is, Licensee is guilty of unprofessional conduct, which includes, but is not limited to any dishonorable or unethical conduct likely to deceive, defraud or harm the public as a result of Licensee allowing or otherwise instructing non-medically trained, non-allied health care personnel to interpret medical records and render medical diagnoses, utilizing Licensee's signature or signature stamp, all in violation of Miss. Code Ann. §73-25-29, Subsection (8)(d) and §73-25-83(a).

Further, based on said Finding of Facts as enumerated above, Licensee is guilty of Counts 5 and 6 of the Summons and Affidavit, that is, having restrictions imposed on his license to practice medicine in another state or jurisdiction; and having surrendered his license to practice medicine in another state or jurisdiction while under disciplinary investigation by a state medical licensure board in response to allegations related to Licensee's conduct in silica/silicosis litigation: all in violation of Subsections (9) and (10) of Miss. Code Ann. §73-25-29.

The Board finds that Licensee is not guilty of Counts 1 and 2 of the Summons and Affidavit.

ORDER

IT IS THEREFORE, ORDERED that Ray A. Harron, M.D. is hereby permanently prohibited from ever seeking renewal or reinstatement of his Mississippi medical license (No. 14223) now lapsed.

IT IS FURTHER ORDERED, that when reporting this action to the National Practitioner Data Bank as required by Federal Law, the Board will answer in the affirmative ("yes") that the adverse action specified in the report is based "on the Subject's...Conduct, which adversely affected, or could have adversely affected, the health or welfare of the patient." The Board's previous answer to this same question shall not be changed.

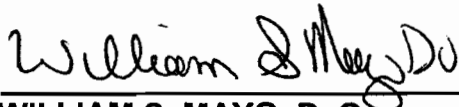
IT IS FURTHER ORDERED, that Dr. Harron shall reimburse the Board of all costs incurred in relation to the pending matter not to exceed \$10,000 pursuant to Miss. Code Ann., Section 73-25-30. Dr. Harron shall be advised of the total assessment by separate written notification, and shall have a certified check or money order made payable to the Mississippi State Board of Medical Licensure on or before forty (40) days from the date of mailing of the notification.

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 Dr. Harron or his Counsel, Honorable Edward Blackmon, Jr. Because Dr. Harron was informed of this decision following Board deliberations, the Order shall be given immediate effect.

SO ORDERED, this the 19th day of January, 2012.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY:



**WILLIAM S. MAYO, D. O.
PRESIDENT**

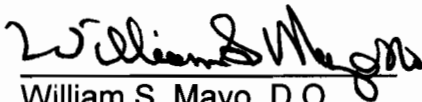
**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
JANUARY 19, 2012**

AGENDA ITEM: XVI. Hearing in the case of Michael A. White, M.D.

In a motion made by Dr. Aycock, seconded by Dr. Crawford, in a vote of seven (7) for, one (1) absent and one (1) abstaining, the Board suspends Dr. White's medical license for a period of six (6) months but stays that suspension contingent upon his completion of CME's in proper prescribing of controlled substances, ethics and medical record keeping within six (6) months, at which time he shall appear before the Executive Committee to discuss his program. The Board permanently prohibits Dr. White from practicing weight loss medicine. The restriction on Dr. White's license is reportable to the NPDB.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.	X			
Claude D. Brunson, M.D.	X			
Rickey L. Chance, D.O.	X			
Virginia M. Crawford, M.D.	X			
S. Randall Easterling, M.D.	X			
William B. Jones, M.D.	X			
William S. Mayo, D.O.	X			
Philip T. Merideth, M.D., J.D.				X
Charles D. Miles, M.D.			X	

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


William S. Mayo, D.O.
President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

MICHAEL ALEX WHITE, M.D.

DETERMINATION AND ORDER

THIS MATTER came on regularly for hearing on January 19, 2012, before the Mississippi State Board of Medical Licensure (hereinafter "board"), pursuant to Title 73, Chapter 25 of Mississippi Code (1972) Annotated. The Board initiated these proceedings on November 10, 2011, by issuance of a Summons and Affidavit against Michael Alex White, M. D. (hereinafter "Licensee") setting forth a total of twenty-three (23) counts of violation of Miss. Code Ann. Sections 73-25-29 and 73-25-83.

Licensee was present, represented by Honorable Rodney Ray. 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. Board members present for all proceedings were William S. Mayo, D.O., President; S. Randall Easterling, M.D., Larry B. Aycok, M.D., William B. Jones, M.D., Claude D. Brunson, M.D., Rickey L. Chance, D.O., Virginia M. Crawford, M.D., and Charles D. Miles, M.D.

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. 11125. Licensee is also the holder of Registration Certificate Number BW3923009 issued by the Drug Enforcement Administration, thereby authorizing Licensee to administer, dispense, and prescribe controlled substances in Schedules II, IIN, III, IIIN, IV, and V.

2. As a result of complaints and inquiries from pharmacies, relatives of patients and law enforcement officers concerning Licensee's prescribing of Phentermine HCl 37.5mg (Adipex-P) for treatment of weight loss, a joint investigation was conducted by members of the Investigative Division of the Board, the United States Drug Enforcement Administration (DEA) Tactical Diversion Squad and Mississippi Bureau of Narcotics. The investigation included the interview of past and current patients of Licensee and sending undercover DEA agents into Licensee's clinic for the purpose of obtaining prescriptions for Phentermine, all for the purpose of determining the extent of Licensee's compliance with the Board's Rules and Regulations Governing the Use of Diet Medication.

3. Phentermine is a controlled substance, having addiction-forming and addiction sustaining liabilities.

4. Between February 1, 2009, and September 22, 2010, Licensee did authorize the issuance to Patient Jessica Bartling (hereinafter Patient No. 1) of ten (10) prescriptions for weight loss totaling approximately 360 dosage units including refills. Among said prescriptions were nine (9) prescriptions for approximately 270 dosage

units of Phentermine HCL 37.5mg (Adipex) and one (1) prescription for Sibutramine HCL M-Hydrate 10mg (Meridia) for 90 dosage units, including two (2) refills, as follows:

<u>DATE</u>	<u>RX NO.</u>	<u>DRUG</u>	<u>QUANTITY</u>
2/2/2009	4485689	PHENTERMINE 37.5MG	30
3/9/2009	4486680	PHENTERMINE 37.5MG	30
4/27/2009	435608	PHENTERMINE 37.5MG	30
8/11/2009	533281	MERIDIA 10MG	30*
9/28/2009	533281(R)	MERIDIA 10MG	30
11/7/2009	533281(R)	MERIDIA 10MG	30
11/23/2009	449288	PHENTERMINE 37.5MG	30
2/15/2010	457209	PHENTERMINE 37.5MG	30
3/16/2010	460685	PHENTERMINE 37.5MG	30
4/20/2010	464315	PHENTERMINE 37.5MG	30
7/20/2010	473865	PHENTERMINE 37.5MG	30
9/27/2010	480715	PHENTERMINE 37.5MG	30

Patient #1 is a patient of Licensee who was interviewed and cooperated with the investigation. Analysis of Patient #1 medical file indicates said patient is a female, 33 years of age. The patient was initially seen by Licensee on February 2, 2009. On this visit, patient indicated she wanted to lose weight. The patient's recorded height was 5'7" and weight was 148 pounds, which the Board determines is not obese. Notwithstanding, on the initial visit Licensee prescribed to said patient 30 Phentermine HCl tablets for weight loss. At this time, the patient completed a form entitled "Acknowledgment of Controlled Substances Prescriptions Received: Phentermine" stating that she had received three (3) prescriptions for Phentermine during the previous twelve (12) months. Licensee continued the use of controlled substances (4th month) in the treatment of obesity or weight loss without independent verification (or evidence as to same placed in the file) that Licensee or his predecessor had performed a review of

the patient's records of a prior treatment or prior weight-loss program to determine that Patient #1 had made a 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 had been ineffective.

Although the patient's file contains forms which included a portion reserved for "History of Present Illness" and for "Physical Examination", Licensee failed to fully document a thorough history and thorough physical examination of Patient #1 prior to prescribing controlled substance weight loss medication.

On the initial visit (February 2, 2009) Licensee completed the "Physical Examination" form by merely noting the patient's heart rate and BP with a line drawn through the "Normal" column suggesting no abnormalities for the areas noted, i.e. head, lungs, abdomen, neurologic, etc. While Licensee noted that the patient did not use alcohol or tobacco and was not pregnant, he did not document the patient's BMI, waist circumference (waist to hip ratio) or percentage of body fat. Licensee did not conduct an EKG or document why one was not necessary. Further, Licensee did not perform any laboratory testing, i.e., CBC, liver panel, lipid panel, urine analysis or thyroid function, or document why such tests were not necessary.

Other than stating "None" under "Past Medical and Surgical History" Licensee failed to document a thorough medical history of Patient #1, such as dietary history, gynecological history, history of an eating disorder, weight history, patient's primary care provider or consultations. Other than an "impression" of "overwt.", Licensee did not document a medical diagnosis.

The patient record contains a weight loss chart, wherein, for each prescription issued, an entry was made showing the date, height, weight, gain/loss, BP, pulse, month (on the program) and assessment. The Phentermine medication was prescribed for the patient consistently even though the "Weight Loss" chart clearly indicates that this patient did not ultimately lose weight while using the Phentermine. Over the course of one (1) year and seven (7) months of being on a weight loss program, this patient gained 20 pounds.

During the second sixth month treatment program, Licensee failed to discontinue utilizing controlled substance stimulants upon ascertaining that Patient # 1 had failed to lose weight after the 5th and 6th treatment months.

5. That during the prescription profile period February 2, 2009, to September 27, 2010, Licensee did issue to Ainsley "Nicki" Stanley (hereinafter Patient #2) five (5) prescriptions for approximately 150 dosage units of Phentermine HCL 37.5mg (Adipex), as follows:

<u>DATE</u>	<u>RX NO.</u>	<u>DRUG</u>	<u>QUANTITY</u>
02/02/2009	4485553	PHENTERMINE 37.5MG	30
03/09/2009	4486566	PHENTERMINE 37.5MG	30
04/23/2009	435609	PHENTERMINE 37.5MG	30
11/09/2009	4553627	PHENTERMINE 37.5MG	30
09/27/2010	480714	PHENTERMINE 37.5MG	30

Patient #2 is a patient of Licensee who was interviewed and cooperated with the investigation. Analysis of the medical file maintained by Licensee on "Patient #2" indicates the said patient is a female, 38 years of age. The patient was initially seen by Licensee on February 2, 2009, with a complaint of wanting to lose weight. On this visit, Patient #2 had a recorded height of 5'6" and weight of 180 pounds. On the initial visit,

Licensee prescribed Patient #2 thirty (30) Phentermine 37.5 mg tablets for weight loss. Patient #2 advised Licensee that she had previously received diet medication from Dr. Burtman, inasmuch as the Phentermine prescription issued by Licensee on February 2, 2009, was described as being the third month of treatment. However, no portion of the Burtman file was found in the medical record of Patient #2 as maintained by Licensee. Furthermore, Licensee continued Patient # 2 in the treatment of obesity or weight loss with use of controlled substances without independent verification (or evidence as to same placed in the file) that Licensee or his predecessor had performed a review of the patient's records of a prior treatment or prior weight-loss program to determine that Patient #2 had made a 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 had been ineffective.

Although the patient's file contains forms which included a portion reserved for "History of Present Illness" and for "Physical Examination", Licensee failed to fully document a thorough history and thorough physical examination of Patient #2 prior to prescribing controlled substance weight loss medication.

On the initial visit (February 2, 2009) Licensee completed the "Physical Examination" form by merely noting the patient's heart rate and BP with a line drawn through the "Normal" column suggesting no abnormalities for the areas noted, i.e. head, lungs, abdomen, neurologic, etc. While Licensee noted that the patient did not use alcohol or tobacco and was not pregnant, he did not document the patient's BMI, waist circumference (waist to hip ratio) or percentage of body fat. Licensee did not conduct an

EKG or document why one was not necessary. Further, Licensee did not perform any laboratory testing, i.e., CBC, liver panel, lipid panel, urine analysis or thyroid function, or document why such tests were not necessary.

Other than stating "None" under "Past Medical and Surgical History", Licensee failed to document a thorough medical history of Patient #2, such as dietary history, gynecological history, history of an eating disorder, weight history, patient's primary care provider or consultations. Other than an "impression" of "overwt.", Licensee did not document a medical diagnosis.

6. That during the prescription profile period October 13, 2010 to February 8, 2011, Licensee did authorize the issuance to Tracey Shows (hereinafter Patient #3) five (5) prescriptions for approximately 150 dosage units of Phentermine HCL 37.5mg (Adipex).

<u>DATE</u>	<u>RX NO.</u>	<u>DRUG</u>	<u>QUANTITY</u>
10/13/2010		PHENTERMINE 37.5MG	30
11/10/2010		PHENTERMINE 37.5MG	30
12/07/2010		PHENTERMINE 37.5MG	30
01/04/2011		PHENTERMINE 37.5MG	30
02/08/2011		PHENTERMINE 37.5MG	30

Patient #3 is a Confidential Source and worked with DEA to conduct undercover medical visits at the medical office of Licensee. There were approximately five (5) undercover visits conducted on the dates noted above. While Patient #3 is obese, she participated in the operation based on a number of preexisting medical conditions and to determine the extent to which Licensee would address such conditions.

An analysis of the medical file maintained by Licensee on Patient #3 indicates the said patient is a female, 34 years of age. The patient was initially seen by Licensee

on October 13, 2010, with a complaint of "lose weight". On patient's initial visit, she had a recorded height of 5'4" and weight of 225 pounds. On this visit, Licensee prescribed Patient #3 thirty (30) Phentermine HCL tablets for weight loss. There were no patient chart entries indicating that Licensee performed a review of the patient's records of prior treatment or prior weight-loss program to first determine that Patient #3 had made a 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 had been ineffective.

Although the patient's file contains forms which included a portion reserved for "History of Present Illness" and for "Physical Examination", Licensee failed to fully document a thorough history and thorough physical examination of Patient #3 prior to prescribing controlled substance weight loss medication.

On the initial visit (October 13, 2010) Licensee or his staff completed a form providing space to address "Chief Complaint", "Review of Systems", "Past Medical and Surgical History", "Pertinent Family History" and "Social History". The form did not address and Licensee did not document any medical history of Patient #3 as to dietary history, gynecological history, history of an eating disorder, weight history, patient's primary care provider or consultations. The patient noted a "tubel" (tubal ligation) under Past Medical and Surgical History and use of Restoril under Current Medications. Under Family History, Patient #3 stated "Htn" (hypertension), stroke, diabetes and cancer. While denying alcohol use and pregnancy, Patient #3 stated that she smoked one pack per day. The patient also noted a number of existing conditions, including

shortness of breath, nausea, headache, muscle pain, joint stiffness and joint pain. Other than an "impression" of "overwt.", Licensee did not document a medical diagnosis.

The "Physical Examination" form completed by Licensee noted the patient's BP of 131/92 and heart rate of 88. Other than stating "Obese" next to the word "Abdomen", a line was drawn through the "Normal" column suggesting no abnormalities for the areas noted, i.e. heart, pulses, head, lungs, abdomen, neurologic, etc. Further, Licensee did not document the patient's BMI, waist circumference (waist to hip ratio) or percentage of body fat. Notwithstanding the aforementioned existing conditions and history, Licensee did not conduct an EKG or document why one was not necessary. Further, Licensee did not perform any laboratory testing, i.e., CBC, liver panel, lipid panel, urine analysis or thyroid function, or document why such tests were not necessary.

7. That between November 10, 2010, and February 8, 2011, Licensee did issue to Chelsea Rushing (hereinafter Patient #4) four (4) prescriptions for approximately 120 dosage units of Phentermine HCL 37.5mg (Adipex).

<u>DATE</u>	<u>DRUG</u>	<u>QUANTITY</u>
11/10/2010	PHENTERMINE 37.5MG	30
12/07/2010	PHENTERMINE 37.5MG	30
01/04/2011	PHENTERMINE 37.5MG	30
02/08/2011	PHENTERMINE 37.5MG	30

Patient #4 is a Confidential Source and worked with DEA to conduct undercover medical visits at the medical office of Licensee. There were four (4) undercover visits conducted on the dates noted above.

An analysis of the medical file maintained by Licensee on Patient #4 indicates that said patient is a female, 22 years of age. The patient was initially seen by Licensee

with a complaint of "weight loss". Patient #4 had a recorded weight of 139 pounds and a height of 5'3" tall. The Board finds that Patient # 4 is not obese, yet in the space provided for "Impression/Documentation of medical decision-making", Licensee noted merely "overweight". On this visit, Licensee prescribed Patient #4 thirty (30) Phentermine HCL tablets. There were no entries in the patient record indicating that Licensee performed a review of the patient's records of prior treatment or prior weight-loss programs to determine that Patient #4 had made a 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 had been ineffective.

Although the patient's file contains forms which included a portion reserved for "History of Present Illness" and for "Physical Examination", Licensee failed to fully document a thorough history and thorough physical examination of Patient #4 prior to prescribing controlled substance weight loss medication.

On the initial visit (November 10, 2010) Licensee or his staff completed a form providing space to address "Chief Complaint", "Review of Systems", "Past Medical and Surgical History", "Pertinent Family History" and "Social History". The form did not address and Licensee did not document any medical history of Patient #4 as to dietary history, gynecological history, history of an eating disorder, weight history, patient's primary care provider or consultations. An entry "N/A" was entered under Past Medical and Surgical History and an indecipherable entry is found under Current Medications. Under Family History, Patient # 4 stated "Htn" (hypertension), ♥ dz and cancer. While admitting occasional alcohol use, Patient #4 denied pregnancy and tobacco use. In the

space used to show "Review of Systems", Licensee drew a line through each indicating no pre-existing conditions.

The "Physical Examination" form completed by Licensee on the initial visit noted the patient's BP of 125/78 and a heart rate of 100. Other than stating "Overwt" next to the word "Abdomen", a line was drawn through the "Normal" column suggesting no abnormalities for the areas noted, i.e. heart, pulses, head, lungs, abdomen, neurologic, etc. Further, Licensee did not document the patient's BMI, waist circumference (waist to hip ratio) or percentage body fat. Licensee did not conduct an EKG or document why one was not necessary. Further, Licensee did not perform any laboratory testing, i.e., CBC, liver panel, lipid panel, urine analysis or thyroid function, or document why such tests were not necessary. Other than an "impression" of "overwt.", Licensee did not document a medical diagnosis.

Prior to prescribing controlled substance weight loss medications, Licensee failed to document a proper treatment plan, i.e. Licensee's "Plan of Care" merely stating "Weight Loss Program Month # 1" with reference to use of Phentermine 37.5 mg daily along with Chromium Picolinate 200 mg daily and "Low carb Diet". There was no documentation of an individualized diet or exercise program.

Over the course of three (3) months of being on a weight loss program, this patient lost eight (8) pounds. However, the weight loss by Patient #4 was not the result of her taking the Phentermine prescriptions issued to her by Licensee. These prescriptions were never filled because DEA took possession of the original prescription after each undercover visit.

8. That between October 20, 2010, and February 8, 2011, Licensee did authorize the issuance to Tiffany Smith (hereinafter Patient #5) four (4) prescriptions for Phentermine HCL 37.5mg (Adipex) totaling approximately 120 dosage units.

<u>DATE</u>	<u>DRUG</u>	<u>QUANTITY</u>
10/20/2010	PHENTERMINE 37.5MG	30
12/07/2010	PHENTERMINE 37.5MG	30
01/04/2011	PHENTERMINE 37.5MG	30
02/08/2011	PHENTERMINE 37.5MG	30

Patient #5, whose true name is Tiffany Stokes, is a Confidential Source and worked with DEA to conduct undercover medical visits at the medical office of Licensee. There were four (4) undercover visits conducted on the dates noted above.

An analysis of the medical file maintained by Licensee on Patient #5 indicates that said patient is a female, 29 years of age. The patient was initially seen by Licensee on October 20, 2010, with a complaint of "lose weight". In the space provided for "Impression/Documentation of medical decision-making" Licensee entered "weight control". Patient #5 had a recorded weight of 125 pounds and a height of 5'8". The Board find that Patient # 5 is not obese. Notwithstanding, on the initial visit, Licensee issued Patient #5 a prescription for thirty (30) Phentermine HCL tablets.

There were no entries in the file indicating that Licensee performed a review of the patient's records of prior treatment or from a prior weight-loss program to determine that Patient #5 had made a 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 had been ineffective.

Although the patient's file contains forms which included a portion reserved for "History of Present Illness" and for "Physical Examination", Licensee failed to fully document a thorough history and thorough physical examination of Patient #5 prior to prescribing controlled substance weight loss medication.

On the initial visit (October 20, 2010) Licensee or his staff completed a form providing space to address "Chief Complaint", "Review of Systems", "Past Medical and Surgical History", "Pertinent Family History" and "Social History". The form did not address and Licensee did not document any medical history of Patient #5 as to dietary history, history of an eating disorder, gynecological history, weight history, patient's primary care provider or consultations. Nothing was entered under Past Medical and Surgical History and Pertinent Family History. Current Medications were described as birth control and acid reflux. While admitting occasional alcohol use, Patient #5 denied tobacco use. In the space used to show "Review of Systems", Licensee drew a line through each indicating no pre-existing conditions.

The "Physical Examination" form completed by Licensee on the initial visit noted the patient's BP of 113/74 and heart rate of 81. A line was drawn through the "Normal" column suggesting no abnormalities for the areas noted, i.e. heart, pulses, head, lungs, abdomen, neurologic, etc. Licensee did not document the patient's BMI, waist circumference (waist to hip ratio) or percentage body fat. Licensee did not conduct an EKG or document why one was not necessary. Further, Licensee did not perform any laboratory testing, i.e., CBC, liver panel, lipid panel, urine analysis or thyroid function, or document why such tests were not necessary. Other than an "impression" of "wt control." Licensee did not document a medical diagnosis.

All prescriptions issued to Patient #5 were documented in the patient's file. The Phentermine medication was prescribed for the patient consistently even though the "Weight Loss" chart indicates that this patient did not lose weight while using this medication. Over the course of three (3) months of being on a weight loss program, this patient gained nine (9) pounds.

9. As to Patients 4 and 5, and probably the remaining patients, the initial visits consisted of the aforementioned abbreviated history and physical examination by Licensee's support staff (not Licensee himself), followed by an approximate five(5) minute video about the "Cave Man diet", culminating in a 5-10 minute interview by Licensee going over the diet program, all of which the Board finds not to meet the standards required by the Board regulations. Following the initial visit, Licensee spent very little time with each patient, usually only that time necessary to sign the prescriptions completed by the staff for his signature. In the videos, Licensee openly referred to Patient #5 as "perfect" adding, "do I have to imagine there's fat there?". Licensee then looked back at an unidentified nurse who was standing in the room and smiled, Licensee then throwing his pen up in the air, stating "there ain't no damn fat on her." The above noted and other comments documented by the joint investigation, clearly reflect Licensee's willful disregard for the Board's Rules and Regulations, as well as disregard for the health and welfare of the patient.

CONCLUSIONS OF LAW

Based on the Finding of Facts as enumerated above, Licensee is guilty of Counts 1, 7, 11, 15 and 19 of the Summons and Affidavit. That is, Licensee failed to

comply with the Rules and Regulations of the Board, "Pertaining to Prescribing, Administering and Dispensing of Medications," Chapter 25, Section 501(1), as a result of Licensee initiating treatment utilizing a Schedule IV controlled substance without having performed a review of the patient's prior medical and weight-loss program records to determine that the patient had 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 had been ineffective, all in violation of Miss. Code Ann. Section 73-25-29(13).

Licensee is guilty of Counts 2, 8, 12, 16 and 20 of the Summons and Affidavit. That is, Licensee failed to comply with the Rules and Regulations of the Board, "Pertaining to Prescribing, Administering and Dispensing of Medications," Chapter 25, Section 501(2), as a result of Licensee's failure to obtain a thorough history or complete a thorough physical examination prior to initiating treatment utilizing a Schedule IV controlled substance; all in violation of Miss. Code Ann. Section 73-25-29(13).

Licensee is guilty of Counts 3 and 21 of the Summons and Affidavit. That is, Licensee failed to comply with the Rules and Regulations of the Board, "Pertaining to Prescribing, Administering and Dispensing of Medications", Chapter 25, Section 501(5)(a), as a result of Licensee's dispensing the same controlled substance anorectic to a patient who has failed to lose weight while under treatment with said controlled substance over a period of thirty (30) days, all in violation of Miss. Code Ann. Section 73-25-29(13).

Licensee is guilty of Counts 5, 9, 13 17 and 22 of the Summons and Affidavit. That is, Licensee is guilty of dispensing drugs having addiction-forming or addiction-sustaining liability otherwise than in the course of legitimate professional practice, all in violation of Miss. Code Ann. Section 73-25-29(3).

Licensee is guilty of Counts 6, 10, 14, 18 and 23 of the Summons and Affidavit. That is, Licensee is guilty of unprofessional conduct, which includes, but is not limited to any dishonorable or unethical conduct likely to deceive, defraud or harm the public in violation of Miss. Code Ann., § 73-25-29(8)(d) and 73-24-83(a).

The Board finds that Licensee is not guilty of Count 4 of the Summons and Affidavit.

ORDER

IT IS THEREFORE, ORDERED that based upon the findings of fact and conclusions of law above, the Mississippi medical license issued to Michael Alex White, M.D. is hereby suspended for a period of six (6) months, providing, however, that suspension shall be stayed and placed on probation as long as Licensee remains in compliance with the following conditions:

1. Within six (6) months from the date of this order, Licensee must attend and successfully complete courses designated as American Medical Association (AMA) Category I Continuing Medical Education (CME) in the proper prescribing of controlled substances, ethics and medical record keeping, with said courses approved in advance by the Executive Director of the Board. Following completion of these courses, Licensee shall submit to the Board documentary proof of successful completion. This is

in addition to the forty hours of AMA Category I CME requirements as cited in Chapter 07 of the Board's Rules and Regulations.

2. That following completion of the Continuing Medical Education and six (6) month stayed suspension, Licensee shall appear before the Executive Committee of the Board so as to discuss and review the course work and Licensee's compliance with the Rules and Regulations of the Board.

IT IS FURTHER ORDERED, that Licensee shall henceforth be forever prohibited from operating a diet clinic, or treating patients for the purpose of weight loss or weight control. Licensee shall not prescribe, dispense or administer any controlled substance, legend drug, over the counter (OTC) medication or herbal preparation for the treatment of obesity, weight loss or weight control.

IT IS FURTHER ORDERED, that Licensee's practice of medicine shall be subject to periodic surveillance by the Mississippi State Board of Medical Licensure to monitor compliance with any Board approved plan of practice. The Board's Executive Director, any member of the Board, or Investigative staff may perform a patient chart review of a representative sample of those patients treated by Licensee.

IT IS FURTHER ORDERED, that Dr. White shall reimburse the Board of all costs incurred in relation to the pending matter not to exceed \$10,000 pursuant to Miss. Code Ann., Section 73-25-30. Dr. White 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 Licensee receives the aforementioned notification.

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 Dr. White or his Counsel, Honorable Rodney Ray. Because Dr. White was informed of this decision following Board deliberations, the Order shall be given immediate effect.

SO ORDERED, this the 19th day of January, 2012.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY: 

**WILLIAM S. MAYO, D. O.
PRESIDENT**

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

MICHAEL DEAN RALSTON, M.D.

CONSENT ORDER

WHEREAS, MICHAEL DEAN RALSTON, M.D., 3040 Goodman Road West, Horn Lake, Mississippi, hereinafter referred to as "Licensee," is the current holder of License No. 10319 for the practice of medicine in the State of Mississippi.

WHEREAS, the investigative staff of the Mississippi State Board of Medical Licensure, hereinafter referred to as "Board," conducted an investigation into the practice of Licensee, and particularly, his supervision of former Physicians Assistant Arthur T. Roach, hereinafter referred to as "Roach," and has documented evidence indicating Licensee is in violation of the Rules and Regulations of the Board "Pertaining to the Practice of Physician Assistants," as a result of his failure to properly and directly supervise Roach, to-wit: (i) allowing Roach to operate a free standing clinic, (ii) failure to properly review patient charts for patients treated by Roach, (iii) failure to properly document those charts reviewed, and (iv) allowing Roach choose those charts to be reviewed. As a result of Licensee's action or inaction, Licensee has exhibited unprofessional conduct, including dishonorable conduct likely to deceive, defraud, or harm the public;

WHEREAS, such conduct, if established before the Board, constitutes violation of the Mississippi Medical Practice Act and specifically, Subsections (8)(d) and (13) of the Miss. Code Ann. § 73-25-29, and § 73-25-83(a), for which the Board may revoke the medical license of Licensee, suspend it for a time deemed proper by the Board, or take any other action as the Board may deem proper under the circumstances;

acknowledges that the Board shall provide a copy of this Order to, among others, the National Practitioners Data Bank, and the U.S. Drug Enforcement Administration (DEA), and the Board makes no representation as to actions, if any, which the DEA 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. § 73-25-1 et seq., to be represented therein by legal counsel of his choice, and a final decision based on written findings of fact and conclusions of law, MICHAEL DEAN RALSTON, M.D., nonetheless hereby waives his right to notice and formal adjudication of charges, thereby placing the above enumerated terms, conditions, and restrictions on his license to practice medicine in the State of Mississippi.

ACCEPTED, this the 11 day of ~~December~~, 2011. JANUARY, 2012

By: 
MICHAEL DEAN RALSTON, M.D.

EXECUTED this the 19th day of January, 2012.

MISSISSIPPI STATE BOARD of MEDICAL LICENSURE

By: 
William S. Mayo, D.O., President

MARCH 2012

**MINUTES
EXECUTIVE COMMITTEE MEETING
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
MARCH 21, 2012**

MEMBERS PRESENT:

William S. Mayo, D.O., Oxford, President
S. Randall Easterling, M.D., Vicksburg, Vice President
Virginia M. Crawford, M.D., Hattiesburg, 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 Carrillo, Special Projects Officer, Investigative Division
Mickey Boyette, Investigator, Investigative Division
Jonathan Dalton, Investigator, Investigative Division
Charles Ware, Investigator, Investigative Division
Ruby Litton, RN, Compliance Nurse
Sherry H. Pilgrim, Staff Officer

The Executive Committee of the Mississippi State Board of Medical Licensure met on Wednesday, March 21, 2012, at 1:00 p.m. in the Board Room of the Office of the Board located at 1867 Crane Ridge Drive, Jackson, Mississippi.

**PERSONAL APPEARANCE BY CARL A. FAULKS, M.D., MERIDIAN, MISSISSIPPI
MEDICAL LICENSE NUMBER 19646**

Dr. Craig advised that Dr. Faulks and his attorney had been notified of the appearance request on February 23rd. Dr. Craig stated that the Board received a fax Monday afternoon (March 19, 2012) requesting a continuance due to obligations the attorney had out of state.

After a brief discussion, motion was made by Dr. Easterling, seconded by Dr. Crawford, and carried unanimously to contact Dr. Faulks' attorney and request a meeting with Dr. Craig, Mr. Ingram, and the investigative staff within the next two weeks to discuss the Board's concerns with Dr. Faulks' multiple practice site changes, irregular practice hours, patient files the Board had requested, and the allowing of non-physician personnel to function in his absence. If the Board is not satisfied with the outcome, Dr. Faulks' license will be suspended and the Board will have a hearing within 15 days.

EXECUTIVE COMMITTEE MINUTES

March 21, 2012

Page 2

PERSONAL APPEARANCE BY NEIL BURTON SLOAN, M.D., CORINTH, MISSISSIPPI MEDICAL LICENSE NUMBER 19029

Dr. Craig briefly discussed why Dr. Sloan had been invited to appear before the Executive Committee. Dr. Craig stated that an investigation revealed the issuance of a prescription for Class II narcotics with two (2) refills when Dr. Sloan does not have authority to prescribe the drug. Also, Dr. Craig stated that Dr. Sloan has previously advised the Board that he did not wish to be in pain management, yet approximately 56% of the medication he prescribes is for Hydrocodone.

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

Dr. Craig explained why the Board has asked Dr. Sloan to appear and asked that he explain the matter to the Executive Committee. Mr. Pettis advised that the prescription was an innocent mistake. Mr. Pettis stated that Dr. Sloan usually prescribes Class III, but that the computer system was down and therefore the prescription was not flagged. Mr. Pettis handed out documentation and explained what happened.

Following questions from the Executive Committee, Dr. Sloan advised that he is still trying to get away from pain management but that he sees many disability and injury cases. Dr. Sloan did state that he has a pain management contract for these patients. Dr. Sloan was advised that he is operating a pain management clinic and is not registered to do so. It was noted that Dr. Sloan does not meet the Board's requirements for certification of a pain management clinic since he has restrictions on his medical license. Motion was made by Dr. Easterling, seconded by Dr. Crawford, and carried unanimously that the Executive Committee enter into Executive Session to discuss a matter that could result in additional disciplinary action.

Upon a motion by Dr. Crawford, seconded by Dr. Easterling, and carried unanimously the Executive Committee came out of Executive Session at which time Dr. Mayo asked Dr. Crawford to report on their decision. Dr. Crawford advised that the Executive Committee unanimously agreed that the documentation presented indicates that since Dr. Sloan's execution of his 2008 Consent Order he has doubled the number of prescriptions for controlled substances and that greater than 50% of his patient population meets the definition of chronic pain. The Board is offering a Consent Order which will result in the voluntary suspension of Dr. Sloan's DEA for all schedules for one (1) year.

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PERSONAL APPEARANCE BY ROBERT JOHN CAIN, M.D., STARKVILLE, MISSISSIPPI MEDICAL LICENSE NUMBER 12954

Dr. Craig briefly discussed that Dr. Cain had been invited to appear today to discuss two (2) patients that he had prescribed controlled substances without documenting any medical visit or having patient charts.

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

After introductions, Dr. Cain addressed the Executive Committee and advised that he does not have an explanation as he was not aware it was a problem. Mickey Boyette, Investigator, advised the prescriptions were for an employee and her spouse and that Dr. Cain is a pediatrician. Mr. Boyette also stated that Dr. Cain has not signed up with the Mississippi Prescription Monitoring Program.

Following several questions from the Executive Committee, Dr. Cain advised that he is now aware of the problem and that it will not happen again.

Dr. Mayo thanked Dr. Cain and Mr. Henderson for appearing before the Executive Committee and stated the Executive Committee will discuss and advise them of their decision at a later date.

After a brief discussion, motion was made by Dr. Crawford, seconded by Dr. Easterling, and carried unanimously to issue Dr. Cain a non-public Letter of Concern addressing the medical chart issue and the fact that he was practicing out of the scope of his speciality.

PERSONAL APPEARANCE BY JOHNNY MITIAS, M.D., NEW ALBANY, MISSISSIPPI MEDICAL LICENSE NUMBER 13955

Dr. Craig advised that Dr. Mitias is an orthopaedic surgeon from New Albany that has written the Board requesting a waiver on the number of physician assistants for his practice.

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

Dr. Mitias addressed the Executive Committee and explained why he was requesting a waiver on the number of physician assistants allowed, and also covered

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the practice plan and program that he utilizes in the training of his physician assistants.

After a brief discussion and several questions from the Executive Committee, motion was made by Dr. Easterling, seconded by Dr. Crawford, and carried unanimously to grant an exception and allow Dr. Mitias three (3) physician assistants to be utilized in his practice.

PERSONAL APPEARANCE BY ELICEIA DIONNE JACKSON, M.D., JACKSON, MISSISSIPPI MEDICAL LICENSE NUMBER 21663, AND JILL LARSEN, PA-C

Dr. Craig advised that Dr. Jackson had been invited to appear before the Executive Committee due to concerns she had with his definition of community. However, Dr. Craig stated that Dr. Jackson was not appearing today with the physician assistant but that Dr. Pamela Banister was here.

Dr. Banister and Jill Larsen, PA-C, joined the meeting and were not represented by legal counsel. Both individuals had executed a written agreement for this informal meeting, a copy of which is attached hereto and incorporated by reference.

Dr. Banister addressed the Executive Committee and advised that she is the primary physician for PA Larsen and that she has been working with her in a "student" position for the last two (2) months. Dr. Banister advised that Dr. Jackson will be the backup physician and that she is located eight (8) miles away.

The Executive Committee discussed the need of a physician assistant changing specialities to work 120 days directly with the primary physician and that because PA Larsen was going from cardiovascular to family practice, it was felt she would need the hands on training.

Following further discussion, motion was made by Dr. Easterling, seconded by Dr. Crawford, and carried unanimously that after the 120 day direct supervision that PA Larsen could work within the 30 miles or 30 minute rule, and that she would be allowed to work the two (2) afternoons that Dr. Banister is off as long as she has a backup as required.

Ms. Larsen asked about when the 120 days should start since she has been training with Dr. Banister for the last three (3) weeks. It was agreed that the three (3) weeks of training would count towards the 120 days.

Also, Dr. Banister and PA Larsen provided required information for their protocol concerning the Prescription Monitoring Program (PMP).

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ELLEN O'NEAL ARRIVED AT 3:10 P.M.

THE EXECUTIVE COMMITTEE RECESSED AT 3:10 P.M. AND RETURNED AT 3:20 P.M.

PERSONAL APPEARANCE BY CHARLES H. WILLIAMS, M.D., FLOWOOD, MISSISSIPPI MEDICAL LICENSE NUMBER 08447

Dr. Craig briefly discussed that Dr. Williams had requested to appear due to the fact that he had received a letter from the American Board of Family Medicine advising they would not allow his certification due to what they consider a restriction on his medical license because his Consent Order referred to his Recovery Contract Agreement with MPHP.

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

Dr. Williams addressed the Executive Committee and requested guidance in handling the letter from the American Board of Family Medicine. Dr. Williams stated that he has been certified since 1981, has re-certified five (5) times, and was requesting assistance from the Board on his behalf.

Following a brief discussion, motion was made by Dr. Crawford, seconded by Dr. Easterling, and carried unanimously that Dr. Craig write a letter to the American Board of Family Medicine advising them that Dr. Williams' license is unrestricted and that the statement in his PHP contract is standard language.

PERSONAL APPEARANCE BY KAREN HOLLOWAY, M.D., PEARL, MISSISSIPPI MEDICAL LICENSE NUMBER 16327

Dr. Craig advised that Dr. Holloway is a psychiatrist who was asked to appear before the Committee to address concerns regarding prescribing issues as well as concerns of how she handles pain management treatment in her practice.

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

After introductions, Dr. Craig explained to Dr. Holloway why she had been invited to appear and requested that she explain her actions for the three (3) patients that were in question. Dr. Holloway discussed each patient and why she had used the method of

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treatment for each. Dr. Holloway advised that she did not have signed pain management contracts and that she is aware of the Mississippi Prescription Monitoring Program, but does not utilize it on a regular basis.

Dr. Holloway answered several questions from the Executive Committee concerning her treatment of the patients. Charles Ware, Investigator, addressed the Executive Committee and expressed concerns with the multiple pharmacies being used and the combination of drugs prescribed.

The Executive Committee thanked Dr. Holloway and advised her that they would discuss further and then notify her of their decision.

Following a brief discussion, it was determined that sufficient evidence indicates violations of the Medical Practice Act and that the Board has grounds to offer Dr. Holloway a Consent Order. Motion was made by Dr. Mayo, seconded by Dr. Crawford, and carried unanimously to offer Dr. Holloway a consent order restricting her practice to no weight loss or pain management and restricting her prescribing of controlled medications to IIN, IIIN, IV and V only, with the understanding that she can petition the Board for removal of the restrictions after one (1) year.

REQUEST FROM TOTAL PAIN CARE TO ALLOW PHYSICIAN ASSISTANT TO EXTEND PRACTICE TO TWO (2) SATELLITE LOCATIONS

Dr. Craig briefly discussed a request from two (2) physicians in Meridian to allow their physician assistant to extend her practice location to include two (2) satellite clinics. After a brief discussion, motion was made by Dr. Crawford, seconded by Dr. Easterling, and carried unanimously to advise them that they would need to personally appear before the Executive Committee in May to make their request and respond to questions.

REQUEST FROM MISSISSIPPI ACADEMY OF PHYSICIAN ASSISTANTS, REBECCA LOVELESS, PA-C, ADVISORY COMMITTEE

Dr. Easterling briefly discussed the request from the PA's concerning an advisory committee / task force. After a brief discussion, it was agreed that the physician assistants and the Board's Rules and Regulations Committee need to meet to discuss the issue.

NOMINATING COMMITTEE

Dr. Mayo advised that he was appointing Dr. Crawford as chair of the nominating committee with Dr. Merideth and Dr. Aycock serving as members. Dr. Mayo stated that

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the committee will announce their nominations at the May meeting.

DISCUSS ISSUE CONCERNING WHETHER A PHYSICIAN WITH RESTRICTIONS ON THEIR MEDICAL LICENSE CAN OWN A PAIN CLINIC

After a brief discussion, the Executive Committee unanimously agreed that per the Board's Rules and Regulations that a physician must have a valid unrestricted license to be granted certification to own a pain clinic.

UPDATE ON MICHAEL A. WHITE, M.D., COLUMBUS, MISSISSIPPI MEDICAL LICENSE NUMBER 11125

For informational purposes only, Dr. Craig advised that Dr. White was arrested by the FBI and charged on eight (8) federal charges related to an alleged diet-pill conspiracy.

After a brief discussion, the Executive Committee unanimously agreed to send Dr. White a letter withdrawing his pain management registration due to the fact that he currently has restrictions on his medical license which is a violation of the Board's Rules and Regulations.

DISCUSS JOHN MICHAEL KAST, M.D., LAKE OSWEGO, OR, APPLICANT

Dr. Craig briefly discussed the application for Dr. Kast and covered problems that have occurred in the past. After a brief discussion, motion was made by Dr. Crawford, seconded by Dr. Mayo, and carried unanimously to offer Dr. Kast the opportunity to withdraw his application or appear before the Board in a Show Cause hearing.

DISCUSS SAMUEL C. OKOYE, M.D., CLINTON, MISSISSIPPI MEDICAL LICENSE NUMBER 13321

Dr. Craig briefly discussed concerns that our Board had in the past and advised that we recently received information that Iowa had denied Dr. Okoye's application for licensure due to issues in Mississippi. After a brief discussion, Mr. Ingram advised that the Board has reason to revoke or suspend Dr. Okoye's medical license due to both falsification of documents in another state as well as action by licensee's hospital removing his medical staff privileges.

Motion was made by Dr. Mayo, seconded by Dr. Crawford, and carried unanimously to issue a Summons and Affidavit to bring Dr. Okoye before the Board in a hearing.

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DISCUSS JESSE JAMES CANNON, M.D., COVINGTON, TN, MISSISSIPPI MEDICAL LICENSE NUMBER 20871

Dr. Craig briefly discussed action that the Board has received from Arkansas where Dr. Cannon allowed an APRN to prescribe Phentermine for patients of a weight loss clinic when he had not entered into a collaborating agreement with the APRN.

Motion was made by Dr. Crawford, seconded by Dr. Easterling, and carried unanimously to offer Dr. Cannon a consent order prohibiting him from weight loss and from collaborating with an APRN.

DISCUSS OTIS ANDERSON, III, M.D., MEMPHIS, TN, MISSISSIPPI MEDICAL LICENSE NUMBER 21754

Dr. Craig advised that Dr. Anderson had appeared before the Executive Committee last year as an applicant requesting a waiver due to the fact that he had exceeded the seven (7) year rule on passing all steps of the USMLE. Dr. Craig advised that the Board had recently received information from the Tennessee Board where they had issued a cease and desist letter due to his practicing without a valid Tennessee license.

After a brief discussion, motion was made by Dr. Mayo, seconded by Dr. Crawford, and carried unanimously to offer Dr. Anderson a consent order for unprofessional conduct by practicing medicine in another state without a valid license.

GREGORY JOHN HALE, M.D., OXFORD, MISSISSIPPI MEDICAL LICENSE NUMBER 12842, PROPOSED CONSENT ORDER

Dr. Craig presented a proposed Consent Order that has been signed by Dr. Hale placing his license on probation, with terms, conditions and restrictions. Dr. Craig advised that Dr. Hale has already signed the Consent Order as he wishes to avoid a hearing. Dr. Craig advised that Dr. Hale was at the January Executive Committee meeting concerning issues where he had violated the Board's Rules and Regulations pertaining to prescribing, administering, and dispensing of medication.

The Executive Committee unanimously agreed to accept the proposed Consent Order. A copy of the Consent Order is attached hereto and incorporated by reference.

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GEORGE WELLS ARMSTRONG, III, M.D., COFFEEVILLE, MISSISSIPPI MEDICAL LICENSE NUMBER 13730, AGREEMENT TO RETIRE MEDICAL LICENSE

For informational purposes only, Dr. Craig advised that the Board had received a non-reportable Agreement to Retire from Dr. Armstrong.

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

MUKUND KANU PATEL, M.D., OXFORD, MISSISSIPPI MEDICAL LICENSE NUMBER 14386, SURRENDER

Dr. Craig advised that the Board had received additional information concerning Dr. Patel and offered him the opportunity to surrender his medical license.

The Executive Committee unanimously agreed to accept the Surrender. A copy of the Surrender is attached hereto and incorporated by reference.

GARY ALLEN NELSON, M.D., CLINTON, MISSISSIPPI MEDICAL LICENSE NUMBER 06011, ORDER OF PROHIBITION

For informational purposes only, Dr. Craig advised that the Board had issued an Order of Prohibition on Dr. Nelson. Dr. Craig advised that Dr. Nelson obtained an attorney and filed suit in the Chancery Court, but the matter has been dismissed. Dr. Craig stated that the Order of Prohibition is still in effect.

JAMES CARL MANUELE, JR., M.D., GRENADA, MISSISSIPPI MEDICAL LICENSE NUMBER 19466, LETTER TO VOLUNTARILY RETIRE MEDICAL LICENSE

For informational purposes only, Dr. Craig briefly discussed a non-reportable letter from Dr. Manuele to voluntarily retire his medical license.

ROGER GAVIN MEADOWS, D.O., LAUREL, MISSISSIPPI MEDICAL LICENSE NUMBER 12232, VOLUNTARY AGREEMENT NOT TO PRACTICE

Dr. Craig briefly discussed the Voluntary Agreement Not to Practice that Dr. Meadows had signed. After a brief discussion by the Executive Committee concerning the Agreement, it was their unanimous decision to accept the Voluntary Agreement not to Practice.

A copy of the Voluntary Agreement Not to Practice is attached hereto and incorporated by reference.

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DISCUSS PHYSICIAN ASSISTANT REQUESTING TO SUPERVISE HYPERBARIC OXYGEN THERAPY

Dr. Craig briefly discussed the letter from PA Brake and advised that he contacted the Board of Nursing and they advised that as long as the APRN has proper training and certification in hyperbaric oxygen therapy, then it is allowed.

Following a brief discussion, motion was made by Dr. Crawford, seconded by Dr. Easterling, and carried unanimously to approve the hyperbaric oxygen therapy request as long as the physician assistant and their supervising physician submit documentation of appropriate training and provide approved certification. In addition, the protocol should be updated to reflect the change.

MARGO HIRSHMAN ROCA, M.D., PORT CHARLOTTE, FL, MISSISSIPPI MEDICAL LICENSE NUMBER 20102, SURRENDER

For informational purposes only, Dr. Craig advised that the Board has received a non-reportable Surrender from Dr. Roca.

The Executive Committee unanimously agreed to accept Dr. Roca's Surrender. A copy of the Surrender is attached hereto and incorporated by reference.

PAIN CLINIC APPLICATION FROM FRANCIS HUBER, M.D., GULFPORT, MISSISSIPPI MEDICAL LICENSE NUMBER 09389

Dr. Craig advised that Dr. Huber is an 82 year old retired anesthesiologist on the coast that works every other Tuesday and Thursday and has submitted application for a pain management clinic.

After a brief discussion, the Executive Committee unanimously agreed to issue a cease and desist letter and close the operation down until Dr. Huber can appear before the Executive Committee in May to address concerns the Board has with his application.

REVIEW OF MARCH 22, 2012, BOARD AGENDA

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

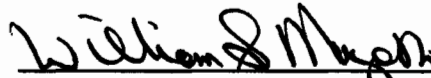
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ADJOURNMENT

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



WILLIAM S. MAYO, D.O.
PRESIDENT

Minutes taken and transcribed

by Sherry H. Pilgrim

Staff Officer

Marcy 21, 2012

EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
MARCH 21, 2012

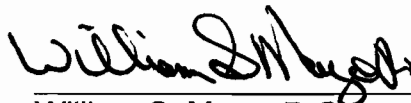
AGENDA ITEM: Personal appearance by Neil Burton Sloan, M.D.

The Findings of Fact of the Executive Committee unanimously agreed that Dr. Sloan is in violation of his 2008 Consent Order by doubling the number of prescriptions of controlled substances and that more than 50% of his patient population meets the definition of chronic pain patients. The Executive Committee agreed that the Board would offer Dr. Sloan a Consent Order which will result in voluntary suspension of all DEA schedules for one (1) year.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
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S. Randall Easterling, M.D.	X			
William S. Mayo, D.O.	X			
Virginia Crawford, M.D.	X			

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



William S. Mayo, D.O.
President

**AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE
BY CURRENT LICENSEE**

I, Neil B. Sloan, 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 the pending investigation of my license by the Board, the grounds if any for disciplinary action, and possible resolution of the same. 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 possible grounds for disciplinary action against my license.
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 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 24 day of March, 2012

Witness:

Anna Boone

Neil Sloan

LICENSEE

Neil Sloan

NAME PRINTED

*Jim Patton is attorney
with Kim O'Brien*

**AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE
BY CURRENT LICENSEE**

I, Robert John Cain, 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 the pending investigation of my license by the Board, the grounds if any for disciplinary action, and possible resolution of the same. 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 possible grounds for disciplinary action against my license.
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 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: Chris Henderson)

without legal counsel present

EXECUTED, this the 21 day of March, 2011.

Witness: Anna Boone



LICENSEE
Robert Cain

NAME PRINTED

**AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE
BY CURRENT LICENSEE**

I, Johnny Mitias, 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 the pending investigation of my license by the Board, the grounds if any for disciplinary action, and possible resolution of the same. 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 possible grounds for disciplinary action against my license.
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 hearing is later conducted. Stated differently, in the event the pending matter is not resolved following my appearance before the Committee, I will not object to any of the Committee members from further participating in subsequent meetings or hearings that may be conducted in relation to this matter.
4. By signing my name in the space provided below, I hereby authorize the Executive Committee to proceed with the informal appearance, subject to the stipulations and understandings as noted above. I have elected to proceed:

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

without legal counsel present

EXECUTED, this the 21 day of MAR 2011, 2011.

Witness:

Nicole Smith

Johnny Mitias

LICENSEE

JOHNNY MITIAS

NAME PRINTED

**AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE
BY CURRENT LICENSEE**

I, Pamela Banister, 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 the pending investigation of my license by the Board, the grounds if any for disciplinary action, and possible resolution of the same. 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 possible grounds for disciplinary action against my license.
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 hearing is later conducted. Stated differently, in the event the pending matter is not resolved following my appearance before the Committee, I will not object to any of the Committee members from further participating in subsequent meetings or hearings that may be conducted in relation to this matter.
4. By signing my name in the space provided below, I hereby authorize the Executive Committee to proceed with the informal appearance, subject to the stipulations and understandings as noted above. I have elected to proceed:

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

without legal counsel present

EXECUTED, this the 21st day of March, 2011.

Witness: Anna Boone



LICENSEE
Pam Banister, MD
NAME PRINTED

**AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE
BY CURRENT LICENSEE**

I, Jill Larsen, PA, have requested an opportunity to appear informally before the Executive Committee of the Mississippi State Board of Medical Licensure (hereinafter "Board") to discuss the pending investigation of my license by the Board, the grounds if any for disciplinary action, and possible resolution of the same. 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 possible grounds for disciplinary action against my license.
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 hearing is later conducted. Stated differently, in the event the pending matter is not resolved following my appearance before the Committee, I will not object to any of the Committee members from further participating in subsequent meetings or hearings that may be conducted in relation to this matter.
4. By signing my name in the space provided below, I hereby authorize the Executive Committee to proceed with the informal appearance, subject to the stipulations and understandings as noted above. I have elected to proceed:

with legal counsel present (name of counsel: _____)

without legal counsel present

EXECUTED, this the 21 day of March, 2011.

Witness:

Anna Boone



LICENSEE

Jill Larsen

NAME PRINTED

**AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE
BY CURRENT LICENSEE**

I, Charles H. Williams, 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 the pending investigation of my license by the Board, the grounds if any for disciplinary action, and possible resolution of the same. It is the purpose of the informal meeting to discuss the facts of the case, to give me an opportunity to ask questions of the Committee or its staff, and to give the Committee or its staff an opportunity to ask questions of me. Because the meeting is informal, no disciplinary action will be taken without my express written consent. In so doing, I have been advised and understand the following:

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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 hearing is later conducted. Stated differently, in the event the pending matter is not resolved following my appearance before the Committee, I will not object to any of the Committee members from further participating in subsequent meetings or hearings that may be conducted in relation to this matter.
4. By signing my name in the space provided below, I hereby authorize the Executive Committee to proceed with the informal appearance, subject to the stipulations and understandings as noted above. I have elected to proceed:

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

without legal counsel present

EXECUTED, this the 21 day of March, 2011.

Witness: Anna Boone

Charles H. Williams MD
LICENSEE

Charles H. Williams MD
NAME PRINTED

**AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE
BY CURRENT LICENSEE**

I, Karen Holloway, 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 the pending investigation of my license by the Board, the grounds if any for disciplinary action, and possible resolution of the same. It is the purpose of the informal meeting to discuss the facts of the case, to give me an opportunity to ask questions of the Committee or its staff, and to give the Committee or its staff an opportunity to ask questions of me. Because the meeting is informal, no disciplinary action will be taken without my express written consent. In so doing, I have been advised and understand the following:

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2. I authorize the Committee Members to review and examine any statements, documentary evidence, or materials concerning the possible grounds for disciplinary action against my license.
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 hearing is later conducted. Stated differently, in the event the pending matter is not resolved following my appearance before the Committee, I will not object to any of the Committee members from further participating in subsequent meetings or hearings that may be conducted in relation to this matter.
4. By signing my name in the space provided below, I hereby authorize the Executive Committee to proceed with the informal appearance, subject to the stipulations and understandings as noted above. I have elected to proceed:

with legal counsel present (name of counsel: _____)
 without legal counsel present

EXECUTED, this the 21 day of March, ~~2011~~ 2012.

Witness: Ana Boone

Karen Holloway
LICENSEE
Karen Holloway
NAME PRINTED

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE OF

GREGORY JOHN HALE, M.D.

CONSENT ORDER

WHEREAS, GREGORY JOHN HALE, M.D., hereinafter referred to as "Licensee," is the current holder of License No. 12842 for the practice of medicine in the State of Mississippi;

WHEREAS, the Investigative Staff of the Mississippi State Board of Medical Licensure, hereinafter referred to as "Board," has conducted a comprehensive investigation into the medical practice of Licensee and has documented evidence indicating that Licensee has violated the Rules and Regulations of the Board "Pertaining to Prescribing, Administering and Dispensing of Medication"; is guilty of unprofessional conduct, which includes being guilty of dishonorable conduct likely to deceive, defraud, or harm the public; has administered, dispensed and prescribed narcotic drugs, or any other drug having addiction-forming or addiction-sustaining liability, otherwise than in the course of legitimate medical practice; and has failed to appropriately maintain and document patient records;

WHEREAS, such conduct, if established in a due process hearing before the Board, constitutes a violation of the Mississippi Medical Practice Act specifically, Subsections (3), (8)(d) and (13) of Miss. Code Ann. § 73-25-29, and § 73-25-83(a), for which the Board may revoke the medical license of Licensee, suspend it for a time deemed proper by the Board, or take any other action as the Board may deem proper under the circumstances;

WHEREAS, Licensee wishes to avoid a hearing before the Board and, in lieu thereof, has agreed to execute this Consent Order subject to the terms, conditions, and restrictions 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 terms, conditions, and restrictions on Licensee's certificate (No. 12842) to practice medicine in the State of Mississippi, to-wit:

1. Licensee shall successfully complete Continuing Medical Education (CME) in the areas of (i) professional boundaries and medical ethics, specifically dealing with prescribing or treating immediate family members; (ii) proper medical record keeping, and (iii) proper prescribing of controlled substances. The CME courses required herein shall be American Medical Association (AMA) approved Category I credits. Any credit received for such courses shall be in addition to the usual forty (40) hours of Category I credits required by Board regulation. Licensee will be required to be on-site while taking said courses, as courses can not be taken on-line or by other means.
2. Until authorized by order of the Board, Licensee shall not be permitted to prescribe, dispense or administer any controlled substance on an out-patient basis. Licensee may order the administration of controlled substances to patient duly admitted and confined to a hospital facility.
3. Upon successful completion the above enumerated CME, Licensee shall personally appear before the Board at the first available meeting date to review his compliance with the above restrictions and request to have all or portion of the restrictions removed from his license to practice medicine in the state of Mississippi.
4. Licensee shall reimburse the Board for all costs incurred in relation to the pending matter pursuant to Miss. Code Ann. § 73-25-30, said amount not to exceed \$10,000. Licensee shall be advised of the total assessment by separate written notification, and shall tender to the Board a certified check or money order on or before forty (40) days from the date the assessment is mailed to Licensee via U.S. Mail at his practice address.

Licensee understands and expressly acknowledges that this Consent Order shall constitute a public record of the State of Mississippi. Licensee further understands and acknowledges that the Board shall provide a copy of this Order to, among others, the National Practitioner Data Bank and the U.S. Drug Enforcement Administration (DEA), and the Board makes no representation as to actions, if any, which the U. S. Drug Enforcement Administration (DEA), 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. § 73-25-1 et seq., to be represented therein by legal counsel of his choice, and to a final decision based on written findings of fact and conclusions of law, **GREGORY JOHN HALE, M.D.**, nonetheless hereby waives his right to notice and formal adjudication of charges, thereby placing the above enumerated terms, conditions, and restrictions on his license to practice medicine in the State of Mississippi.


EXECUTED, this the day of 14th, February 2012.



Gregory John Hale, M.D.

ACCEPTED, this the day of 22nd, March 2012.

Mississippi State Board of Medical Licensure



William S. Mayo, D.O., President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

GEORGE WELLS ARMSTRONG, III, M.D.

AGREEMENT TO RETIRE MEDICAL LICENSE

WHEREAS, I, George Wells Armstrong, III, M.D., am the current holder of License Number 13730, issued on December 13, 1993, to practice medicine in the State of Mississippi and;

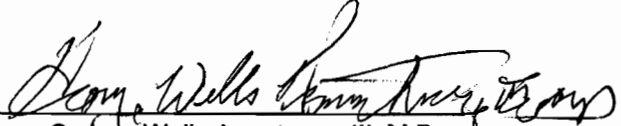
WHEREAS, because of my current state of health, I do not anticipate being able to return to the practice of medicine in the future;

WHEREAS, it is my wish to voluntarily retire my license (No. 13730) to practice medicine in the State of Mississippi so that I may retire with a clear and unencumbered license. I understand that this is a voluntary agreement and as such, is not reportable as disciplinary action;

WHEREAS, pursuant to Mississippi Law and the Rules and Regulations of the Board, I have 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 myself and the Board;

NOW THEREFORE, I do hereby agree to never renew or to seek reinstatement of said license at anytime in the future. Said agreement is effective immediately.

EXECUTED this the 14th day of February, 2012.


George Wells Armstrong, III, M.D.

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

MUKUND KANU PATEL, M.D.

SURRENDER OF MEDICAL LICENSE

WHEREAS, MUKUND KANU PATEL, M.D., hereinafter referred to as "Licensee," is the current holder of License Number 14386 issued June 12, 1995, to practice medicine in the State of Mississippi;

WHEREAS, by virtue of a certain Consent Order dated January 19, 2000, Licensee's license to practice medicine in the State of Mississippi was indefinitely suspended by the Mississippi State Board of Medical Licensure, hereinafter "Board;"

WHEREAS, an Order of Licensure Reinstatement dated May 12, 2011, was issued by the Board, whereupon Licensee's license to practice medicine in the State of Mississippi was reinstated subject to the following restrictions, to-wit:

1. Licensee's practice shall be strictly limited to the confines of a residency training program in the State of Mississippi. Under no circumstances shall Licensee practice at any other location or outside the confines of such residency program.
2. Licensee shall enter into an agreement and comply with all the requirements imposed by the Mississippi Professionals Health Program (MPHP).

WHEREAS, the Board received information confirming Licensee was terminated from the Residency Program at North Mississippi Medical Center in Tupelo, Mississippi, for various reasons including refusing to turn his cellphone off and texting during orientation. Additionally, Licensee was tardy, and fell asleep during a lecture by the CEO.

WHEREAS, the Board also received information Licensee had worked at a medical clinic in Memphis, Tennessee, representing himself as a physician and finally admitting to helping with a "few cases," which constitutes practicing medicine outside the confines of a residency training program in the State of Mississippi.

WHEREAS, these actions by the Licensee constituted a violation of his Recovery Contract Agreement (RCA) with the MPHP causing them to formally withdraw advocacy on behalf of Licensee.

WHEREAS, on December 21, 2011, Licensee was arrested by members of the Metro Narcotics Agency in Oxford, Lafayette County, Mississippi, and charged with eight (8) counts of practicing medicine without a license due to prescriptions he had issued or called-in for three (3) different patients.

THEREFORE, based on these facts and circumstances, Licensee understands he is in violation of his Order of Licensure Reinstatement with the Board as well as his Recovery Contract Agreement (RCA) with the Mississippi Professionals Health Program (MPHP) and desires to surrender his license to practice medicine in the State of Mississippi.

Licensee understands this action constitutes an unconditional surrender, and as such, is reportable 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 the facts developed during the current investigation, as part of the consideration of any application.

EXECUTED this the 8th day of February, 2012.



Mukund Kanu Patel, M.D.

ACCEPTED AND APPROVED this the 13th day of February, 2012, by the
Mississippi State Board of Medical Licensure.



H. Vann Craig, M.D., Executive Director
Mississippi State Board of Medical Licensure

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

ROGER GAVIN MEADOWS, D.O.

VOLUNTARY AGREEMENT NOT TO PRACTICE

WHEREAS, ROGER GAVIN MEADOWS, D.O., hereinafter referred to as "Licensee," is the current holder of License Number 12232 issued on July 10, 1989, to practice medicine in the State of Mississippi;

WHEREAS, on February 15, 2012, Licensee was injured in a shootout with Jones County Sheriff's Deputies who were responding to a potential overdose at Licensee's home in Laurel, Mississippi. During the incident, Licensee allegedly discharged a firearm in the direction of law enforcement personnel. Licensee is currently under investigation by several law enforcement agencies for potential criminal violations;

WHEREAS, Licensee has a diminished capacity to practice medicine due to the injuries sustained in the incident of February 15, 2012, and Licensee will not be physically able to practice medicine for some time;

WHEREAS, notwithstanding the fact that the above incident is the subject of an ongoing investigation, Licensee's conduct raises grave concern regarding his ability to practice medicine with reasonable skill and safety to patients, and if convicted would constitute 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;

WHEREAS, as a showing of good faith on his part, Licensee wishes to address the Board's concerns by voluntarily agreeing not to practice medicine in the State of Mississippi until such time as the above matters are resolved and Licensee is deemed fit to return to the practice of medicine;

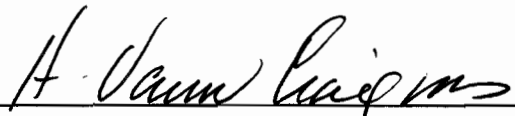
NOW, THEREFORE, Licensee hereby voluntarily agrees to not practice medicine in the State of Mississippi. Licensee agrees to not practice medicine in any manner, either directly or indirectly, including, but not limited to: prescribing, dispensing, or administering of any medication, controlled or non-controlled, until such time as the above listed matters have been adjudicated. Licensee also agrees not to treat or attempt to treat himself or any family members. Licensee understands that this is a binding agreement with the Board, is reportable as adverse 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 appear before the Board to determine the terms for his return to practice. 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 order allowing Licensee to return to practice.

EXECUTED this the 13 day of March, 2012.



Roger Gavin Meadows, D.O.

ACCEPTED AND APPROVED this the 13th day of March, 2012, by
the Mississippi State Board of Medical Licensure.



H. Vann Craig, M.D., Executive Director
Mississippi State Board of Medical Licensure

SURRENDER OF MEDICAL LICENSE

To: H. Vann Craig, M.D.
Executive Director
Mississippi State Board of Medical Licensure

WHEREAS, I, Margo Hirshman Roca, M.D., am the current holder of License Number 20102, issued on February 4, 2008, to practice medicine in the State of Mississippi;

WHEREAS, I am currently not practicing medicine in the State of Mississippi. It is my wish to surrender my current license (No.20102) to practice medicine in the State of Mississippi;

THEREFORE, I hereby voluntarily surrender medical license (No.20102) to practice medicine in the State of Mississippi, said surrender effective immediately, and further, to let my license lapse without renewing, prior to the scheduled expiration date of June 30, 2012.

I understand that this is a voluntary action, and as such, is not a reportable disciplinary action. I further agree and understand that if I should attempt to practice medicine in any form prior to the scheduled expiration date of June 30, 2012, this document will become a reportable, public record of the State of Mississippi, and the Board may take such disciplinary action as it sees fit. In the event I later decide to practice medicine in the State of Mississippi, I understand 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 or any information which it may later obtain as part of the consideration of any application.

EXECUTED this the 10th day of March, 2012.

Margo H Roca, MD
Margo Hirschman Roca, M.D.

BOARD

MEETING

MINUTES

BOARD MINUTES
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
MARCH 22, 2012

The regularly scheduled meeting of the Mississippi State Board of Medical Licensure was held on Thursday, March 22, 2012, in the Board Room of the Office of the Board located at 1867 Crane Ridge Drive, Jackson, Mississippi.

The following members were present:

William S. Mayo, D.O., Oxford, President
S. Randall Easterling, M.D., Vicksburg, Vice President
Virginia M. Crawford, M.D., Hattiesburg, Secretary
Larry B. Aycock, M.D., McComb
Claude D. Brunson, M.D., Jackson
Rickey L. Chance, D.O., Ocean Springs
William B. Jones, M.D., Greenwood
Philip T. Merideth, M.D., J.D., Jackson
Charles D. Miles, M.D., West Point

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 Carrillo, Special Projects Officer, Investigative Division
Sherry H. Pilgrim, Staff Officer
Wesley Breland, Hattiesburg, Consumer Health Committee
Cecil R. Burnham, Jackson, Consumer Health Committee

Not present:

Charles Thomas, Yazoo City, Consumer Health Committee

The meeting was called to order at 9:00 a.m. by Dr. Mayo, President. The invocation was given by Mr. Breland and the pledge was led by Dr. Miles. Dr. Mayo welcomed Debra Williams, Court Reporter, and Rebecca Loveless, PA-C, with the Mississippi Academy of Physician Assistants, and extended a welcome to all visitors present at the meeting.

Dr. Mayo opened the floor for public comments. Neely Carlton, General Counsel with the Mississippi State Medical Association, addressed the Board and advised that

BOARD MINUTES

March 22, 2012

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MSMA has been working with members of the House and Senate and were given assurance that the Board's budget would be as originally requested by the Board.

APPROVAL OF CERTIFICATION OF MISSISSIPPI LICENSES TO OTHER ENTITIES FOR THE PERIOD JANUARY 01, 2012, THROUGH FEBRUARY 29, 2012

Two-hundred thirty (230) licenses were certified to other entities for the period January 01, 2012, through February 29, 2012. Motion was made by Dr. Merideth, seconded by Dr. Aycock, and carried unanimously to approve these certifications.

APPROVAL OF LICENSES ISSUED FOR THE PERIOD JANUARY 01, 2012, THROUGH FEBRUARY 29, 2012

Eighty-two (82) licenses were issued for the period January 01, 2012, through February 29, 2012. Motion was made by Dr. Miles, seconded by Dr. Merideth, and carried unanimously to approve these licenses.

REVIEW OF MINUTES OF THE EXECUTIVE COMMITTEE MEETING DATED JANUARY 18, 2012, AND MINUTES OF THE BOARD MEETING DATED JANUARY 19, 2012

Minutes of the Executive Committee dated January 18, 2012, and Minutes of the Board meeting dated January 19, 2012, were reviewed. Dr. Aycock moved for approval of the minutes as submitted. Dr. Miles seconded the motion, and it carried unanimously.

REPORT OF MARCH 21, 2012, EXECUTIVE COMMITTEE MEETING

Dr. Craig briefly covered a number of appearances and issues that were discussed by the Executive Committee on March 21, 2012. Information pertaining to the Executive Committee decisions is included in the Executive Committee Minutes dated March 21, 2012.

Dr. Merideth asked questions concerning the application of Dr. Kast and the proposed discipline for Dr. Holloway. Dr. Merideth made a motion to add to Dr. Holloway's Consent Order that she be required to take Board approved CME courses on prescribing and record keeping that would be submitted to the Board within six (6) months, and that the CME would be in addition to the 40 hours already required. Dr. Crawford seconded the motion, and it carried unanimously.

Dr. Mayo stated that the Executive Committee moves that their actions/decisions be approved. The Board unanimously approved to ratify the actions/decisions taken by

BOARD MINUTES
March 22, 2012
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the Executive Committee.

REPORTS FROM COMMITTEES

Dr. Mayo reminded the Board that committees are allowed to have conference calls as long as they are planned and adequately posted on the Board's website.

**Scope of Practice - Dr. Crawford (Chair), Dr. Easterling, Dr. Aycock, Dr. Miles,
Dr. Brunson, Mr. Burnham, Mr. Thomas**

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

Professionals Health Program - Dr. Mayo (Chair), Dr. Merideth, Dr. Chance

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

**Regulation & Legislative - Dr. Easterling (Chair), Dr. Jones, Dr. Mayo,
Dr. Chance, Mr. Breland**

Dr. Easterling advised that the committee met earlier this morning to work on proposed physician assistant regulation changes. Dr. Easterling discussed the proposed change to Chapter 11 concerning review of records/charts. Dr. Easterling advised the last sentence is being proposed to read as, "the review shall be evidenced by the supervising physician placing his or her signature or initials at the base of the clinic note, either electronically or by hand, and shall submit proof of said review to the Board upon request." Dr. Easterling advised that this change will allow for electronically reviewing of patient records.

PA Loveless was present at the meeting and advised that the PA's approved the changes. Ms. Loveless also requested approval of the continuing medical education (CME) program that was discussed at the January 2012 meeting. Ms. Loveless stated that the Board did not vote on their request to be allowed to use some taped presentations for certain lectures throughout the year.

Motion was made by Dr. Easterling, seconded by Dr. Crawford, and carried unanimously to approve the CME program as presented. Also, the Board unanimously agreed that the proposed changes are to be filed with the Secretary of State under the Administrative Procedures Act. A copy of the proposed changes is attached hereto and incorporated by reference.

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Ethics - Dr. Merideth (Chair), Dr. Crawford, Dr. Jones

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

Telemedicine / EHR - Dr. Aycock (Chair), Dr. Miles, Dr. Brunson

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

**PERSONAL APPEARANCE BY JODI ALLEN PARKS, M.D., COVINGTON, LA,
MISSISSIPPI MEDICAL LICENSE NUMBER 20711, PROPOSED CONSENT ORDER**

Stan Ingram, Complaint Counsel for the Board, introduced Dr. Parks and her attorney, Richard Cirilli, Jr., and advised that they were here today due to a proposed consent order that Dr. Parks has accepted and is requesting approval from the Board. Mr. Ingram briefly summarized the Consent Order and explained the circumstances leading up to today's appearance.

Dr. Parks responded to several questions from Board members and advised that she is not currently practicing and has not worked since September.

Motion was made by Dr. Merideth, seconded by Dr. Crawford, and carried unanimously to approved the proposed Consent Order. A copy of the Consent Order is attached hereto and incorporated by reference.

An additional motion was made by Dr. Merideth concerning weight loss questions that need to be incorporated on the licensure renewal and application forms. Dr. Crawford seconded the motion, and it carried unanimously. The Board unanimously agreed that work needs to be addressed soon to have the rules and regulations updated to include the changes and have them ready for the upcoming renewals.

THE BOARD RECESSED AT 10:15 A.M. AND RECONVENED AT 10:25 A.M.

**PERSONAL APPEARANCE BY THOMAS F. FLEISCHHAUER, M.D., BATESVILLE,
MISSISSIPPI MEDICAL LICENSE NUMBER 19602, REQUEST FOR
REINSTATEMENT**

Mr. Ingram introduced Dr. Fleischhauer and advised that he was here today without legal counsel. Mr. Ingram advised that Dr. Fleischhauer was requesting that the Board reinstate his medical license.

BOARD MINUTES
March 22, 2012
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Ellen O'Neal, Assistant Attorney General, questioned Dr. Fleischhauer regarding legal representation and he stated that he wanted to waive his right to an attorney and proceed without legal counsel.

Mr. Ingram briefly discussed Dr. Fleischhauer's current Consent Order and entered several exhibits into the record before Dr. Fleischhauer addressed the Board and made his request.

Dr. Fleischhauer addressed the Board and stated that he felt like he had met all the Board's requirements from the September 2011 Board Order. Dr. Fleischhauer stated that he was here today requesting that his medical license be reinstated without restrictions.

Following several questions from Board members, motion was made by Dr. Miles, seconded by Dr. Chance, and carried unanimously that the Board enter into Executive Session to discuss action that could adversely affect Dr. Fleischhauer's medical license.

DR. BRUNSON ARRIVED AT THE MEETING AT 10:50 A.M.

Upon a motion by Dr. Miles, seconded by Dr. Chance, and carried unanimously the Board came out of Executive Session at which time Dr. Mayo asked Dr. Crawford to report on the Board's decision. Dr. Crawford advised that the Board reinstates Dr. Fleischhauer's license to practice medicine with the following restrictions to his prescribing privileges. Dr. Fleischhauer may have unlimited prescribing in hospital inpatient or ER setting but on an outpatient basis cannot prescribe II or IIN controlled substances. Dr. Fleischhauer may reappear in six (6) months for consideration of lifting this restriction. A copy of the Order is attached hereto and incorporated by reference.

A verbatim account of this proceeding was recorded by Debra Williams, Court Reporter.

**PERSONAL APPEARANCE BY HARRY GENE HUNT, M.D., MCCOMB, MISSISSIPPI
MEDICAL LICENSE NUMBER 15726, REQUEST FOR REINSTATEMENT**

Mr. Ingram introduced Dr. Hunt and Dr. Scott Harnbleton, Medical Director, Mississippi Professionals Health Program (MPHP), who will be advocating in Dr. Hunt's behalf. Mr. Ingram advised that Dr. Hunt's attorney, Jefferson Stewart, could not attend today's meeting.

Ellen O'Neal, Assistant Attorney General, questioned Dr. Hunt regarding legal representation and he stated that he wanted to waive his right to an attorney and proceed without legal counsel.

BOARD MINUTES

March 22, 2012

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Mr. Ingram briefly discussed Dr. Hunt's current Consent Order and summarized actions leading to the Consent Order. Mr. Ingram introduced several exhibits into the record, none of which Dr. Hunt objected to having entered.

Dr. Hambleton was called as a witness and was sworn in by the court reporter. Dr. Hambleton addressed the Board and stated that Dr. Hunt has fully complied with MPHP's recommendations and that they feel it is safe for Dr. Hunt to return to practice. Dr. Hambleton responded to several questions from the Board concerning Dr. Hunt's participation with MPHP.

Dr. Hunt was called to the witness stand and was sworn in by the court reporter. Dr. Hunt briefly discussed the charges of his prior actions being downgraded to a misdemeanor and that he had not realized that his depression was so severe. Dr. Hunt advised that he has a job lined up with a clinic once his license is reinstated.

Following several questions from Board members, motion was made by Dr. Aycock, seconded by Dr. Easterling, and carried unanimously to reinstate Dr. Hunt's medical license unrestricted with the understanding that he will continue to maintain advocacy with MPHP. A copy of the Order is attached hereto and incorporated by reference.

A verbatim account of this proceeding was recorded by Debra Williams, Court Reporter.

PERSONAL APPEARANCE BY DUANE LAMONT RUSSELL, M.D., ATLANTA, GA, MISSISSIPPI MEDICAL LICENSE NUMBER 17375, REQUEST FOR REINSTATEMENT

Mr. Ingram introduced Dr. Russell and advised that he was here today without legal counsel. Mr. Ingram advised that Dr. Russell was requesting that the Board reinstate his medical license.

Ellen O'Neal, Assistant Attorney General, questioned Dr. Russell regarding legal representation and he stated that he wanted to waive his right to an attorney and proceed without legal counsel.

Mr. Ingram placed several exhibits into the record and briefly summarized the current Consent Order that Dr. Russell has been under. Mr. Ingram advised that Dr. Russell had a previous arrest for possession of a controlled substance and had failed to show it on his licensure renewal.

Dr. Hambleton with MPHP was here to advocate for Dr. Russell and was called to the witness stand. Mr. Ingram stated that the records should show that Dr.

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Hambleton is still under oath from his last appearance for Dr. Hunt. Dr. Hambleton advised that Georgia does not have a monitoring program but that Dr. Russell has complied with Ridgeview's Program in Smyrna, Georgia and that he has signed a monitoring contract with MPHP. Dr. Hambleton responded to several questions from Board members.

Dr. Russell was called to the witness stand and was sworn in by the court reporter. Mr. Ingram questioned Dr. Russell first and then he made a statement to the Board members before answering several questions.

Motion was made by Dr. Merideth, seconded by Dr. Miles, and carried unanimously that the Board enter into Executive Session to discuss action that could adversely affect Dr. Russell's medical license.

Upon a motion by Dr. Merideth, seconded by Dr. Miles, and carried unanimously the Board came out of Executive Session at which time Dr. Mayo asked Dr. Crawford to report on the Board's decision. Dr. Crawford advised that the Board voted to reinstate Dr. Russell's license unrestricted to practice medicine with the understanding that he will continue to maintain advocacy with MPHP. A copy of the Order is attached hereto and incorporated by reference.

A verbatim account of this proceeding was recorded by Debra Williams, Court Reporter.

THE BOARD RECESSED FOR LUNCH AT 11:55 A.M. AND RECONVENED AT 12:55 P.M.

MR. BURNHAM DID NOT RETURN AFTER LUNCH

HEARING IN THE CASE OF KAREN SHACKELFORD, M.D., JACKSON, APPLICANT

Mr. Ingram introduced Dr. Shackelford and her husband, Stephen Shackelford, who was here today as both her husband and attorney.

Ellen O'Neal, Assistant Attorney General, questioned Dr. Shackelford regarding legal representation since her husband is both attorney and spouse, but not as official counsel. Dr. Shackelford stated that she wanted to waive her right to an attorney and proceed without legal counsel.

Mr. Ingram explained why Dr. Shackelford was appearing before the Board and handed out several documents to provide a chronological history. Mr. Ingram advised that Dr. Shackelford has requested the hearing due to her pending license application.

BOARD MINUTES

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Both Dr. Shackelford and her husband addressed the Board concerning her past involvement with the Mississippi Professionals Health Program (MPHP), and several physicians whose care she is currently under for bipolar disorder. Mr. Shackelford advised that Dr. Shackelford is better than she has been in years with the treatment from her current physicians.

Mr. Shackelford stated they are requesting that Dr. Shackelford be allowed to go to a facility that is MPHP and Board approved for a 2-3 day evaluation and advised that Dr. Shackelford is willing to submit to random alcohol drug screens. Also, Mr. Shackelford stated that Dr. Shackelford will provide the necessary releases for information to be reported to MPHP and others required by the Board on a quarterly basis.

After a discussion concerning a possible decision, motion was made by Dr. Merideth, seconded by Dr. Jones, and carried unanimously that the matter be held in abeyance until Dr. Shackelford has been evaluated by a Board approved facility. Once the evaluation results are received and reviewed, along with the recommendations from MPHP, Dr. Shackelford may request to appear before the Board.

A verbatim account of this proceeding was recorded by Debra Williams, Court Reporter.

RESOLUTIONS FOR CONSIDERATION BY THE HOUSE OF DELEGATES AT THE FEDERATION OF STATE MEDICAL BOARDS MEETING

Dr. Mayo briefly discussed the Resolutions that will be voted on at the Federation of State Medical Boards meeting in April. Dr. Mayo requested the Board's input since he is the voting delegate for the Board.

FEDERATION OF STATE MEDICAL BOARDS DISTINGUISHED SERVICE AWARD RECIPIENT, STAN INGRAM, JD

Dr. Craig advised that he had nominated Mr. Ingram for the Distinguished Service Award but that particular award is for individuals making significant contributions to the Federation. Dr. Craig advised that Mr. Ingram will be one of the recipients of the John H. Clark, M.D., Leadership Award which recognizes individuals making a significant contribution to the medical board. Mr. Ingram will be presented the award during the Federation meeting held in Fort Worth at the end of April.

ADJOURNMENT

There being no further business, the meeting adjourned at 1:35 p.m., with the next scheduled meeting set for Thursday, May 17, 2012.



WILLIAM S. MAYO, D.O.
PRESIDENT

Minutes taken and transcribed
by Sherry H. Pilgrim
Staff Officer
March 22, 2012

Mississippi Secretary of State
 700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME MS State Board of Medical Licensure		CONTACT PERSON Rhonda Freeman	TELEPHONE NUMBER (601) 987-0223	
ADDRESS 1867 Crane Ridge Drive, Suite 200-B		CITY Jackson	STATE MS	ZIP 39216
EMAIL rhonda@msbml.ms.gov	SUBMIT DATE 03/27/12	Name or number of rule(s): Chapter 11, Section 705, The Practice of Physician Assistants		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Section 705 was modified to allow the documentation of review of charts by physicians to be done electronically.

Specific legal authority authorizing the promulgation of rule: 73-43-11

List all rules repealed, amended, or suspended by the proposed rule: 30.II.11.705

ORAL PROCEEDING:

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

Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more 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, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

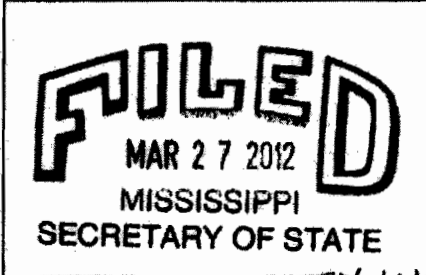
ECONOMIC IMPACT STATEMENT:

Economic impact statement not required for this rule. Concise summary of economic impact statement attached.

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

Printed name and Title of person authorized to file rules: Rhonda Freeman, Bureau Director

Signature of person authorized to file rules: *Rhonda Freeman*

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		
Accepted for filing by	Accepted for filing by <i>CB18641E</i>	Accepted for filing by

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

Chapter 11 The Practice of Physician Assistants

Scope

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

Definitions

- 200 For the purpose of Chapter 11 only, the following terms have the meanings indicated:
1. "Board" means the Mississippi State Board of Medical Licensure.
 2. "Physician Assistant" means a person who meets the Board's criteria for licensure as a physician assistant and is licensed as a physician assistant by the Board.
 3. "Supervising Physician" means a doctor of medicine or a doctor of osteopathic medicine who holds an unrestricted license from the Board, who is in the full-time practice of medicine, and who has been approved by the Board to supervise physician assistants.
 4. "Supervise" or "Supervision" means overseeing and accepting responsibility for the medical services rendered by a physician assistant.
 5. "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.
 6. "NCCPA" means the National Commission on Certification of Physician Assistants.
 7. "PANCE" means the Physician Assistant National Certifying Examination.
 8. "CAAHEP" means the Commission on Accreditation of Allied Health Education Programs.
 9. "Predecessor or Successor Agency" refers to the agency responsible for accreditation of educational programs for physician assistants that preceded CAAHEP or the agency responsible for accreditation of educational programs for physician assistants that succeeded CAAHEP.

Qualifications for Licensure

300 Pursuant to Section 73-43-11, Mississippi Code, all physician assistants who are employed as physician assistants by a Department of Veterans Affairs health care facility, a branch of the United States military, or the Federal Bureau of Prisons and who are practicing as physician assistants in a federal facility in Mississippi on July 1, 2000, and those physician assistants who trained in a Mississippi physician assistant program and have been continuously practicing as a physician assistant in Mississippi since 1976, shall be eligible for licensure if they submit an application for licensure to the Board by December 31, 2000, and meet the following additional requirements:

1. Satisfy the Board that he or she is at least twenty-one (21) years of age and of good moral character.
2. 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.
3. Pay the appropriate fee as determined by the Board.
4. Present a certified copy of birth certificate.
5. Submit proof of legal change of name if applicable (notarized or certified copy of marriage or other legal proceeding).
6. Provide information on registration or licensure in all other states where the applicant is or has been registered or licensed as a physician assistant.
7. Provide favorable references from two (2) physicians licensed in the United States with whom the applicant has worked or trained.
8. No basis or grounds exist for the denial of licensure as provided at Section 1500 below.

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

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

1. Satisfy the Board that he or she is at least twenty-one (21) years of age and of good moral character.
2. 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.
3. Pay the appropriate fee as determined by the Board.
4. Present a certified copy of birth certificate.
5. Submit proof of legal change of name if applicable (notarized or certified copy of marriage or other legal proceeding).
6. Provide information on registration or licensure in all other states where the applicant is or has been registered or licensed as a physician assistant.

7. Provide favorable references from two (2) physicians licensed in the United States with whom the applicant has worked or trained.
8. No basis or grounds exist for the denial of licensure as provided at Section 1500 below.

Physician assistants meeting these licensure requirements will be eligible for license renewal so long as they meet standard renewal requirements.

- 302 On or after December 31, 2004, applicants for physician assistant 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. Complete an application for license and submit same to the Board in the manner prescribed by the Board with a recent passport type photograph.
 3. Pay the appropriate fee as determined by the Board.
 4. Present a certified copy of birth certificate or valid passport.
 5. Submit proof of legal change of name if applicable (notarized or certified copy of marriage license or other legal proceeding).
 6. Possess a master's degree in a health-related or science field.
 7. Successfully complete an educational program for physician assistants accredited by CAAHEP or its predecessor or successor agency.
 8. Pass the certification examination administered by the NCCPA and have current NCCPA certification.
 9. Provide information on registration or licensure in all other states where the applicant is or has been registered or licensed as a physician assistant.
 10. Provide favorable references from two (2) physicians licensed in the United States with whom the applicant has worked or trained.
 11. 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.
 12. No basis or grounds exist for the denial of licensure as provided at Section 1500 below.

Temporary License

- 400 The Board may grant a temporary license to an applicant who meets the qualifications for licensure except that the applicant has not yet taken the national certifying examination administered by the NCCPA or the applicant has taken the national certifying examination and is awaiting the results or the applicant has not obtained a minimum of a master's degree in a health-related or science field.
- 401 A temporary license issued upon the basis of the NCCPA not being taken or the applicant awaiting the results is valid:
1. for one hundred eighty (180) days from the date of issuance;
 2. until the results of an applicant's examination are available; or
 3. until the Board makes a final decision on the applicant's request for licensure, whichever comes first.

The Board may extend a temporary license, upon a majority vote of the Board members, for a period not to exceed one hundred eighty (180) days. Under no circumstances may the Board grant more than one extension of a temporary license.

- 402 A temporary license may be issued to an applicant who has not obtained a master's degree so long as the applicant can show proof of enrollment in a master's program that will, when completed, meet the master's degree requirement. The temporary license will be valid no longer than one (1) year, and may not be renewed.

Requirement of Protocol - Prescribing/Dispensing

- 500 Physician assistants shall practice according to a Board-approved protocol which has been mutually agreed upon by the physician assistant and the supervising physician. Each protocol shall be prepared taking into consideration the specialty of the supervising physician, and must outline diagnostic and therapeutic procedures and categories of pharmacologic agents which may be ordered, administered, dispensed and/or prescribed for patients with diagnoses identified by the physician assistant. Each protocol shall contain a detailed description of back-up coverage if the supervising physician is away from the primary office. Although licensed, no physician assistant shall practice until a duly executed protocol has been approved by the Board.
- 501 Except as hereinafter provided in Section 502 below, physician assistants may not write prescriptions for or dispense controlled substances or any other drug having addiction-forming or addiction-sustaining liability. A physician assistant may, however, administer such medications pursuant to an order by the supervising physician if in the protocol.
- 502 Prescribing Controlled Substances and Medications by Physician Assistants
1. Scope
Pursuant to these regulations, authorized physician assistants may prescribe controlled substances in Schedules II through V.
 2. Application for Authority to Prescribe Controlled Substances
 - a. Physician assistant applicants applying for controlled substance prescriptive authority must complete a Board approved educational program prior to making application.
 - b. In order to obtain the authority to prescribe controlled substances in any schedule, the physician assistant shall submit an application approved by the Board.
 3. Incorporation of Physician Regulations Pertaining to Prescribing, Administering and Dispensing of Medication
For the purpose of directing the manner in which physician assistants may prescribe controlled substances, the Board incorporates Chapter 25 of the Board's Regulations *Pertaining to Prescribing, Administering and Dispensing of Medication* as applied to physicians, including but not limited to all Definitions, Maintenance of Records and Inventories, Use of Diet Medication, Use of Controlled Substances for Chronic (Non-Terminal) Pain, and Prescription Guidelines. All physician assistants authorized to prescribe controlled substances shall fully comply with these regulations.

4. Registration for Controlled Substances Certificate Prescriptive Authority
 - a. Every physician assistant authorized to practice in Mississippi who prescribes any controlled substance must be registered with the U. S. Drug Enforcement Administration in compliance with Title 21 CFR, Part 1301 Food and Drugs.
 - b. Pursuant to authority granted in Mississippi Code, Section 41-29-125, the Board hereby adopts, in lieu of a separate registration with the Board, the registration with the U.S. Drug Enforcement Administration as required in Section 502.4.a. above, provided, however, where a physician assistant already possesses a controlled substances registration certificate for a practice location in another state or jurisdiction, the physician assistant may not transfer or otherwise use the same registration until he or she meets the training requirements set forth in Section 502.2.a. In the event, however, a physician assistant 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 assistant shall be prohibited from registering with the U. S. Drug Enforcement Administration for a Uniform Controlled Substances Registration Certificate without first being expressly authorized to do so by order of the Board.
 - c. 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 73-21-105(q).
5. Drug Maintenance, Labeling and Distribution Requirements

Persons registered to prescribe controlled substances may order, possess, prescribe, administer, distribute or conduct research with those substances to the extent authorized by their registration and in conformity with the other provisions of these regulations and in conformity with provisions of the Mississippi Uniform Controlled Substances Law, Mississippi Code, Sections 41-29-101 et. seq., except physician assistants may not receive samples of controlled substances. A physician assistant may receive and distribute pre-packaged medications or samples of non-controlled substances for which the physician assistant has prescriptive authority.

Supervision

- 600 Before any physician shall supervise a physician assistant, the physician must first (a) present to the Board's Executive Director a duly executed protocol, (b) appear personally before the Board or its Executive Director, and (c) obtain written approval to act as a supervising physician. The facts and matters to be considered by the Board when approving or disapproving a protocol or supervision arrangement shall include, but are not limited to, how the supervising physician and physician assistant plan to implement the protocol, the method and manner of supervision, consultation, referral and liability.

- 601 Where two or more physicians anticipate executing a protocol to supervise a physician assistant, it shall not be necessary that all of the physicians personally appear before the Board or Executive Director as required in Section 600. In this situation, the physician who will bear the primary responsibility for the supervision of the physician assistant shall make the required personal appearance.

Supervising Physician Limited

- 700 No physician shall be authorized to supervise a physician assistant unless that physician holds an unrestricted license to practice medicine in the state of Mississippi.
- 701 Supervision means overseeing activities of, and accepting responsibility for, all medical services rendered by the physician assistant. Except as described in Section 702, supervision must be continuous, but shall not be construed as necessarily requiring the physical presence of the supervising physician.
- 702 New graduate physician assistants and all physician assistants newly practicing in Mississippi, except those licensed under Section 300, require the on-site presence of a supervising physician for one hundred twenty (120) days.
- 703 The physician assistant's practice shall be confined to the primary office or clinic of the supervising physician or any hospital(s) or clinic or other health care facility within the same community where the primary office is located, wherein the supervising physician holds medical staff privileges. Exceptions to this requirement may be granted on an individual basis, provided the location(s) of practice are set forth in the protocol.
- 704 The supervising physician must provide adequate means for communication with the physician assistant. Communication may occur through the use of technology which may include, but is not limited to, radio, telephone, fax, modem, or other telecommunication device.
- 705 The supervising physician shall, on at least a monthly basis, conduct a review of the records/charts of at least ten percent (10%) of the patients treated by the physician assistant, said records/charts selected on a random basis. During said review, the supervising physician shall note the medical and family histories taken, results of any and all examinations and tests, all diagnoses, orders given, medications prescribed, and treatments rendered. The review shall be evidenced by the supervising physician placing his or her signature or initials at the base of the clinic note, either electronically or by hand, and shall submit proof of said review to the Board upon request.

Number of Physician Assistants Supervised

- 800 No physician shall supervise more than two (2) physician assistants at any one time. A physician supervising two (2) nurse practitioners may not supervise a physician assistant.

Termination

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

Duty to Notify Board of Change of Address

- 1000 Any physician assistant who is licensed to practice as a physician assistant in this state and changes his or her 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

- 1100 Each licensed physician assistant must show proof of completing 50 hours of CME each year, 20 hours of which must be Category 1, as defined by the Accreditation Council for Continuing Medical Education (ACCME). Physician assistants who are certified by the NCCPA may meet this requirement by providing evidence of current NCCPA certification.
- 1101 All physician assistants authorized to prescribe controlled substances must show proof of completing 50 hours of CME each year, 20 hours of which must be Category 1, as defined by the ACCME, and 10 hours of which must be related to the prescribing of medications with an emphasis on controlled substances.

Identification

- 1200 The supervising physician shall be responsible to ensure that any physician assistant under his or her supervision does not advertise or otherwise hold himself or herself out in any manner which would tend to mislead the general public or patients. Physician assistants shall at all times when on duty wear a name tag, placard or plate identifying themselves as physician assistants.
- 1201 Physician assistants may not advertise in any manner which implies that the physician assistant is an independent practitioner.
- 1202 A person not licensed as a physician assistant by the Board who holds himself or herself out as a physician assistant is subject to the penalties applicable to the unlicensed practice of medicine.

Physician Liability

- 1300 Prior to the supervision of a physician assistant, the physician's and/or physician assistant's insurance carrier must forward to the Board a Certificate of Insurance.

Renewal Schedule

- 1400 The license of every person licensed to practice as a physician assistant in the state of Mississippi shall be renewed annually.
- 1401 On or before May 1 of each year, the State Board of Medical Licensure shall mail a notice of renewal of license to every physician assistant to whom a license was issued or renewed during the current licensing year. 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 documentation of completing each year 50 hours of CME and the renewal fee of an amount established by the Board. The payment of the annual license renewal fee shall be optional with all physician assistants over the age of seventy (70) years. Upon receipt of the application and fee, the Board shall verify the accuracy of the application and issue to applicant a certificate of renewal for the ensuing year, beginning July 1 and expiring June 30 of the succeeding calendar year.
- 1402 A physician assistant practicing in Mississippi who allows his or her license to lapse by failing to renew the license as provided in Section 1401 may be reinstated by the Board on satisfactory explanation for such failure to renew, by completion of a reinstatement form, and upon payment of the renewal fee for the current year, and shall be assessed a fine of Twenty-five Dollars (\$25.00) plus an additional fine of Five Dollars (\$5.00) for each month thereafter that the license renewal remains delinquent.
- 1403 Any physician assistant not practicing in Mississippi who allows his or her license to lapse by failing to renew the license as provided in Section 1401 may be reinstated by the Board on satisfactory explanation for such failure to renew, by completion of a reinstatement form, and upon payment of the arrearage for the previous five (5) years and the renewal fee for the current year.
- 1404 Any physician assistant who allows his or her license to lapse shall be notified by the Board within thirty (30) days of such lapse.
- 1405 Any person practicing as a physician assistant during the time his or her license has lapsed shall be considered an illegal practitioner and shall be subject to the same penalties as provided in Mississippi Code, Section 73-25-14.

Disciplinary Proceedings

- 1500 **Grounds for Disciplinary Action Against Physician Assistants**
For the purpose of conducting disciplinary actions against individuals licensed to practice as physician assistants, the Board hereby incorporates those grounds for the non-issuance, suspension, revocation, or restriction of a license or the denial of reinstatement or renewal of a license, as set forth in Mississippi Code, Sections 73-25-29 and 73-25-83. As a basis for denial, suspension, revocation or other restriction, the Board may initiate

disciplinary proceedings based upon any one or more of those grounds as set forth in Sections 73-25-29 and 73-25-83, and may make provision for the assessment of costs as provided therein.

1501 Hearing Procedure and Appeals

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

1502 Reinstatement of License

1. A person whose license to practice as a physician assistant has been revoked, suspended, or otherwise restricted may petition the Mississippi State Board of Medical Licensure to reinstate his or her 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 osteopaths licensed by the Board of Medical Licensure to which the petition is addressed and by two (2) or more recommendations from citizens each having personal knowledge of the activities of the petitioner since the disciplinary penalty was imposed and such facts as may be required by the Board of Medical Licensure.

The petition may be heard at the next regular meeting of the Board of Medical Licensure but not earlier than thirty (30) days after the petition was filed. No petition shall be considered while the petitioner is under sentence for any criminal offense, including any period during which he 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, his or her activity during the time his or her certificate was in good standing, his or her general reputation for truth, professional ability and good character; and it may require the petitioner to pass an oral examination.

Impaired Physician Assistants

- 1600 For the purpose of the Mississippi Disabled Physician Law, Mississippi Code, Sections 73-25-51 to 73-25-67, any individual licensed to practice as a physicians assistant, shall

be subject to restriction, suspension, or revocation in the case of disability by reason of one or more of the following:

mental illness

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

- 1601 If the Board has reasonable cause to believe that a physician assistant is unable to practice with reasonable skill and safety to patients because of one or more of the conditions described above, referral of the physician assistant shall be made, and action taken, if any, in the manner as provided in Sections 73-25-55 through 73-25-65, including referral to the Mississippi Professionals Health Program, sponsored by the Mississippi State Medical Association.

Effective Date of Regulations

- 1700 The above rules and regulations pertaining to the practice of physician assistants shall become effective September 1, 2000; as amended September 16, 2004; as amended May 19, 2005; as amended March 8, 2007; as amended May 17, 2007; and, as amended July 10, 2008.

Chapter 11 The Practice of Physician Assistants

Scope

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

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 10. "Board" means the Mississippi State Board of Medical Licensure.
 11. "Physician Assistant" means a person who meets the Board's criteria for licensure as a physician assistant and is licensed as a physician assistant by the Board.
 12. "Supervising Physician" means a doctor of medicine or a doctor of osteopathic medicine who holds an unrestricted license from the Board, who is in the full-time practice of medicine, and who has been approved by the Board to supervise physician assistants.
 13. "Supervise" or "Supervision" means overseeing and accepting responsibility for the medical services rendered by a physician assistant.
 14. "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.
 15. "NCCPA" means the National Commission on Certification of Physician Assistants.
 16. "PANCE" means the Physician Assistant National Certifying Examination.
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 18. "Predecessor or Successor Agency" refers to the agency responsible for accreditation of educational programs for physician assistants that preceded CAAHEP or the agency responsible for accreditation of educational programs for physician assistants that succeeded CAAHEP.

Qualifications for Licensure

300 Pursuant to Section 73-43-11, Mississippi Code, all physician assistants who are employed as physician assistants by a Department of Veterans Affairs health care facility, a branch of the United States military, or the Federal Bureau of Prisons and who are practicing as physician assistants in a federal facility in Mississippi on July 1, 2000, and those physician assistants who trained in a Mississippi physician assistant program and have been continuously practicing as a physician assistant in Mississippi since 1976, shall be eligible for licensure if they submit an application for licensure to the Board by December 31, 2000, and meet the following additional requirements:

9. Satisfy the Board that he or she is at least twenty-one (21) years of age and of good moral character.
10. 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.
11. Pay the appropriate fee as determined by the Board.
12. Present a certified copy of birth certificate.
13. Submit proof of legal change of name if applicable (notarized or certified copy of marriage or other legal proceeding).
14. Provide information on registration or licensure in all other states where the applicant is or has been registered or licensed as a physician assistant.
15. Provide favorable references from two (2) physicians licensed in the United States with whom the applicant has worked or trained.
16. No basis or grounds exist for the denial of licensure as provided at Section 1500 below.

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

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

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 14. Complete an application for license and submit same to the Board in the manner prescribed by the Board with a recent passport type photograph.
 15. Pay the appropriate fee as determined by the Board.
 16. Present a certified copy of birth certificate or valid passport.
 17. Submit proof of legal change of name if applicable (notarized or certified copy of marriage license or other legal proceeding).
 18. Possess a master's degree in a health-related or science field.
 19. Successfully complete an educational program for physician assistants accredited by CAAHEP or its predecessor or successor agency.
 20. Pass the certification examination administered by the NCCPA and have current NCCPA certification.
 21. Provide information on registration or licensure in all other states where the applicant is or has been registered or licensed as a physician assistant.
 22. Provide favorable references from two (2) physicians licensed in the United States with whom the applicant has worked or trained.
 23. 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.
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Temporary License

- 400 The Board may grant a temporary license to an applicant who meets the qualifications for licensure except that the applicant has not yet taken the national certifying examination administered by the NCCPA or the applicant has taken the national certifying examination and is awaiting the results or the applicant has not obtained a minimum of a master's degree in a health-related or science field.
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The Board may extend a temporary license, upon a majority vote of the Board members, for a period not to exceed one hundred eighty (180) days. Under no circumstances may the Board grant more than one extension of a temporary license.

402 A temporary license may be issued to an applicant who has not obtained a master's degree so long as the applicant can show proof of enrollment in a master's program that will, when completed, meet the master's degree requirement. The temporary license will be valid no longer than one (1) year, and may not be renewed.

Requirement of Protocol - Prescribing/Dispensing

500 Physician assistants shall practice according to a Board-approved protocol which has been mutually agreed upon by the physician assistant and the supervising physician. Each protocol shall be prepared taking into consideration the specialty of the supervising physician, and must outline diagnostic and therapeutic procedures and categories of pharmacologic agents which may be ordered, administered, dispensed and/or prescribed for patients with diagnoses identified by the physician assistant. Each protocol shall contain a detailed description of back-up coverage if the supervising physician is away from the primary office. Although licensed, no physician assistant shall practice until a duly executed protocol has been approved by the Board.

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502 Prescribing Controlled Substances and Medications by Physician Assistants

6. Scope

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

7. Application for Authority to Prescribe Controlled Substances

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

b. In order to obtain the authority to prescribe controlled substances in any schedule, the physician assistant shall submit an application approved by the Board.

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

For the purpose of directing the manner in which physician assistants may prescribe controlled substances, the Board incorporates Chapter 25 of the Board's Regulations *Pertaining to Prescribing, Administering and Dispensing of Medication* as applied to physicians, including but not limited to all Definitions, Maintenance of Records and Inventories, Use of Diet Medication, Use of Controlled Substances for Chronic (Non-

Terminal) Pain, and Prescription Guidelines. All physician assistants authorized to prescribe controlled substances shall fully comply with these regulations.

9. Registration for Controlled Substances Certificate Prescriptive Authority
 - a. Every physician assistant authorized to practice in Mississippi who prescribes any controlled substance must be registered with the U. S. Drug Enforcement Administration in compliance with Title 21 CFR, Part 1301 Food and Drugs.
 - b. Pursuant to authority granted in Mississippi Code, Section 41-29-125, the Board hereby adopts, in lieu of a separate registration with the Board, the registration with the U.S. Drug Enforcement Administration as required in Section 502.4.a. above, provided, however, where a physician assistant already possesses a controlled substances registration certificate for a practice location in another state or jurisdiction, the physician assistant may not transfer or otherwise use the same registration until he or she meets the training requirements set forth in Section 502.2.a. In the event, however, a physician assistant 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 assistant shall be prohibited from registering with the U. S. Drug Enforcement Administration for a Uniform Controlled Substances Registration Certificate without first being expressly authorized to do so by order of the Board.
 - c. 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 73-21-105(q).

10. Drug Maintenance, Labeling and Distribution Requirements

Persons registered to prescribe controlled substances may order, possess, prescribe, administer, distribute or conduct research with those substances to the extent authorized by their registration and in conformity with the other provisions of these regulations and in conformity with provisions of the Mississippi Uniform Controlled Substances Law, Mississippi Code, Sections 41-29-101 et. seq., except physician assistants may not receive samples of controlled substances. A physician assistant may receive and distribute pre-packaged medications or samples of non-controlled substances for which the physician assistant has prescriptive authority.

Supervision

- 600 Before any physician shall supervise a physician assistant, the physician must first (a) present to the Board's Executive Director a duly executed protocol, (b) appear personally before the Board or its Executive Director, and (c) obtain written approval to act as a supervising physician. The facts and matters to be considered by the Board when approving or disapproving a protocol or supervision arrangement shall include, but are

- 800 No physician shall supervise more than two (2) physician assistants at any one time. A physician supervising two (2) nurse practitioners may not supervise a physician assistant.

Termination

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

Duty to Notify Board of Change of Address

- 1000 Any physician assistant who is licensed to practice as a physician assistant in this state and changes his or her 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

- 1100 Each licensed physician assistant must show proof of completing 50 hours of CME each year, 20 hours of which must be Category 1, as defined by the Accreditation Council for Continuing Medical Education (ACCME). Physician assistants who are certified by the NCCPA may meet this requirement by providing evidence of current NCCPA certification.
- 1101 All physician assistants authorized to prescribe controlled substances must show proof of completing 50 hours of CME each year, 20 hours of which must be Category 1, as defined by the ACCME, and 10 hours of which must be related to the prescribing of medications with an emphasis on controlled substances.

Identification

- 1200 The supervising physician shall be responsible to ensure that any physician assistant under his or her supervision does not advertise or otherwise hold himself or herself out in any manner which would tend to mislead the general public or patients. Physician assistants shall at all times when on duty wear a name tag, placard or plate identifying themselves as physician assistants.
- 1201 Physician assistants may not advertise in any manner which implies that the physician assistant is an independent practitioner.
- 1202 A person not licensed as a physician assistant by the Board who holds himself or herself out as a physician assistant is subject to the penalties applicable to the unlicensed practice of medicine.

not limited to, how the supervising physician and physician assistant plan to implement the protocol, the method and manner of supervision, consultation, referral and liability.

- 601 Where two or more physicians anticipate executing a protocol to supervise a physician assistant, it shall not be necessary that all of the physicians personally appear before the Board or Executive Director as required in Section 600. In this situation, the physician who will bear the primary responsibility for the supervision of the physician assistant shall make the required personal appearance.

Supervising Physician Limited

- 700 No physician shall be authorized to supervise a physician assistant unless that physician holds an unrestricted license to practice medicine in the state of Mississippi.
- 701 Supervision means overseeing activities of, and accepting responsibility for, all medical services rendered by the physician assistant. Except as described in Section 702, supervision must be continuous, but shall not be construed as necessarily requiring the physical presence of the supervising physician.
- 702 New graduate physician assistants and all physician assistants newly practicing in Mississippi, except those licensed under Section 300, require the on-site presence of a supervising physician for one hundred twenty (120) days.
- 703 The physician assistant's practice shall be confined to the primary office or clinic of the supervising physician or any hospital(s) or clinic or other health care facility within the same community where the primary office is located, wherein the supervising physician holds medical staff privileges. Exceptions to this requirement may be granted on an individual basis, provided the location(s) of practice are set forth in the protocol.
- 704 The supervising physician must provide adequate means for communication with the physician assistant. Communication may occur through the use of technology which may include, but is not limited to, radio, telephone, fax, modem, or other telecommunication device.
- 705 The supervising physician shall, on at least a monthly basis, conduct a review of the records/charts of at least ten percent (10%) of the patients treated by the physician assistant, said records/charts selected on a random basis. During said review, the supervising physician shall note the medical and family histories taken, results of any and all examinations and tests, all diagnoses, orders given, medications prescribed, and treatments rendered. The review shall be evidenced by the supervising physician placing his or her signature or initials ~~next to each of the above areas of review~~ at the base of the clinic note, either electronically or by hand, and shall submit proof of said review to the Board upon request.

Number of Physician Assistants Supervised

Physician Liability

- 1300 Prior to the supervision of a physician assistant, the physician's and/or physician assistant's insurance carrier must forward to the Board a Certificate of Insurance.

Renewal Schedule

- 1400 The license of every person licensed to practice as a physician assistant in the state of Mississippi shall be renewed annually.
- 1401 On or before May 1 of each year, the State Board of Medical Licensure shall mail a notice of renewal of license to every physician assistant to whom a license was issued or renewed during the current licensing year. 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 documentation of completing each year 50 hours of CME and the renewal fee of an amount established by the Board. The payment of the annual license renewal fee shall be optional with all physician assistants over the age of seventy (70) years. Upon receipt of the application and fee, the Board shall verify the accuracy of the application and issue to applicant a certificate of renewal for the ensuing year, beginning July 1 and expiring June 30 of the succeeding calendar year.
- 1402 A physician assistant practicing in Mississippi who allows his or her license to lapse by failing to renew the license as provided in Section 1401 may be reinstated by the Board on satisfactory explanation for such failure to renew, by completion of a reinstatement form, and upon payment of the renewal fee for the current year, and shall be assessed a fine of Twenty-five Dollars (\$25.00) plus an additional fine of Five Dollars (\$5.00) for each month thereafter that the license renewal remains delinquent.
- 1403 Any physician assistant not practicing in Mississippi who allows his or her license to lapse by failing to renew the license as provided in Section 1401 may be reinstated by the Board on satisfactory explanation for such failure to renew, by completion of a reinstatement form, and upon payment of the arrearage for the previous five (5) years and the renewal fee for the current year.
- 1404 Any physician assistant who allows his or her license to lapse shall be notified by the Board within thirty (30) days of such lapse.
- 1405 Any person practicing as a physician assistant during the time his or her license has lapsed shall be considered an illegal practitioner and shall be subject to the same penalties as provided in Mississippi Code, Section 73-25-14.

Disciplinary Proceedings

1500 Grounds for Disciplinary Action Against Physician Assistants

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

1501 Hearing Procedure and Appeals

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

1502 Reinstatement of License

4. A person whose license to practice as a physician assistant has been revoked, suspended, or otherwise restricted may petition the Mississippi State Board of Medical Licensure to reinstate his or her 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.
5. The petition shall be accompanied by two (2) or more verified recommendations from physicians or osteopaths licensed by the Board of Medical Licensure to which the petition is addressed and by two (2) or more recommendations from citizens each having personal knowledge of the activities of the petitioner since the disciplinary penalty was imposed and such facts as may be required by the Board of Medical Licensure.

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

6. 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, his or her activity during the time his or her certificate was in good standing, his or her general reputation for truth, professional

ability and good character; and it may require the petitioner to pass an oral examination.

Impaired Physician Assistants

1600 For the purpose of the Mississippi Disabled Physician Law, Mississippi Code, Sections 73-25-51 to 73-25-67, any individual licensed to practice as a physicians assistant, shall be subject to restriction, suspension, or revocation in the case of disability by reason of one or more of the following:

mental illness

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

1601 If the Board has reasonable cause to believe that a physician assistant is unable to practice with reasonable skill and safety to patients because of one or more of the conditions described above, referral of the physician assistant shall be made, and action taken, if any, in the manner as provided in Sections 73-25-55 through 73-25-65, including referral to the Mississippi Professionals Health Program, sponsored by the Mississippi State Medical Association.

Effective Date of Regulations

1700 The above rules and regulations pertaining to the practice of physician assistants shall become effective September 1, 2000; as amended September 16, 2004; as amended May 19, 2005; as amended March 8, 2007; as amended May 17, 2007; and, as amended July 10, 2008.

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

OF

JODI ALLEN PARKS, M.D.

CONSENT ORDER

WHEREAS, JODI ALLEN PARKS, M.D., hereinafter referred to as "Licensee," is the current holder of License Number 20711 issued on June 30, 2009, to practice medicine in the State of Mississippi;

WHEREAS, the Investigative Staff of the Mississippi State Board of Medical Licensure, hereinafter referred to as the "Board," has conducted a comprehensive investigation into the medical practice of Licensee in Picayune, Mississippi, and has in its possession pre-signed prescription blanks and other evidence indicating that Licensee has violated the Rules and Regulations of the Board, "Pertaining to Prescribing, Administering, and Dispensing of Medication;" is guilty of unprofessional conduct, which includes being guilty of dishonorable conduct likely to deceive, defraud or harm the public; 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, on or about November 1, 2011, Licensee signed a voluntary surrender of controlled substance privileges, thereby relinquishing Licensee's Drug

Enforcement Administration (DEA) Uniform Controlled Substances Registration Certificate for schedules II, IIN, III, IIIN, IV, and V;

WHEREAS, the above enumerated conduct, if established before the Board, constitutes a violation of the Mississippi Medical Practice Act and specifically, Subsections (3), (8)(d) and (13) of Miss. Code Ann. § 73-25-29, and Miss. Code Ann. § 73-25-83(a) for which the Board may revoke the medical license of Licensee, suspend it for a time deemed proper by the Board, or take any other action as the Board may deem proper under the circumstances;

WHEREAS, it is the desire of Licensee to avoid a hearing before the Board and, in lieu thereof, has agreed to enter into this Consent Order subject to the terms, conditions and restrictions as specified below;

NOW, THEREFORE, the Mississippi State Board of Medical Licensure with the consent of Licensee as signified by her joinder herein, does hereby place Licensee's certificate to practice medicine in the State of Mississippi on **probation**, subject to the following terms and conditions:

1. Licensee's medical license (No. 20711) to practice medicine in the State of Mississippi is hereby placed on **probation** for a period of one (1) year. At the first available meeting date following expiration of the one (1) year probationary term, Licensee shall appear before the Board to review her compliance with this Order.
2. During the one (1) year period of probation, Licensee shall attend and successfully complete Continuing Medical Education (CME) courses in the following areas: (i) proper prescribing of controlled substances; (ii) medical ethics;

and (iii) proper medical record keeping. The CME courses required herein shall be American Medical Association (AMA) approved Category I credits. Any credit received for such courses shall be in addition to the usual forty (40) hours of Category I credits required by Board regulation. Licensee will be required to be on-site while taking any and all CME courses, as courses can not be taken on-line or by other means.

3. Licensee's practice of medicine in Mississippi will be restricted to clinical pathology, including blood banking and/or transfusion medicine only (no anatomic pathology).
4. Licensee shall report in writing to the Board within fifteen (15) days should her medical license in any state be subject to investigation or disciplinary action.
5. Licensee's medical practice shall be subject to periodic surveillance. The Board's Director, any member of the Board, or Investigator for the Board may perform an unannounced inspection of any clinic wherein Licensee practices, which may include a chart review of selected patient files.
6. Licensee shall obey all federal, state and local laws, and all rules and regulations governing the practice of medicine.
7. Should the Board hereafter receive documented evidence of Licensee violating any of the terms and conditions of this Consent Order, the Board shall have the right to summarily suspend Licensee's certificate to practice medicine without a hearing, provided Licensee shall be given an opportunity for a due process

hearing on the matter at the first available regular meeting date following issuance of the summary suspension.

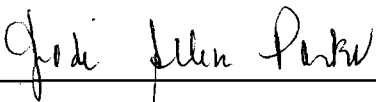
8. Licensee shall reimburse the Board for all costs incurred in relation to the pending matter pursuant to Miss. Code Ann. § 73-25-30, said amount not to exceed \$10,000. Licensee shall be advised of the total assessment by separate written notification, and shall tender to the Board a certified check or money order made payable to the Mississippi State Board of Medical Licensure, on or before forty (40) days from the date the assessment is mailed to Licensee via U.S. Mail.

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 further participation in any hearing or other resolution of the proceeding. 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 National Practitioner Data Bank and 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.

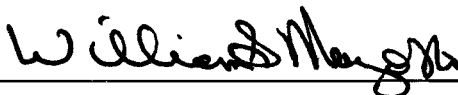
Recognizing her right to notice of charges specified against her, to have such charges adjudicated pursuant to Miss. Code Ann. Section §73-25-27, to be represented therein by legal counsel of her choice, and to a final decision rendered upon written findings of fact and conclusions of law, **JODI ALLEN PARKS, M.D.**, nonetheless, hereby waives her right to notice and a formal adjudication of charges, thereby placing the above enumerated terms, conditions and restrictions on her license to practice medicine in the State of Mississippi.

EXECUTED this the 22nd day of March, 2012.



Jodi Allen Parks, M.D.

ACCEPTED AND APPROVED this the 22nd day of March, 2012, by the
Mississippi State Board of Medical Licensure.



William S. Mayo, D.O., President
Mississippi State Board of Medical
Licensure

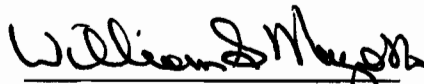
**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
MARCH 22, 2012**

AGENDA ITEM: X. Personal appearance by Thomas F. Fleischhauer, M.D.

In a motion made by Dr. Miles, seconded by Dr. Jones, in a vote of eight (8) for, and one (1) abstaining, the Board voted to reinstate Dr. Fleischhauer's license to practice medicine with the following restrictions to his prescribing privileges. Dr. Fleischhauer may have unlimited prescribing in the inpatient or ER setting. On outpatient, Dr. Fleischhauer cannot prescribe II or IIN controlled substances. Dr. Fleischhauer may reappear in six (6) months for consideration of the lifting of this restriction.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.	X			
Claude D. Brunson, M.D.			X	
Rickey L. Chance, D.O.	X			
Virginia M. Crawford, M.D.	X			
S. Randall Easterling, M.D.	X			
William B. Jones, M.D.	X			
William S. Mayo, D.O.	X			
Philip T. Merideth, M.D., J.D.	X			
Charles D. Miles, M.D.	X			

With a motion by Dr. Miles, seconded by Dr. Chance , the Board came out of Executive Session.


William S. Mayo, D.O.
President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSEE

OF

THOMAS FRAZEE FLEISCHHAUER, M.D.

ORDER

THIS MATTER came on regularly for consideration on March 22, 2012, before the Mississippi State Board of Medical Licensure, in response to the request of Thomas Frazee Fleischhauer, M.D. (hereinafter "Licensee"), seeking authorization to return to practice and removal of restrictions. By virtue of that certain Consent Order dated September 22, 2011, Licensee's certificate to practice medicine in the state of Mississippi was suspended for a period of six (6) months, during which time Licensee was directed to enroll and successfully complete certain continuing medical education courses. Licensee also surrendered his DEA Uniform Controlled Substances Registration Certificate in all schedules. The action was taken based on multiple grounds; the most prevalent being violation of the Rules and Regulations of the Board "Pertaining to Prescribing, Administering and Dispensing of Medication," and administering, dispensing or prescribing narcotic drugs, or any other drug having addiction-forming or addiction-sustaining liability, otherwise than in the course of legitimate professional practice.

The Board, after hearing all testimony and considering all evidence, finds Licensee's request to be well-taken.

IT IS HEREBY ORDERED, that Licensee is authorized to return to the practice medicine and does hereby place Licensee's certificate to practice medicine in the State of Mississippi on probation, subject to the following terms and restrictions, to-wit:

1. Licensee is authorized to make application with the U.S. Drug Enforcement Administration (DEA) for a Uniformed Controlled Substances Registration Certificate in all schedules. However, Licensee shall not prescribe, administer or dispense controlled substances in Schedules II and IIN except that which may be only administered or dispensed to patients duly admitted to and treated within the confines of a hospital or hospital emergency department.

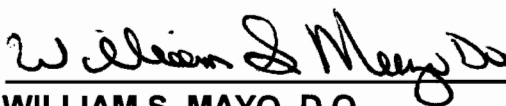
2. Licensee's practice will be subject to periodic monitoring and prescription review to insure Licensee's compliance with all applicable Rules and Regulations of the Board.

3. After the expiration of a minimum of six (6) months from the date of this order, Licensee shall have the right but not the obligation to petition the Board for removal of any or all remaining restrictions.

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 Frazee Fleischhauer, M.D. Because Dr. Fleischhauer was informed of this decision following Board deliberations, the Order shall be given immediate effect.

SO ORDERED, this the 22nd day of March, 2012.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY: 

WILLIAM S. MAYO, D.O.
PRESIDENT

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

OF

HARRY GENE HUNT, M.D.

ORDER

THIS MATTER came on regularly for hearing on March 22, 2012, before the Mississippi State Board of Medical Licensure, in response to the petition of Harry Gene Hunt, M.D. (hereinafter "Licensee"), seeking removal of all restrictions on his license to practice medicine in the State of Mississippi. By virtue of that certain Consent Order dated May 12, 2011, Licensee's certificate to practice medicine in the State of Mississippi was indefinitely suspended until such time as Licensee received appropriate treatment, obtained affiliation with the Mississippi Professionals Health Program (hereinafter "MPHP"), reimburse the Board for all costs incurred in this matter and complete certain continuing medical education. In support of Licensee's request for removal of restrictions, the Board has been submitted proof that Licensee has complied with all terms of the aforementioned Consent Order, including confirmation of advocacy and affiliation from the MPHP. Therefore, the Board, after hearing said request, finds the same to be well-taken.


The evidence and testimony presented establishes that Licensee has completed all treatment, has secured advocacy from the MPHP, and can now return to the practice of medicine with reasonable skill and safety to patients.

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 with the understanding that Licensee maintains advocacy with MPHP.

IT IS FURTHER ORDERED, that pursuant to Miss. Code Ann. Section 73-25-27 (1972), a copy of this Order shall be sent by registered mail or personally served upon, Harry Gene Hunt, M.D.

ORDERED, this the 22nd day of March, 2012.

Mississippi State Board of Medical Licensure

BY: 
William S. Mayo, D.O.
President


**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
MARCH 22, 2012**

AGENDA ITEM: XII. Personal appearance by Duane Lamont Russell, M.D.

In a motion made by Dr. Aycock, seconded by Dr. Brunson, in a vote of eight (8) for, and one (1) against, the Board voted to reinstate unrestricted Dr. Russell's license to practice medicine with the understanding that he will continue to maintain advocacy with the Mississippi Professionals Health Program (MPHP).

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.	X			
Claude D. Brunson, M.D.	X			
Rickey L. Chance, D.O.	X			
Virginia M. Crawford, M.D.	X			
S. Randall Easterling, M.D.	X			
William B. Jones, M.D.	X			
William S. Mayo, D.O.	X			
Philip T. Merideth, M.D., J.D.		X		
Charles D. Miles, M.D.	X			

With a motion by Dr. Merideth, seconded by Dr. Miles , the Board came out of Executive Session.


William S. Mayo, D.O.
President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

DUANE LAMONT RUSSELL, M.D.

ORDER

THIS MATTER came on regularly for hearing on March 22, 2012, before the Mississippi State Board of Medical Licensure, in response to the petition of Duane Lamont Russell, M.D. (hereinafter "Licensee"), seeking removal of all restrictions on his license to practice medicine in the State of Mississippi. By virtue of that certain Consent Order dated May 12, 2011, Licensee's certificate to practice medicine in the State of Mississippi was indefinitely suspended until such time as Licensee received appropriate treatment, obtained affiliation with the Mississippi Professionals Health Program (hereinafter "MPHP"), surrendered his controlled substances privilege and completed certain continuing medical education requirements. In support of Licensee's request for removal of restrictions, the Board has been submitted proof that Licensee has complied with all terms of the aforementioned Consent Order, including confirmation of advocacy and affiliation from the MPHP. Therefore, the Board, after hearing said request, finds the same to be well-taken.

The evidence and testimony presented establishes that Licensee has completed all treatment, has secured advocacy from the MPHP, and can now return to the practice of medicine with reasonable skill and safety to patients.

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 with the understanding that Licensee maintains advocacy with MPHP.

IT IS FURTHER ORDERED, that pursuant to Miss. Code Ann. Section 73-25-27 (1972), a copy of this Order shall be sent by registered mail or personally served upon, Duane Lamont Russell, M.D.

ORDERED, this the 22nd day of March, 2012.

Mississippi State Board of Medical Licensure

BY: William S. Mayo, D.O.
William S. Mayo, D.O.
President

MAY 2012

**MINUTES
EXECUTIVE COMMITTEE MEETING
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
MAY 16, 2012**

MEMBERS PRESENT:

William S. Mayo, D.O., Oxford, President
S. Randall Easterling, M.D., Vicksburg, Vice President
Virginia M. Crawford, M.D., Hattiesburg, Secretary

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
Leslie Ross, Investigations Supervisor
Frances Carrillo, Special Projects Officer, Investigative Division
Mickey Boyette, Investigator, Investigative Division
Jonathan Dalton, Investigator, Investigative Division
Charles Ware, Investigator, Investigative Division
Ruby Litton, RN, Compliance Nurse
Sherry H. Pilgrim, Staff Officer

NOT PRESENT

Ellen O'Neal, Assistant Attorney General

The Executive Committee of the Mississippi State Board of Medical Licensure met on Wednesday, May 16, 2012, at 1:05 p.m. in the Board Room of the Office of the Board located at 1867 Crane Ridge Drive, Jackson, Mississippi.

**PERSONAL APPEARANCE BY GEORGE LEONARD CAIN, JR., M.D., CORINTH,
MISSISSIPPI MEDICAL LICENSE NUMBER 11344**

Dr. Craig briefly discussed that Dr. Cain had been invited to appear before the Executive Committee to discuss the number of APRNs that he collaborates with and that they are all in free standing clinics. Also, Dr. Craig advised that Dr. Cain entered into one free standing clinic without getting the Board's approval as required.

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

EXECUTIVE COMMITTEE MINUTES

May 16, 2012

Page 2

Dr. Cain addressed the Executive Committee and advised that he does have seven (7) APRNs and that none of them work in his practice, but all have free standing clinics. Dr. Cain discussed how he manages the APRNs and stated that he visits each site once a month. Dr. Cain advised that all except the last APRN had their protocol pre-approved. Dr. Cain advised that medical problems was the reason he had not gotten the last free standing clinic pre-approved. Dr. Cain advised that Dr. Welch is his backup except for one (1) APRN that is tied in with the hospital.

THOMAS WASHINGTON ARRIVED AT THE MEETING AT 1:25 P.M.

Dr. Mayo thanked Dr. Cain for appearing and advised him that the Executive Committee would discuss the matter further and advise him of their decision at a later date.

Following a brief discussion, motion was made by Dr. Crawford, seconded by Dr. Easterling, and carried unanimously to issue a non-public Letter of Concern to Dr. Cain concerning his lack of keeping the Board informed of changes and addressing the quality of care issues discussed. Also, Dr. Cain is to be reminded to monitor the Board's website for changes to the Board's Rules and Regulations concerning the practice of APRNs.

PERSONAL APPEARANCE BY CARL CHAPMAN WELCH, M.D., CORINTH, MISSISSIPPI MEDICAL LICENSE NUMBER 06370

Ms. Litton, RN, Compliance Nurse, provided the Executive Committee with a brief recap of her visit to Dr. Welch and the deficiencies discovered during the visit. Ms. Litton advised that Deborah Whitehead, APRN, was in a collaborative relationship with Dr. Welch at the Wheeler Medical Clinic without prior approval of the Board. Ms. Litton advised that she has also discovered that Ms. Whitehead's license has been restricted for 36 months and she should be working as a registered nurse only. Dr. Craig added that Dr. Welch has previously been invited to have "Coffee with Craig" to discuss issues of not keeping the Board advised of changes with his APRNs.

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

After the introductions, Dr. Welch addressed the Executive Committee and explained where each of the APRNs is working and how he monitors them. Dr. Welch advised that Ms. Whitehead has not worked since March 8th and he will no longer be a preceptor for her. Dr. Welch advised that he was not aware of the number of prescriptions that she was writing and when reviewing charts that he had allowed her to

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provide him the charts to review. Dr. Welch explained how he currently has three (3) full time APRNs, four (4) part-time APRNs, and how they cover time in the clinic. The Board noticed that Dr. Welch was of advanced age (80 years old) and did not appear to be in good health. As a result, the Board had concerns with his ability to collaborate with seven (7) APRNs.

Following questions from the Executive Committee, Dr. Mayo thanked Dr. Welch for appearing and told him that the Executive Committee would discuss the matter and advise him later of their decision at a later date.

Following a brief discussion, motion was made by Dr. Crawford, seconded by Dr. Easterling, and carried unanimously to send Dr. Welch a letter requesting that he voluntarily send copies of his continuing medical education for the current licensure renewal cycle, as well as obtain a cognitive evaluation at a Board approved facility with a report sent to the Board of their findings. The Executive Committee agreed to recommend that Dr. Welch consider Dr. Neufeld at Vanderbilt University for the evaluation. Also, the Executive Committee agreed that the request be made that Dr. Welch not collaborate with any APRN until the evaluation is accomplished and the findings sent to the Board for review.

THE EXECUTIVE COMMITTEE RECESSED AT 2:25 P.M. AND RETURNED AT 2:40 P.M.

FRANCIS C. HUBER, M.D., GULFPORT, MISSISSIPPI MEDICAL LICENSE NUMBER 09389, PAIN MANAGEMENT CLINIC INFORMATION

Dr. Craig advised that Dr. Huber had requested to come to the Board to bring paperwork in an attempt to obtain registration with the Board for a pain management clinic. Dr. Craig advised that Dr. Huber was delivered a cease and desist letter for operating a pain management clinic without Board registration.

Dr. Huber and John Adams, who is over the financial aspect of the business, joined the meeting. Dr. Huber provided documentation of his ownership in the LLC. Dr. Huber and Mr. Adams answered several questions from the Executive Committee concerning how the clinic operates. Dr. Huber advised that he does utilize the prescription monitoring program and secures pain management contracts on all of the patients. Dr. Huber advised that the clinic has been in operation since July 2011 and that he replaced Dr. Wheaton. Dr. Huber also confirmed that Mr. Adams is an investor and that he does not have a medical license.

Dr. Mayo thanked them for appearing and advised them that the Board would review the information and advise them of their decision at a later date.

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Following a brief discussion, motion was made by Dr. Crawford, seconded by Dr. Easterling, and carried unanimously to hold the request in abeyance until the Board has time to review more charts and the clinic provides additional information.

PERSONAL APPEARANCE BY MARTINS THADDEUS UGWU-DIKE, M.D., COLUMBIA, MISSISSIPPI MEDICAL LICENSE NUMBER 17718

Dr. Craig advised that Dr. Ugwu-Dike had been invited to appear before the Executive Committee to discuss concerns relative to the quality of his medical records and his prescribing. Ms. Ross, Investigations Supervisor, handed out additional information to the Executive Committee and discussed the files that she reviewed during her visit in January to Dr. Ugwu-Dike's office.

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

Dr. Ugwu-Dike addressed the Executive Committee and advised that he was a victim of electronic medical record issues. Dr. Ugwu-Dike stated that he has had the program worked on and they are trying to get all the issues corrected.

Dr. Ugwu-Dike responded to several questions from the Executive Committee concerning his practice and the fact that approximately 50 to 58% of his patients would be considered as pain management. Dr. Ugwu-Dike advised that he was interested in doing more hypertension and diabetes, etc. than pain management and wanted to get the number down. Dr. Ugwu-Dike advised that he would like to be well below 50% and therefore would not be required to be registered with the Board as a pain management clinic. After responding to questions concerning several patients and how he prescribes Suboxone to addicts to help them get clean, Dr. Mayo thanked Dr. Ugwu-Dike and told him the Executive Committee would discuss the matter and advise him of their decision at a later time.

After a brief discussion, motion was made by Dr. Crawford, seconded by Dr. Easterling, and carried unanimously to issue Dr. Ugwu-Dike a non-public Letter of Concern requesting that he attend courses on boundary and proper prescribing of controlled medications with documentation of completion sent to the Board within the next six (6) months. The Executive Committee unanimously agreed to advise Dr. Ugwu-Dike to refer addicts for treatment as well as recommending that he not re-register as a pain management clinic in an attempt to reduce the number of pain management patients under his care.

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In addition, the Executive Committee requested that Ms. Ross review additional charts and check his PMP for compliance and report back to the Executive Committee in three (3) months.

PERSONAL APPEARANCE BY KEVIN H. BOND, M.D., COLUMBUS, MISSISSIPPI MEDICAL LICENSE NUMBER 12474

Dr. Craig briefly summarized Dr. Bond's history and advised that he had been invited to appear to address issues concerning the excessive quantities of controlled medications purchased that were being sent to his office, yet he had no purchase records on file.

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

Dr. Bond addressed the Executive Committee and admitted to ordering the prescriptions for himself and his wife and that they were both addicts. Following several questions from the Executive Committee, Dr. Craig was advised that Dr. Hambleton, Director of the Mississippi Professionals Health Program (MPHP), was present today and that he was willing to meet with him today to discuss possibilities for treatment. Dr. Bond advised that he needs treatment and met with Dr. Hambleton in another office prior to leaving.

Following a brief discussion, motion was made by Dr. Easterling, seconded by Dr. Crawford, and carried unanimously to offer Dr. Bond a Consent Order suspending his license and allowing him to enter into advocacy with MPHP and enter a treatment facility for his addiction. Once Dr. Bond has completed treatment and MPHP feels he is ready to return to work, he can appear before the Board to request lifting of the suspension.

PERSONAL APPEARANCE BY DILYANA N. MILEV, M.D., TUPELO, MISSISSIPPI MEDICAL LICENSE NUMBER 20375

Dr. Craig advised that Dr. Milev had been invited to appear before the Executive Committee to discuss prescribing problems and her connection with the APRN that worked in her clinic that was recently arrested for prescription diversion.

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

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Dr. Milev addressed the Executive Committee and pointed out that all of the activity concerning the APRN was outside of the clinic and she did not have knowledge until the arrest and explained how shocked she was when the arrest came down. Dr. Milev advised that she did supervise the APRN when they were working together in the clinic and was unaware of her problems outside of work. The Executive Committee questioned Dr. Milev concerning her use of the Prescription Monitoring Program (PMP). Dr. Milev advised that she had not been using the PMP and therefore had not been monitoring the APRNs prescription activity.

Dr. Mayo thanked Dr. Milev for appearing and told her that the Executive Committee would discuss the matter and advise her of their decision at a later date.

Following a brief discussion, the Executive Committee unanimously agreed to send Dr. Milev a letter encouraging her to utilize the Prescription Monitoring Program.

PERSONAL APPEARANCE BY JEFFREY FRANCIS TRAINA, M.D., NATCHEZ, MISSISSIPPI MEDICAL LICENSE NUMBER 21127

Dr. Craig advised that Dr. Traina had been invited to appear before the Executive Committee to discuss prescribing to himself and family members as well as discuss the excessive number of controlled medications and refills that he is providing his patients.

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

Dr. Traina addressed the Executive Committee and admitted that he has been self prescribing and prescribing to family members without keeping any medical records. Dr. Traina advised that he has recently stopped the prescribing for himself and his family and that it all started when they moved to Mississippi about a year and a half ago and did not have family physicians. When questioned about the patients he treats for pain, he stated that he thought that they all had signed contracts in their medical files. Dr. Traina advised that he is not currently utilizing the Prescription Monitoring Program (PMP). The Executive Committee advised Dr. Traina how the PMP could be utilized to help him in his practice and suggested that he register for the program.

Dr. Mayo thanked Dr. Traina for appearing and advised him that the Executive Committee would discuss the matter and advise him of their outcome at a later date.

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Following a brief discussion, motion was made by Dr. Crawford, seconded by Dr. Easterling, and carried unanimously to issue Dr. Traina a non-public Letter of Concern requesting that he attend courses on boundary and proper prescribing of controlled medications with documentation of proper completion sent to the Board within the next six (6) months.

PERSONAL APPEARANCE BY ALAN K. MILLING, R.A., MERIDIAN, APPLICANT FOR RADIOLOGIST ASSISTANT

Dr. Craig advised that Mr. Milling and his supervising physician had been invited to appear to discuss the RA's activities since graduation of radiologist assistant school because the Board had received documentation that he had been functioning as a radiologist assistant at Rush Hospital since June 18, 2011, without a license.

Mr. Milling joined the meeting and was not represented by legal counsel but was accompanied by William Armstrong, D.O., his supervisor. Mr. Milling had executed a written agreement for this informal meeting, a copy of which is attached hereto and incorporated by reference.

Mr. Milling addressed the Executive Committee and said he was working as a RPA and later the school changed the degree to RA. Mr. Milling said that he went to RPA school and took the boards for a RA. Mr. Milling and Dr. Armstrong discussed the procedures that he was allowed to perform and how they supervise at Rush Hospital. Dr. Armstrong advised that Rush Hospital permitted Mr. Milling to work under the supervision of a licensed radiologist as part of his training program through Weber State.

Dr. Mayo thanked Mr. Milling and Dr. Armstrong and advised them that the Executive Committee would discuss the matter and advise them of their decision at a later time.

Following a brief discussion, it was the unanimous decision of the Executive Committee to allow Mr. Milling to be licensed and to issue a non-public Letter of Concern advising that the Board does not approve of his working without a valid license and that he will be monitored in the future. Also, the Executive Committee agreed to send a letter to Rush Hospital expressing the Board's concern with their credentialing procedures and that they should not have allowed Mr. Milling to practice without a license.

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**PERSONAL APPEARANCE BY MAJID AZIZ KHAN, M.D., JACKSON, MISSISSIPPI
MEDICAL LICENSE NUMBER 17822**

Dr. Craig advised that Dr. Khan had been invited to appear before the Executive Committee to address allegations of poor practice while he was employed at the VA hospital. Dr. Craig advised that the Board became aware of the matter through a complaint that was filed with the Board.

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

Dr. Khan addressed the Executive Committee and stated that it was an unfortunate situation and that he felt like most of the allegations were baseless. Dr. Khan briefly discussed the problems in the department among the employees. Dr. Khan advised that the complaint stemmed from three (3) people within the VA. Dr. Khan advised that he has left the VA hospital and has been at the University for five (5) years in the radiology department and is chief of the neuroradiology department.

Following questions from the Executive Committee, Dr. Mayo thanked Dr. Khan for appearing and advised him that the Executive Committee would discuss the matter and advise him the outcome at a later date.

After a brief discussion, motion was made by Dr. Easterling, seconded by Dr. Crawford, and carried unanimously to have Mr. Ingram's legal assistant review additional Board documents and advise findings so that the Executive Committee could consider if there needs to be further review in the case.

**PERSONAL APPEARANCE BY KENNETH STAGGS, M.D., MERIDIAN, MISSISSIPPI
MEDICAL LICENSE NUMBER 14732 AND TOSHA MARQUARDT, PA 00031**

Dr. Craig advised that a request had been made from Total Pain Care in Meridian to allow their physician assistant to work independently at two (2) of their satellite clinics in Newton and Philadelphia.

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

Dr. Staggs addressed the Executive Committee and made his request and advised that they already have three (3) APRNs that work at the clinics and they wanted to add Ms. Marquardt to the rotation. Dr. Staggs advised that Ms. Marquardt has been

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a physician assistant over six (6) years and explained how he and Dr. Pearson manage their mid-level providers.

Dr. Mayo thanked Dr. Staggs and Ms. Marquardt for appearing and advised them that the Executive Committee would discuss their request and advise them of their decision at a later date.

Following a brief discussion, motion was made by Dr. Mayo, seconded by Dr. Easterling, and carried unanimously that their plan of practice was appropriate and that the Executive Committee would allow the exception as requested.

UPDATE ON VISIT WITH CARL FAULKS, M.D., GULFPORT, MISSISSIPPI MEDICAL LICENSE NUMBER 19646

Dr. Craig and Investigator Dalton provided an update on Dr. Faulks' CME and advised that the Board still has not received the CME from the last licensure cycle. Mr. Dalton expressed concerns of Dr. Faulks being disorganized and his Suboxone therapy for patients.

After a brief discussion, the Executive Committee unanimously agreed to issue Dr. Faulks a Summons and Affidavit based on the fact that he has not provided requested CME. Also, the Executive Committee wants a medical expert to review the records that he has provided the Board.

REQUEST FROM NEIL B. SLOAN, M.D., CORINTH, MISSISSIPPI MEDICAL LICENSE NUMBER 19029

Dr. Craig briefly discussed a letter that the Board had received from Dr. Sloan's attorney, Jim Pettis, concerning the proposed Consent Order that was sent to Dr. Sloan.

Following a brief discussion, motion was made by Dr. Easterling, seconded by Dr. Crawford, and carried unanimously to issue a Summons and Affidavit and have a formal hearing charging Dr. Sloan with violations of his original Consent Order.

DISCUSS JOHN MICHAEL KAST, M.D., LAKE OSWEGO, OR, APPLICANT THAT WITHDREW

For informational purposes only, Dr. Craig advised that Dr. Kast has withdrawn his application for licensure and has been offered a fellowship at the University of Tennessee.

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DISCUSS LETTER FROM SHANNON HOFFERT

Dr. Craig briefly discussed a request from Butler Snow law firm concerning a company by the name of Newco. After a brief discussion, motion was made to have Mr. Ingram correspond with Ms. Hoffert requesting additional information concerning the "reserve" retained by Newco.

OTHER BUSINESS

REQUEST FROM UMC CONCERNING MADHAVA RAO KANAKAMEDALA, M.D.

Dr. Craig briefly discussed the request from UMC concerning Dr. Kanakamedala. Dr. Craig stated that the training program did not received accreditation until 2010. Therefore, on June 30th, Dr. Kanakamedala will have only two (2) years of approved training and UMC is requesting we accept his training as complete and have him listed as a PGY4.

Following a brief discussion, the Executive Committee unanimously agreed to advise UMC that the Board has no way of knowing what the training quality was until the Department received accreditation for the residency program by the ACGME in July 2010, and that the Board is unable to grant a variance of our requirements for licensure. The Board further agreed that the physician should get board certified or complete residency before being granted a license.

DISCUSS BENJAMIN MARBLE, M.D., MISSISSIPPI MEDICAL LICENSE NUMBER 18076

Dr. Craig briefly discussed a letter from Dr. Hambleton with MPHP. Dr. Hambleton feels that Dr. Marble needs an evaluation as he feels there might be some personality issues that need to be addressed. Dr. Hambleton feels that Dr. Marble needs to be under contract, however, Dr. Marble does not wish to comply with the request. Dr. Hambleton did state that Dr. Marble had an appointment with Dr. Polles but later retained an attorney and cancelled the appointment.

Following a brief discussion, the Executive Committee unanimously agreed to advise Dr. Marble that he can either go for the evaluation and work with PHP or he will be summoned to appear before the Board for a hearing in July.

REVIEW OF MAY 17, 2012, BOARD AGENDA

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

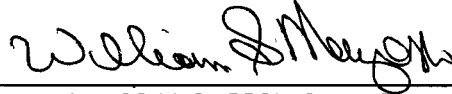
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ADJOURNMENT

There being no further business, the meeting adjourned at 7:25 p.m.



WILLIAM S. MAYO, D.O.
President

Minutes taken and transcribed
by Sherry H. Pilgrim
Staff Officer
May 16, 2012

**AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE
BY CURRENT LICENSEE**

I, George L. Cain, Jr, M.D., have requested an opportunity to appear informally before the Executive Committee of the Mississippi State Board of Medical Licensure (hereinafter "Board") to discuss the pending investigation of my license by the Board, the grounds if any for disciplinary action, and possible resolution of the same. 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 possible grounds for disciplinary action against my license.
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 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 May, 2012

Witness:

[Signature]

[Signature]
LICENSEE

George Cain
NAME PRINTED

**AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE
BY CURRENT LICENSEE**

I, Carl C. Welch, 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 the pending investigation of my license by the Board, the grounds if any for disciplinary action, and possible resolution of the same. 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:

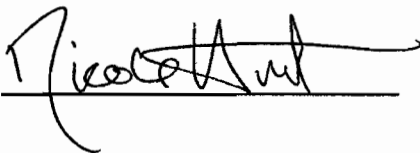
1. During the meeting, the Executive Committee may or may not be represented by legal counsel. Notwithstanding, I understand that I have a right, if I so choose, to employ legal counsel and have counsel present during the informal meeting.
2. I authorize the Committee Members to review and examine any statements, documentary evidence, or materials concerning the possible grounds for disciplinary action against my license.
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 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 May, 2014

Witness:




LICENSEE

CARL WELCH, M.D.
NAME PRINTED

**AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE
BY CURRENT LICENSEE**

I, Martins T. Ugwu-Dike, 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 the pending investigation of my license by the Board, the grounds if any for disciplinary action, and possible resolution of the same. 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 possible grounds for disciplinary action against my license.
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 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 May, ^{in T.U.} 2011. 2012

17718

LICENSEE

Martins T. Ugwu-Dike
NAME PRINTED

Witness: Anna Bevan

**AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE
BY CURRENT LICENSEE**

I, Kevin H. Bond, 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 the pending investigation of my license by the Board, the grounds if any for disciplinary action, and possible resolution of the same. 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 possible grounds for disciplinary action against my license.
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 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: Edward Brunning)

without legal counsel present

EXECUTED, this the 16th day of May, 2012

Kevin Bond MD

LICENSEE

Witness: Anna Boone

Kevin Bond MD

NAME PRINTED

**AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE
BY CURRENT LICENSEE**

I, Jeffrey F. Traina, 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 the pending investigation of my license by the Board, the grounds if any for disciplinary action, and possible resolution of the same. 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 possible grounds for disciplinary action against my license.
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 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 March, 2012

Witness: _____

Anna Boone

LICENSEE

NAME PRINTED

Jeffrey F. Traina

**AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE
BY APPLICANT FOR RADIOLOGIST ASSISTANT LICENSURE**

I, Alan K. Milling, R.A., have requested an opportunity to appear informally before the Executive Committee of the Mississippi State Board of Medical Licensure (hereinafter "Board") to discuss my pending application for a Mississippi medical license, the current investigation being conducted by the Board, possible grounds for denial, and possible resolution of the matter. 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 possible grounds for denial of licensure 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 show cause 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 MAY, 2012

Witness: Anna Boone

Alan Milling
APPLICANT
Alan Milling
NAME PRINTED

**AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE
BY CURRENT LICENSEE**

I, Majid Aziz Khan, 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 the pending investigation of my license by the Board, the grounds if any for disciplinary action, and possible resolution of the same. 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 possible grounds for disciplinary action against my license.
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 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 May, 2012

Witness: Anna Boone



LICENSEE
Majid Khan

NAME/PRINTED

**AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE
BY CURRENT LICENSEE**

I, Kenneth Staggs, 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 the pending investigation of my license by the Board, the grounds if any for disciplinary action, and possible resolution of the same. 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 possible grounds for disciplinary action against my license.
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 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 May, 2018

Witness: _____

Anne Boone

LICENSEE

NAME PRINTED

Kenneth Staggs MD



BOARD

MEETING

MINUTES

BOARD MINUTES
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
MAY 17, 2012

The regularly scheduled meeting of the Mississippi State Board of Medical Licensure was held on Thursday, May 17, 2012, in the Board Room of the Office of the Board located at 1867 Crane Ridge Drive, Jackson, Mississippi.

The following members were present:

William S. Mayo, D.O., Oxford, President
S. Randall Easterling, M.D., Vicksburg, Vice President
Virginia M. Crawford, M.D., Hattiesburg, Secretary
Larry B. Aycock, M.D., McComb
Claude D. Brunson, M.D., Jackson
Rickey L. Chance, D.O., Ocean Springs
William B. Jones, M.D., Greenwood
Philip T. Merideth, M.D., J.D., Jackson
Charles D. Miles, M.D., West Point

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 Carrillo, Special Projects Officer, Investigative Division
Sherry H. Pilgrim, Staff Officer
Charles Thomas, Yazoo City, Consumer Health Committee

Not present:

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. Mayo, President. The invocation was given by Dr. Chance and the pledge was led by Mr. Thomas. Dr. Mayo welcomed Amy Key, Court Reporter, and extended a welcome to all visitors present at the meeting. Thomas Washington, Bureau Director, Investigative Division, introduced Tamika Curley as the Board's new investigator.

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

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APPROVAL OF CERTIFICATION OF MISSISSIPPI LICENSES TO OTHER ENTITIES FOR THE PERIOD MARCH 01, 2012, THROUGH APRIL 30, 2012

Two-hundred twenty-one (221) licenses were certified to other entities for the period March 01, 2012, through April 30, 2012. Motion was made by Dr. Crawford, seconded by Dr. Easterling, and carried unanimously to approve the certifications.

APPROVAL OF LICENSES ISSUED FOR THE PERIOD MARCH 01, 2012, THROUGH APRIL 30, 2012

Eighty-four (84) licenses were issued for the period March 01, 2012, through April 30, 2012. Motion was made by Dr. Merideth, seconded by Dr. Crawford, and carried unanimously to approve these licenses.

REVIEW OF MINUTES OF THE EXECUTIVE COMMITTEE MEETING DATED MARCH 21, 2012, AND MINUTES OF THE BOARD MEETING DATED MARCH 22, 2012

Minutes of the Executive Committee dated March 21, 2012, and Minutes of the Board meeting dated March 22, 2012, were reviewed. Dr. Jones moved for approval of the minutes as submitted. Dr. Miles seconded the motion and it carried unanimously.

REPORT OF THE MAY 16, 2012, EXECUTIVE COMMITTEE MEETING

Dr. Craig briefly covered a number of appearances and issues that were discussed by the Executive Committee on May 16, 2012. Information pertaining to the Executive Committee decisions is included in the Executive Committee Minutes dated May 16, 2012.

Following a brief discussion concerning mid-level providers and their collaborative physician utilizing the Prescription Monitoring Program, it was noted that a physician in a relationship with a mid-level provider can request a PMP report to monitor their prescribing.

Dr. Mayo stated that the Executive Committee moves that their actions/decisions be approved. The Board unanimously approved to ratify the actions/decisions taken by the Executive Committee.

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REPORTS FROM COMMITTEES

Scope of Practice - Dr. Crawford (Chair), Dr. Easterling, Dr. Aycock, Dr. Miles, Dr. Brunson, Mr. Burnham, Mr. Thomas

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

Professionals Health Program - Dr. Mayo (Chair), Dr. Merideth, Dr. Chance

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

Rules, Regulation & Legislative - Dr. Easterling (Chair), Dr. Jones, Dr. Mayo, Dr. Chance, Mr. Breland

Dr. Easterling advised that the Committee met this morning to begin work on amendments to Chapter 25 concerning weight loss. Dr. Easterling circulated a copy of the proposal and addressed the changes. After a brief discussion, motion was made by Dr. Crawford, seconded by Dr. Miles, and carried unanimously to postpone any filing until the July Board meeting to allow everyone adequate time to review the proposal.

Ethics - Dr. Merideth (Chair), Dr. Crawford, Dr. Jones

Dr. Merideth advised there was no new information to report. Dr. Merideth made mention of the Ethics Committee of the Federation of State Medical Boards and encouraged participation from Board members in the future.

Telemedicine / EHR - Dr. Aycock (Chair), Dr. Miles, Dr. Brunson

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

REPORT FROM THE NOMINATING COMMITTEE

Dr. Mayo asked Dr. Crawford to provide a report on the slate of officers to serve the Board beginning July 1, 2012. Dr. Crawford advised that Dr. Easterling would take over as President, she would become Vice President, and that Dr. Aycock will become Secretary as of July 1, 2012. Dr. Crawford advised that the term would be for a period of one (1) year.

Following a brief discussion about the limit of a one (1) year term, the Committee advised that there is an option for an additional year with a maximum of two (2) years. Motion was made by Dr. Merideth, seconded by Dr. Miles, and carried unanimously with the exception of Dr. Easterling opposing to confirm the one (1) year

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term, with the option for the additional year with the maximum of two (2) years.

Dr. Crawford advised that the Board of Nursing would like a replacement appointee to be in place for the July meeting as several of their members are rotating off their board. The Board agreed that Dr. Easterling will make the appointment and advise.

RECOGNITION FROM MISSISSIPPI EMPLOYER SUPPORT OF THE GUARD AND RESERVE

For informational purposes only, Dr. Craig provided a copy of the letter and certificate sent from Mr. James Wallace, Mississippi State Chair, Employer Support of the Guard and Reserve to the Board.

Dr. Mayo also recognized the Board's Complaint Counsel, Stan Ingram, as he was recognized at the Federation's annual meeting as a recipient of the John H. Clark, M.D., Leadership Award.

PRESENTATION BY KENNETH OSWALT, M.D., MADISON, USE OF KETAMINE IN THE TREATMENT OF ACUTE PAIN

Dr. Oswalt was introduced to the Board and he provided a very informative presentation on the use of Ketamine in the treatment of acute pain. Dr. Oswalt discussed how Ketamine works with Opioids and chronic pain, as well as discussing several studies and various uses of Ketamine in the emergency room setting. Dr. Oswalt did advise that Ketamine is not FDA approved except for use as an analgesic.

Following several questions from the Board, concerning Ketamine ointment and the fact that when used topically has no abuse issues, the Board thanked Dr. Oswalt for providing all the informative facts.

PERSONAL APPEARANCE BY OTIS ANDERSON, III, M.D., SOUTHAVEN, MISSISSIPPI MEDICAL LICENSE NUMBER 21754, AGREED ORDER OF REPRIMAND

Stan Ingram, Complaint Counsel for the Board, introduced Dr. Anderson and advised that he was here today without counsel. Mr. Ingram advised that Dr. Anderson was here today to answer any questions that the Board may have concerning the Agreed Order of Reprimand that he had signed and returned for Board approval.

Ellen O'Neal, Assistant Attorney General, questioned Dr. Anderson regarding legal representation and he stated that he wanted to waive his right to an attorney and

BOARD MINUTES

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proceed without legal counsel.

DR. JONES EXITED AT 09:35 A.M. AND RETURNED AT 9:42 A.M.

Dr. Craig briefly summarized the Agreed Order and advised that Dr. Anderson had appeared before the Executive Committee in late 2011 to request a waiver due to the length of time it took him to pass all steps of the USMLE.

Following a brief discussion, motion was made by Dr. Crawford, seconded by Dr. Merideth, and carried unanimously, with the exception of Dr. Jones who had stepped out of the room during the discussion and did not vote, to accept the Agreed Order of Reprimand.

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

**PERSONAL APPEARANCE BY WILLIAM MCARTHUR, M.D., LEXINGTON,
PETITION FOR REINSTATEMENT**

Mr. Ingram introduced Dr. McArthur and his attorney, Don Barrett, who were here today to make a formal request for the reinstatement of Dr. McArthur's medical license. Mr. Ingram advised that Dr. McArthur allowed his medical license to lapse when he was found guilty of conspiracy to distribute controlled substances. Mr. Ingram advised that Dr. McArthur was sentenced to incarceration under the jurisdiction of the U.S. Bureau of Prisons for a term of 48 months.

Mr. Ingram entered several exhibits into the record and then Mr. Barrett addressed the Board and made several comments. Mr. Barrett discussed Dr. Craig's letter of April 4, 2012, and advised that Dr. McArthur has completed the reinstatement application and successfully completed the Physician Assessment course at The Center for Personalized Education for Physicians in Denver, CO.

Mr. Ingram explained to the Board the difference between conviction based on tax evasion issues that the Board has recently heard and the basis for which Dr. McArthur was convicted. Mr. Ingram advised that Dr. McArthur still has approximately 3 years probation remaining to serve.

Dr. McArthur was called to the witness stand and was sworn in by the court reporter. Mr. Ingram and Mr. Barrett questioned Dr. McArthur.

Following several questions from Board members, motion was made by Dr. Merideth, seconded by Dr. Miles, and carried unanimously that the Board enter into

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Executive Session to discuss action that could adversely affect Dr. McArthur's application for reinstatement.

Upon a motion by Dr. Easterling, seconded by Dr. Brunson, and carried unanimously the Board came out of Executive Session at which time Dr. Mayo asked Dr. Crawford to report on the Board's decision. Dr. Crawford advised that the Findings of Fact for Dr. McArthur is that he has applied for reinstatement of a lapsed license while he is on probation for a medical related felony conviction, and that Dr. McArthur's request is denied. A copy of the Order is attached hereto and incorporated by reference.

A verbatim account of this proceeding was recorded by Amy Key, Court Reporter.

PERSONAL APPEARANCE BY JOHN E. WITCHER, M.D., BRANDON ,MISSISSIPPI MEDICAL LICENSE NUMBER 14977, PETITION FOR REINSTATEMENT

Stan Ingram, Complaint Counsel for the Board, introduced Dr. Witcher and advised that he was here today without counsel. Mr. Ingram advised that Dr. Witcher was here today to petition the Board for reinstatement of his medical license.

Ellen O'Neal, Assistant Attorney General, questioned Dr. Witcher regarding legal representation and he stated that he wanted to waive his right to an attorney and proceed without legal counsel.

Mr. Ingram provided a brief summary and entered several exhibits into the record.

Dr. Witcher was called to the witness stand and was sworn in by the court reporter. Mr. Ingram allowed Dr. Witcher to make his request to the Board to reinstate his medical license and then he was questioned by Mr. Ingram.

Dr. Hambleton, Medical Director, Mississippi Professionals Health Program (MPHP) was called to the witness stand and sworn in by the court reporter. Dr. Hambleton advised that Dr. Witcher has been compliant with all of MPHP's request and that MPHP is here today to advocate in his request for reinstatement.

Dr. Hambleton responded to several questions from the Board and then provided Dr. Merideth with a copy of one of the exhibits from Dr. Mulfield. Dr. Merideth read parts of the report and after discussion, motion was made by Dr. Merideth, seconded by Dr. Miles, and carried to place the information under seal to protect Dr. Witcher's confidential treatment/medical records.

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Motion was made by Dr. Aycock, seconded by Dr. Merideth, and carried unanimously that the Board enter into Executive Session to discuss action that could adversely affect Dr. Witcher's medical license.

Upon a motion by Dr. Easterling, seconded by Dr. Aycock, and carried unanimously the Board came out of Executive Session at which time Dr. Mayo asked Dr. Crawford to report on the Board's decision. Dr. Crawford stated that the Findings of Fact indicate that Dr. Witcher has completed all the conditions outlined in the Consent Order dated April 8, 2011, and therefore the Board reinstates Dr. Witcher's license with the understanding that he continues advocacy and monitoring by MPHP. A copy of the Order is attached hereto and incorporated by reference.

A verbatim account of this proceeding was recorded by Amy Key, Court Reporter.

PERSONAL APPEARANCE BY THOMAS E. STURDAVANT, M.D., GULFPORT, MISSISSIPPI MEDICAL LICENSE NUMBER 16798, APPEAL OF RESTRICTIONS

Stan Ingram, Complaint Counsel for the Board, introduced Dr. Sturdavant and his attorney, William Whitfield. Mr. Ingram advised that Dr. Sturdavant was here today to request reconsideration of the restrictions that are currently placed on his medical license.

Mr. Ingram addressed the Board and summarized the events leading up to today's request to appear before the Board to appeal the restrictions on Dr. Sturdavant's license and then entered several exhibits into the record.

Mr. Whitfield addressed the Board and explained the problems that Dr. Sturdavant is having due to the Board's Order placing restrictions on his license. Mr. Whitfield handed out letters from several insurance providers and requested that the Board remove the current restrictions from Dr. Sturdavant's license since he is no longer involved in weight loss management.

Following a brief discussion, motion was made by Dr. Brunson, seconded by Dr. Crawford, and carried unanimously that the Board enter into Executive Session to discuss action that could adversely affect Dr. Sturdavant's medical license.

Motion was made by Dr. Miles, seconded by Dr. Merideth, and carried unanimously that the Board came out of Executive Session at which time Dr. Mayo asked Dr. Crawford to report on the Board's decision. Dr. Crawford advised that the Board finds that the previous Order is appropriate and the request to amend the January 2012 Order is denied. However, the Board agreed that upon request, the

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Executive Director will send a letter to the insurance companies to explain the intent of the Board's Order which was to prohibit his weight loss practice only.

A verbatim account of this proceeding was recorded by Amy Key, Court Reporter.

THE BOARD RECESSED FOR LUNCH AT 12:20 P.M. AND RETURNED AT 1:05 P.M.

DR. EASTERLING DID NOT RETURN AFTER LUNCH

PERSONAL APPEARANCE BY JESSE CANNON, M.D., COVINGTON, TN, MISSISSIPPI MEDICAL LICENSE NUMBER 20871, DISCUSS PROPOSED CONSENT ORDER

Stan Ingram, Complaint Counsel for the Board, introduced Dr. Cannon and advised that he was here today without counsel. Mr. Ingram advised that Dr. Cannon was here today to discuss the proposed Consent Order that the Board had sent him to sign and return.

Ellen O'Neal, Assistant Attorney General, questioned Dr. Cannon regarding legal representation and he stated that he wanted to waive his right to an attorney and proceed without legal counsel.

Mr. Ingram provided a brief history leading up to the proposed Consent Order and advised that the Board sent the proposed Order to Dr. Cannon when he entered into an Agreed Order with the Arkansas Medical Board. Mr. Ingram placed several exhibits into the record and briefly discussed the proposed Order.

Dr. Cannon addressed the Board and stated that the Arkansas Order did not place any restrictions on his license, however, the proposed Order from Mississippi would place certain restrictions on his license. Dr. Cannon advised that he had never practiced in Mississippi and does not plan on doing so in the future. Dr. Cannon advised that the Mississippi Order does not mirror Arkansas's Order.

Mr. Ingram questioned Dr. Cannon and discussed the differences in the Orders. The Board requested that Dr. Craig contact Arkansas's Executive Director for additional information concerning their Order. The Board agreed to hold the matter in abeyance and discuss once more information was received. In the event we don't receive the additional information in time today for the Board to discuss, the Board agreed to postpone the matter until the information was received.

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**HEARING IN THE CASE OF JAMES BUELL DENNEY, M.D., SLIDELL, LA,
MISSISSIPPI MEDICAL LICENSE NUMBER 14258, SUMMONS AND AFFIDAVIT**

Stan Ingram, Complaint Counsel for the Board, advised that Dr. Denney's attorney, William Dreher, Jr., had filed a motion for a continuance due to the fact that respondent's counsel would be in Washington, D.C., and unable to be at today's hearing.

Motion was made by Dr. Merideth, seconded by Dr. Crawford, and carried unanimously to grant the continuance until the July Board meeting. A copy of the Continuance is attached hereto and incorporated by reference.

**HEARING IN THE CASE OF BILLY RAY SHOWS, M.D., NEWTON, MISSISSIPPI
MEDICAL LICENSE NUMBER 06247, PETITION FOR REINSTATEMENT**

Stan Ingram, Complaint Counsel for the Board, introduced Dr. Shows and his attorney, Tom Kirkland. Mr. Ingram advised that Dr. Shows was here today to petition the Board for reinstatement of his medical license.

Mr. Ingram addressed the Board and summarized the events leading up to today's request to appear before the Board before entering several exhibits into the record.

Mr. Kirkland addressed the Board and briefly discussed the June 5, 2008, Consent Order and that Dr. Shows was convicted on tax evasion. Mr. Kirkland advised that Dr. Shows was released in April 2010 and that he is on probation until April 2013. Mr. Kirkland did state that Dr. Shows has not practiced since 2008, but has been working on his continuing medical education hours.

Dr. Shows was called to the witness stand and was sworn in by the court reporter. Dr. Shows responded to questions from the Board concerning going back into practice after he has been out since 2008, and he stated that even though he has not practiced in over three (3) years that he has been practicing since 1971 and did not see that as a problem. Mr. Ingram covered the Board's rules and regulations and the requirements when a physician has been out of practice over three (3) years.

Motion was made by Dr. Miles, seconded by Dr. Chance, and carried unanimously that the Board enter into Executive Session to discuss action that could adversely affect Dr. Shows' medical license.

Upon a motion by Dr. Chance, seconded by Dr. Merideth, and carried unanimously the Board came out of Executive Session at which time Dr. Mayo asked

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Dr. Crawford to report on the Board's decision. Dr. Crawford advised that Dr. Shows is still on probation until April 2013, and that he has been out of practice over three (3) years. The Board denies the request for reinstatement but stated that he may reapply after he fulfills his probation and has undergone a clinical competency evaluation at a Board approved facility. A copy of the Order is attached hereto and incorporated by reference.

A verbatim account of this proceeding was recorded by Amy Key, Court Reporter.

ADDITIONAL INFORMATION ON JESSE CANNON, M.D.

After receiving additional information from the Arkansas Board, motion was made by Dr. Aycock, seconded by Dr. Merideth, and carried unanimously that the Board enter into Executive Session to discuss action that could adversely affect Dr. Cannon's medical license. The Board requested that Dr. Craig be allowed to be part of the Executive Session in the event additional information from Arkansas was required. There were no objections to the request.

DR. MILES EXITED THE MEETING AT 2:30 P.M.

Upon the Board's return, it was discovered that Dr. Cannon had stepped out and the Board agreed to continue the meeting and cover the matter upon his return to the building.

**HEARING IN THE CASE OF SAMUEL C. OKOYE, M.D., CLINTON, MISSISSIPPI
MEDICAL LICENSE NUMBER 13321, SUMMONS AND AFFIDAVIT**

Dr. Craig briefly summarized the events surrounding the Board's issuing the Summons and Affidavit for Dr. Okoye to appear today. Dr. Craig stated that the Board had received a voluntary Surrender from Dr. Okoye this week. A copy of the Surrender is attached hereto and incorporated by reference.

**KAREN HOLLOWAY, M.D., PEARL, MISSISSIPPI MEDICAL LICENSE NUMBER
16327, CONSENT ORDER**

Dr. Craig briefly discussed a proposed Consent Order that had been sent to Dr. Holloway after her appearance before the Executive Committee in March. Dr. Craig advised that Dr. Holloway had signed and returned the Consent Order for the Board's approval. Dr. Craig added that Dr. Holloway had called and stated that she was closing her private practice and would be going to work as a psychiatrist at the Mental hospital at Whitfield.

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Motion was made by Dr. Aycock, seconded by Dr. Crawford, and carried unanimously to approve the proposed Consent Order. A copy of the Order is attached hereto and incorporated by reference.

RALPH T. HO, M.D., RENO, NV, MISSISSIPPI MEDICAL LICENSE NUMBER 18649, CONSENT ORDER

Dr. Craig briefly discussed a proposed Consent Order that had been sent to Dr. Ho. Dr. Craig advised that Dr. Ho had signed and returned the Consent Order for the Board's approval.

Motion was made by Dr. Aycock, seconded by Dr. Chance, and carried unanimously to approve the proposed Consent Order. A copy of the Order is attached hereto and incorporated by reference.

KERRY JANE BERTHOLD, SPRINGDALE, AR, MISSISSIPPI MEDICAL LICENSE NUMBER 18109, SURRENDER

For informational purposes only, Dr. Craig briefly covered the voluntary Surrender that the Board had received from Dr. Berthold. A copy of the voluntary Surrender is attached hereto and incorporated by reference.

REQUEST FROM EAST MISSISSIPPI STATE HOSPITAL

Dr. Craig briefly discussed the request from East Mississippi State Hospital (EMSH) concerning two (2) limited institutional licensees that the Board has continued to grant extensions for their license numerous times. Dr. Craig advised that last year the Board requested that EMSH submit legislation that would provide for the exemption for the two (2) physicians and later found out that EMSH did not submit their request timely. Therefore, EMSH has submitted another request for the extension of the two (2) physicians for an additional year.

Following a brief discussion, and a motion that was revised, the final motion made by Dr. Merideth, seconded by Dr. Brunson, and carried unanimously was for the Board to grant one (1) more wavier for one (1) year and to advise EMSH that the Board intends to comply with the language in the law and that no further extensions will be granted in the future.

ADDITIONAL INFORMATION ON JESSE CANNON, M.D.

Dr. Mayo advised that Dr. Cannon had returned and the matter would be discussed further. Dr. Mayo asked Dr. Craig to report on the additional information

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received from the Arkansas Board. Dr. Craig stated that the Executive Director of Arkansas, Peggy Cryer, stated that their Order was a Board Order and it generated from a complaint and that Dr. Cannon was being monitored by their Board.

After discussion, the Board unanimously agreed to deny Dr. Cannon's request for modification of the Board's Order and that the original Order stands. Dr. Cannon was advised of his options to either sign the Consent Order or that the Board will issue a Summons and Affidavit to have a hearing on the matter.

Following additional discussion concerning the matter in the event that Dr. Cannon lets his license lapse, motion was made by Dr. Merideth, seconded by Dr. Crawford, and carried unanimously that the Board enter into Executive Session to discuss action that could adversely affect Dr. Cannon's medical license.

Upon a motion by Dr. Aycock, seconded by Dr. Merideth, the Board came out of Executive Session at which time Dr. Mayo asked Dr. Crawford to report on the Board's decision. Dr. Crawford advised that the Board rescinds the previous proposed Consent Order and delays any further action until such time as Dr. Cannon renews his Mississippi medical license.

UPDATE FROM LIFE LINE SCREENING

For informational purposes only, Dr. Craig briefly discussed the update that the Board had received from Life Line Screening.

FINAL ADOPTION OF AMENDMENT TO REGULATION CONCERNING THE PRACTICE OF PHYSICIAN ASSISTANTS (CHAPTER 11)

After a brief discussion, motion was made by Dr. Brunson, seconded by Dr. Crawford, and carried unanimously of the Board's intent to final adopt the amendment to the regulation concerning the practice of physician assistants. 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.

MAINTENANCE OF LICENSURE PILOT PROGRAMS

Dr. Mayo and Dr. Craig briefly discussed the different options available to the boards that had expressed interest in becoming pilots for the Federation's Maintenance of Licensure programs. Dr. Mayo stated that he and Dr. Craig have discussed the matter and agreed that they would recommend the first two options if the Board was still interested in being a pilot. Dr. Mayo reminded the Board that they have the option but wanted to reiterate the fact that the Federation would be helping the states financially

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that were involved as pilots.

Following a brief discussion concerning board certification and maintenance of licensure, motion was made by Dr. Crawford, seconded by Dr. Brunson and carried unanimously that the Board move forward with the first two options in the program which would include: 1) State Readiness Inventory, and 2) Communication about MOL and Pilots.

ADJOURNMENT

There being no further business, the meeting adjourned at 4:00 p.m., with the next meeting scheduled for Thursday, July 12, 2012.



WILLIAM S. MAYO, D.O.
PRESIDENT

Minutes taken and transcribed
by Sherry H. Pilgrim
Staff Officer
May 17, 2012

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

OTIS ANDERSON, III, M.D.

AGREED ORDER OF REPRIMAND

WHEREAS, Otis Anderson, III, M.D., hereinafter referred to as "Licensee," is the current holder of License Number 21754 issued on October 3, 2011, to practice medicine in the State of Mississippi;

WHEREAS, the Board received information from the National Practitioner Data Bank indicating that Licensee entered into a Consent Agreement with the Tennessee Board of Medical Examiners on September 29, 2011, a copy of said Agreement is attached as Exhibit "A" and incorporated herein by reference;

WHEREAS, said Consent Agreement with the Tennessee Board of Medical Examiners found that, "1. Respondent has never been issued a license to practice medicine or any other profession of the healing arts in the State of Tennessee. 2. Respondent remains unlicensed through the date of this Consent Order. 3. From in or about November 2010, through in or about March, 2011, Respondent attempted to provide medical evaluations and psychiatric evaluations to at least twenty-one (21) patients at the Case Management, Inc. in Memphis, Tennessee." As a result of these findings of fact, Licensee agreed to, ". . . **IMMEDIATELY CEASE and DESIST** from practicing all aspects of medicine. . ." Licensee was also fined \$21,000 in Civil Penalties;

WHEREAS, by virtue of the aforementioned action taken in the State of Tennessee, Licensee is in violation of the Mississippi Medical Practice Act, specifically Subsection (9) of the Miss. Code Ann. § 73-25-29, for which the Board may revoke the medical license of Licensee,

suspend it for a time deemed proper by the Board, or take any other action 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, Licensee has agreed to enter into a Consent Order which would, upon execution by the Board, avoid a formal disciplinary hearing before the Board;

WHEREAS, the Board, after due consideration, is of the opinion that it should enter into a Consent Order consistent with the agreement between Licensee and the Tennessee Board of Medical Examiners and the preamble heretofore.

NOW, THEREFORE, the Mississippi State Board of Medical Licensure with the consent of Licensee as signified by his joinder herein, agrees to the following:

1. Licensee is guilty of unprofessional conduct, which includes but is not limited to being guilty of any dishonorable or unethical conduct likely to deceive, defraud or harm the public, all in violation of Miss. Code Ann. §73-25-29(8)(d).
2. Licensee is guilty of violating provisions of the Medical Practice Act and rules and regulations of the Board, all in violation of Miss. Code Ann. § 73-25-29(13).
3. Licensee shall reimburse the Board for all costs incurred in relation to the pending matter pursuant to Miss. Code Ann. § 73-25-30. Licensee shall be advised of the total assessment by separate notification, and shall tender to the Board a certified check or money order on or before forty (40) days from the date the assessment is mailed to Licensee via U. S. Mail.

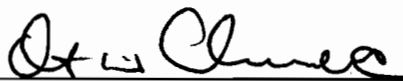
Licensee understands and expressly acknowledges that this Agreed Order of Reprimand shall constitute a public record of the State of Mississippi. Licensee further understands and

acknowledges that the Board shall provide a copy of this Order to, among others, the National Practitioners Data Bank.

This Agreed Order of Reprimand shall be subject to approval by the Board. If the Board fails to approve this 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 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 Order. Should this Order not be accepted by the Board, it is agreed that presentation to and consideration of this 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. Further, it is not the intent or purpose of this Order to encourage malpractice liability as a result of Board action.

Recognizing his right to notice of charges specified against him, to have such charges adjudicated pursuant to Miss. Code Ann. § 73-25-27, 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, **Otis Anderson, III, 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 Agreed Order of Reprimand, thereby admitting to **UNPROFESSIONAL CONDUCT** in the practice of medicine and is hereby **REPRIMANDED** as a result of his actions in Tennessee.

EXECUTED this the 24 day of April, 2012.



Otis Anderson, III, M.D.

ACCEPTED AND APPROVED this the 17th day of May, 2012 by the Mississippi
State Board of Medical Licensure.



**William S. Mayo, D.O., President
Mississippi State Board of Medical Licensure**

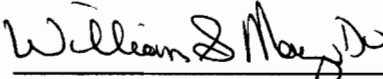
**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
MAY 17, 2012**

AGENDA ITEM: XIII. Personal appearance by William McArthur, M.D., Petition for Reinstatement

In a motion made by Dr. Easterling, seconded by Dr. Brunson, the Board agreed that the Findings of Fact is Dr. McArthur has applied for reinstatement of his lapsed license while on probation for a medical related felony conviction. Dr. McArthur's request is denied.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.	X			
Claude D. Brunson, M.D.	X			
Rickey L. Chance, D.O.		X		
Virginia M. Crawford, M.D.		X		
S. Randall Easterling, M.D.	X			
William B. Jones, M.D.		X		
William S. Mayo, D.O.		X		
Philip T. Merideth, M.D., J.D.		X		
Charles D. Miles, M.D.	X			

With a motion by Dr. Merideth, seconded by Dr. Easterling, the Board came out of Executive Session.



William S. Mayo, D.O.
President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSEE

OF

WILLIAM FRANK MCARTHUR, III, M.D.

ORDER

THIS MATTER came on regularly for consideration on May 17, 2012, before the Mississippi State Board of Medical Licensure, in response to the request of William Frank McArthur, III, M.D. (hereinafter "Licensee"), seeking reinstatement of his lapsed license to practice medicine in the State of Mississippi.

Licensee was present, represented by Honorable Don Barrett. 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. Board members present for all proceedings were William S. Mayo, D.O., President; S. Randall Easterling, M.D.; Larry B. Aycock, M.D., William B. Jones, M.D., Claude D. Brunson, M.D., Rickey L. Chance, D.O., Virginia M. Crawford, M.D., Philip T. Merideth, M.D., J.D., and Charles D. Miles, M.D.

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 was issued Mississippi Medical License No. 16177 on December 28, 1998.
2. On April 11, 2008, a judgment was entered against Licensee in criminal Case No. CR207-00062-001 before the U.S. District Court, Southern District of Georgia, Brunswick Division, styled, *United States of America vs. William Frank McArthur, III*, wherein Licensee was found guilty of conspiracy to distribute controlled substances in violation of 21 U.S.C. §846. The judgment was entered in response to a plea of guilty as to Count 1 of the indictment. Licensee was sentenced to incarceration under the jurisdiction of the U.S. Bureau of Prisons for a term of 46 months.

3. Following the indictment and at a time when the aforementioned criminal charges and/or proceeding was pending, Licensee chose not to renew his Mississippi medical license and permitted it to lapse pursuant to Miss. Code Ann. §73-25-14.
4. The federal law for which Licensee was convicted regulated the possession, distribution or use of any narcotic drug or any drug considered a controlled substance under state or federal law. At the hearing before this Board, Licensee testified and acknowledged that by virtue of said conviction, the Board possessed the authority to suspend or revoke his medical license. The necessity of such action was obviated by virtue of Licensee permitting his license to lapse.
5. On or about October 11, 2011, Licensee was discharged from custody from the U.S. Bureau of Prisons and thereafter placed on supervisory release subject to certain probationary terms and conditions.
6. During 2012, Licensee submitted his application for reinstatement. At the time of the hearing before this Board, the application was complete. Furthermore, Licensee successfully completed a physician assessment at the Center for Personalized Education for Physicians (CPEP) in Denver, Colorado. While the assessment overall was favorable, additional education and training was recommended.

CONCLUSIONS OF LAW

By virtue of Licensee's conviction before the United States District Court for the Southern District of Georgia, Brunswick Division for a federal crime regulating the possession, distribution or use of any narcotic drug, Licensee violated Miss. Code Ann. §73-25-29(4). Section 73-25-29 sets forth grounds for the non-issuance, suspension, revocation or restriction of a medical license.

ORDER

IT IS HEREBY ORDERED, that Licensee's petition for reinstatement of his license to practice medicine in the State of Mississippi is denied. The Board believes it is not in the best interest of Licensee or the public to reinstate licensure at a time when Licensee remains subject to

federal probationary terms and conditions. Licensee is encouraged to fulfill all continuing medical education as recommended by the CPEP evaluation; and at such time as all CME is complete and Licensee is released from all federal probationary terms and conditions, Licensee shall then have the right to petition the Board for reinstatement of licensure.

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 of William Frank McArthur, III, M.D. Because Dr. McArthur was informed of this decision following Board deliberations, the Order shall be given immediate effect.

SO ORDERED, this the 17th day of May, 2012.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY: William S. Mayo, D.O.
WILLIAM S. MAYO, D.O., PRESIDENT

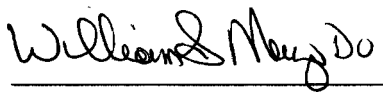
**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
MAY 17, 2012**

AGENDA ITEM: XIV. Personal appearance by John E. Witcher, M.D., Petition for Reinstatement

In a motion made by Dr. Easterling, seconded by Dr. Aycock, the Board agreed that the Findings of Fact is Dr. Witcher has completed the conditions outlined in his Consent Order dated April 8, 2011, and therefore the Board reinstates Dr. Witcher's license with the requirement that he continues advocacy and monitoring with the Mississippi Professionals Health Program for lifetime monitoring.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.	X			
Claude D. Brunson, M.D.	X			
Rickey L. Chance, D.O.	X			
Virginia M. Crawford, M.D.	X			
S. Randall Easterling, M.D.	X			
William B. Jones, M.D.	X			
William S. Mayo, D.O.	X			
Philip T. Merideth, M.D., J.D.		X		
Charles D. Miles, M.D.	X			

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



William S. Mayo, D.O.
President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

JOHN EDWIN WITCHER, M.D.

ORDER OF LICENSURE REINSTATEMENT

THIS MATTER came on regularly for consideration on May 17, 2012, before the Mississippi State Board of Medical Licensure, in response to the request of John Edwin Witcher, M.D. (hereinafter "Licensee"), seeking reinstatement of his license to practice medicine in the State of Mississippi. By virtue of that certain Determination and Order rendered April 8, 2011, Licensee's certificate to practice medicine in the state of Mississippi was suspended due to having been disciplined by a licensed hospital or medical staff of said hospital as a result of his clinical privileges being summarily suspended by the Medical Administrative Committee of the Laird Hospital. During the hearing evidence and testimony was presented establishing that Licensee has complied in all respects with the conditions imposed by the Determination and Order rendered on April 8, 2011. Therefore, the Board finds Licensee's request to be well taken.

IT IS HEREBY ORDERED, that Licensee's certificate to practice medicine in the state of Mississippi is hereby reinstated.

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 John Edwin Witcher, M.D. Because Dr. Witcher was informed of this decision following Board deliberations, the Order shall be given immediate effect.

SO ORDERED, this the 17th day of May, 2012.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY: William S Mayo DO
WILLIAM S. MAYO, D.O.
PRESIDENT

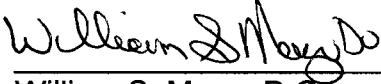
EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
MAY 17, 2012

AGENDA ITEM: XV. Personal appearance by Thomas E. Sturdavant, M.D., Appeal of Restrictions

In a motion by Dr. Crawford, seconded by Dr. Brunson, and carried, the Board finds that its previous Order is appropriate and denies the request to amend the Order dated January 2012, but will agree to have the Executive Director draft a letter to send to insurance companies to explain the intent of the Board's Order which is to prohibit Dr. Sturdavant from weight loss practice only.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.	X			
Claude D. Brunson, M.D	X			
Rickey L. Chance, D.O.	X			
Virginia M. Crawford, M.D.	X			
S. Randall Easterling, M.D.	X			
William B. Jones, M.D.	X			
William S. Mayo, D.O.	X			
Philip T. Merideth, M.D., J.D.	X			
Charles D. Miles, M.D.	X			

With a motion by Dr. Miles, seconded by Dr. Merideth, the Board came out of Executive Session.



William S. Mayo, D.O.
President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSEE

OF

THOMAS EDWARD STURDAVANT, M.D.

ORDER

THIS MATTER came on regularly for consideration on May 17, 2012, before the Mississippi State Board of Medical Licensure, in response to the request of Thomas Edward Sturdavant, M.D. (hereinafter "Licensee"), for reconsideration of that certain Determination and Order entered by the Board on January 19, 2012.

Licensee was present, represented by Honorable William E. Whitfield, III. 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. Board members present for all proceedings were William S. Mayo, D.O., President; S. Randall Easterling, M.D.; Larry B. Aycock, M.D., William B. Jones, M.D., Claude D. Brunson, M.D., Rickey L. Chance, D.O., Virginia M. Crawford, M.D., Philip T. Merideth, M.D., J.D., and Charles D. Miles, M.D.

Based upon the evidence and testimony presented, the Board finds Licensee's request not well taken. On January 19, 2012, a hearing was conducted before this Board, wherein Licensee was found guilty of ten (10) separate counts of violations of the Medical Practice Act all dealing with Licensee's treatment of patients for the

purpose of weight loss or obesity; and advertising such practice in a false and misleading manner. We will not go into a detailed discussion of the findings of fact and conclusions of law inasmuch as the January 19, 2012, Order speaks for itself. In response, the Board did not suspend or revoke his license, but permanently prohibited Licensee from ever treating patients for the purpose of weight loss or obesity, including but not limited to prescribing, dispensing or administering any medication. At the time, the Board was well aware that Licensee is a physiatrist, a physical medicine specialist. When rendering the Order, the Board advised Licensee that the above limitation in no way prohibits him from continuing his practice of physical medicine. The one and only restriction was the prohibition against treating patients for the purpose of weight loss or obesity.

Licensee now represents to the Board that because his license has a technical restriction, he is being denied participation in multiple managed care contracts or insurance programs, to the extent that his current employer, Memorial Hospital in Gulfport will ultimately find it necessary to terminate his employment as a physiatrist.

The Board is keenly aware that one of the unfortunate consequences of a restriction on a license is exclusion from participation in certain managed care and insurance programs. This is an adverse consequence which any physician is or should be aware of when violating the Mississippi Medical Practice Act.

THEREFORE, IT IS HEREBY ORDERED, that Licensee's request for reconsideration of that certain Determination and Order entered by the Board on

January 19, 2012, is hereby denied. This Order upholds the Board's January 19, 2012, decision, and therefore, this denial will not be submitted to the National Practitioner's Data Bank as adverse action. Notwithstanding, upon request of Licensee or any third party, the Board will correspond with any insurance company, managed care program, hospital or other entity, specifically clarifying that the actions of the Board are limited to the treatment of weight loss and obesity and it was never the intention of the Mississippi State Board of Medical Licensure to restrict or in any way impair Licensee's ability to practice his specialty, physical medicine and rehabilitation.

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 of Thomas Edward Sturdavant, M.D. Because Dr. Sturdavant was informed of this decision following Board deliberations, this Order shall be given immediate effect.

SO ORDERED, this the 17th day of May, 2012.

Mississippi State Board of Medical Licensure

BY: William S. Mayo, D.O.
William S. Mayo, D.O., President

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

OF

JAMES BUELL DENNEY, M.D.

ORDER OF CONTINUANCE

THIS MATTER came on regularly for hearing on May 17, 2012, before the Mississippi State Board of Medical Licensure in response to a request for continuance of the hearing set for this date filed by James Buell Denney, M.D. (hereinafter "Licensee") through his attorney, William W. Dreher, 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 July 12, 2012 at 10:00 a.m.

SO ORDERED, this the 17th day of May, 2012.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY: William S. Mayo, D.O.
**WILLIAM S. MAYO, D.O.
PRESIDENT**

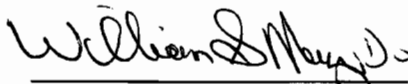
**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
MAY 17, 2012**

AGENDA ITEM: XVIII. Hearing in the case of Billy Ray Shows, M.D., Petition for Reinstatement

In a motion made by Dr. Aycock, seconded by Dr. Merideth, the Board agreed that the Findings of Fact is Dr. Shows will remain on probation until April 2013. Since Dr. Shows has been out of practice for over 3 years, he must undergo a clinical competency evaluation at a board approved facility and have report sent to the Board. Dr. Shows may reapply for reinstatement after he fulfills his probation and undergoes the requested evaluation.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.	X			
Claude D. Brunson, M.D.	X			
Rickey L. Chance, D.O.			X	
Virginia M. Crawford, M.D.	X			
S. Randall Easterling, M.D.				X
William B. Jones, M.D.			X	
William S. Mayo, D.O.	X			
Philip T. Merideth, M.D., J.D.	X			
Charles D. Miles, M.D.	X			

With a motion by Dr. Chance, seconded by Dr. Merideth, the Board came out of Executive Session.



William S. Mayo, D.O.
President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSEE

OF

BILLY RAY SHOWS, M.D.

ORDER

THIS MATTER came on regularly for consideration on May 17, 2012, before the Mississippi State Board of Medical Licensure, in response to the request of Billy Ray Shows, M.D. (hereinafter "Licensee"), seeking reinstatement of his lapsed license to practice medicine in the State of Mississippi.

Licensee was present, represented by Honorable Thomas K. Kirkland. 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. Board members present for all proceedings were William S. Mayo, D.O., President; S. Randall Easterling, M.D.; Larry B. Aycock, M.D., William B. Jones, M.D., Claude D. Brunson, M.D., Rickey L. Chance, D.O., Virginia M. Crawford, M.D., Philip T. Merideth, M.D., J.D., and Charles D. Miles, M.D.

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 was issued Mississippi Medical License No. 06247 on June 11, 1971.
2. On June 5, 2008, Licensee entered into a Consent Order with the Board indefinitely suspending his license to practice medicine in the State of Mississippi following his conviction before the U.S. District Court for the Southern District of Mississippi, Eastern Division (Case No. 4:05-cr-00028) for the offense of conspiracy to defraud the United States in violation of 18 USC §371 and attempting to evade or defeat tax in violation of 26 USC §7201. Licensee was sentenced to incarceration under the jurisdiction of the U.S. Bureau of Prisons for a period of 27 months followed by three (3) years of

supervised probation. On October 9, 2008, Licensee surrendered his U.S. Drug Enforcement Administration Uniformed Controlled Substances Registration Certificate in all schedules.

3. During April, 2010, Licensee was released from prison, subject to three (3) years of probationary terms and conditions (supervised release).
4. Licensee has not practiced medicine since June 5, 2008, almost four (4) years. After release from incarceration, during April, 2010, Licensee did not obtain continuing medical education (CME) until 2011, wherein Licensee secured approximately 400 hours of CME.
5. Licensee has a long history of disciplinary actions and criminal convictions. Prior to the 2008 conviction, Licensee was previously found guilty of violation of federal laws regulating the distribution of controlled substance prompting a sentence of incarceration during March, 1977. Thereafter, Licensee was disciplined by this Board on four (4) separate occasions, each instance pertaining to the prescribing, administering and dispensing of controlled substances.

CONCLUSIONS OF LAW

As provided in Miss. Code Ann. §73-25-32 (3), in determining whether a disciplinary penalty should be set aside, that is reinstatement of licensure, and the terms and conditions, if any, that should be imposed, the Board may investigate and consider all activities of a petitioner since the disciplinary action was taken, the defense for which he was disciplined, his activities during the time his certificate was in good standing and his general reputation for truth, professional ability and good character. Licensee's repeated appearances before this Board resulting in four (4) separate disciplinary actions, is concerning.

Of equal concern is Licensee's absence from the practice of medicine for almost four (4) years. While Licensee's acquisition of continuing medical education during 2011 is helpful, additional verification of competency is necessary.

ORDER

IT IS HEREBY ORDERED, that Licensee's petition for reinstatement of his license to practice medicine in the State of Mississippi is denied.

IT IS HEREBY ORDERED, that upon Licensee fulfilling all terms and conditions of his supervised release and his release from probation by the United States, he may reapply for reinstatement of licensure, provided further, that prior to petition for reinstatement, Licensee shall undergo a clinical competency evaluation at a Board approved treatment facility, such as The Center for Personalized Education for Physicians, Denver, Colorado.

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 Billy Ray Shows, M.D. Because Dr. Shows was informed of this decision following Board deliberations, the Order shall be given immediate effect.

SO ORDERED, this the 17th day of May, 2012.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY: William S. Mayo, D.O.
WILLIAM S. MAYO, D.O., PRESIDENT

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

OF

SAMUEL C. OKOYE, M.D.

SURRENDER OF MEDICAL LICENSE

WHEREAS, SAMUEL C. OKOYE, M.D., hereinafter referred to as "Licensee," is the current holder of License Number 13321 issued on September 8, 1992, to practice medicine in the State of Mississippi;

WHEREAS, It is my wish to surrender my current license (No. 13321) to practice medicine in the State of Mississippi until such time as I can return to the safe practice of medicine;

NOW, THEREFORE, I hereby voluntarily surrender my medical license (No. 13321) 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 05 day of 15, 2012.



Samuel C. Okoye, M.D.

ACCEPTED AND APPROVED this the 17th day of May, 2012 by the
Mississippi State Board of Medical Licensure.



H. Vann Craig, M.D., Executive Director
Mississippi State Board of Medical Licensure

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

KAREN HOLLOWAY, M.D.

CONSENT ORDER

WHEREAS, Karen Holloway, M.D., hereinafter referred to as "Licensee," is the current holder of Mississippi Medical License Number 16327, and said license is current until June 30, 2012;

WHEREAS, the Investigative Staff of the Mississippi State Board of Medical Licensure conducted a comprehensive investigation into the medical practice of Licensee in Jackson, Mississippi, and the surrounding area, and has documented evidence indicating that Licensee has violated the rules and regulations of the Board, "Pertaining to Prescribing, Administering and Dispensing of Medication," is guilty of unprofessional conduct which includes being guilty of dishonorable or unethical conduct likely to deceive, defraud or harm the public; and has administered, dispensed or prescribed drugs having addiction-forming or addiction-sustaining liability otherwise than in the course of legitimate professional practice;

WHEREAS, such conduct is in violation of the Mississippi Medical Practice Act, specifically Mississippi Code Ann, Section 73-25-29(3), (8)(d), (13) and Section 73-25-83(a), as amended, 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 her right to practice medicine for a time deemed proper by the Board, revoke said license, or take any other action the Board may deem proper under the circumstances;

WHEREAS, Licensee wishes to avoid an evidentiary hearing before the Mississippi State Board of Medical Licensure and, in lieu thereof, has consented to certain restrictions placed on her license to practice medicine in the State of Mississippi;

NOW, THEREFORE, the Mississippi State Board of Medical Licensure, with the consent of Licensee as signified by her joinder herein, does hereby **suspend** Licensee's Certificate (No. 16327) to practice medicine in the State of Mississippi for a period of one (1) year, with the **suspension stayed**, subject to the following **probationary** terms and conditions, to-wit:

1. During the one (1) year probationary period, Licensee shall attend and successfully complete courses designated as American Medical Association approved, Category I Continuing Medical Education (CME) in the following areas: (i) proper prescribing of controlled substances; (ii) medical ethics; and (iii) proper medical record keeping; with said courses approved in advance by the Executive Director of the Board. Licensee shall attend in-person the approved structured courses as said courses will not be by correspondence, internet/ remote access, or independent study. Following completion of these courses, Licensee shall submit to the Board documentary proof of successful completion. Any credits obtained pursuant this requirement shall be in addition to the biennial forty (40) hours of Category I CME credits as cited in Chapter 07 of the Board's Rules and Regulations.
2. Licensee shall not be permitted to prescribe, dispense or administer any controlled substance indicated for the treatment of obesity, weight loss or weight control. Licensee may continue to recommend patients follow a weight

loss program utilizing a regimen of weight reduction based solely on caloric restriction, nutritional counseling, behavior modification and exercise.

3. Licensee shall not be permitted to prescribe, dispense or administer any controlled substance for the treatment of chronic pain or in a practice of pain management. Licensee shall be prohibited from utilization of narcotic (opiate or opiate-like) medications defined as Schedule II or Schedule III by regulations of the U.S. Drug Enforcement Administration, but, Licensee may continue to utilize medications defined as Schedule IIN, IIIN, IV and V which are not prevented by any stipulation of this Consent Order.
4. Licensee shall take appropriate and immediate action to identify and transfer care of any current patients designated as having a primary or secondary diagnosis of chronic pain to another receiving health care provider in order to provide for continuity of appropriate pain management medical treatment and avoidance of withdrawal symptoms. Licensee may retain as psychiatric patients only, such dual diagnosis cases (psychiatric/chronic pain) where Licensee can divest her involvement in treatment of pain diagnoses to an appropriate pain management provider. Licensee shall recognize that prescriptions for Schedule II and Schedule III narcotic medications will become immediately invalid should the Board accept this Consent Order.
5. Licensee shall obey all federal, state and local laws, and shall comply with all rules and regulations of the Board governing the practice of medicine, including:
 - a) Licensee shall maintain a complete record of her examination, evaluation and treatment of patients, including documentation

of diagnosis and reason for prescribing, dispensing or administering any controlled substance; the name, strength, dosage, quantity of the controlled substance, number of refills authorized, and the date the controlled substance was prescribed, dispensed or administered.

- b) Licensee shall not utilize pre-signed prescriptions and shall not delegate to non-physician personnel the responsibility of determining the type, dosage, form, frequency and application of controlled substances or other medication.
- c) All written prescriptions issued by Licensee shall be dated and signed on the day when issued and shall bear the full name and address of the patient.
- d) Licensee shall be timely and responsive to pharmacists' contact in consultation of prescriptions presented by or on behalf of her patients, including: concerns of duplicative therapies with other prescribers' orders, contraindicated medication therapies, verification of transmitted orders and observed or recognized concern of activity by patients within the pharmacy.

6. Licensee's practice of medicine shall be subject to periodic surveillance by the Mississippi State Board of Medical Licensure to monitor compliance with the rules and regulations of the Board as well as this Consent Order. The Board's Director, any member of the Board, or Investigative staff may perform an unannounced inspection of any clinic wherein Licensee practices, which may include a chart review of selected patient files.

7. During the period of this Consent Order, Licensee shall be prohibited from entering into a collaborative arrangement with any Advanced Practice Nurse or Physician Assistant, but may coordinate care as necessary with such mid-level providers as she may encounter within the context of any practice at the Mississippi State Hospital at Whitfield.
8. Licensee shall notify the Board within ten (10) days of any change in her practice location and/or change in employment, including leaving the State of Mississippi.
9. Pursuant to Miss. Code Ann., 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 on or before forty (40) days from the date the assessment is mailed to Licensee via U.S. Mail.
10. The stay of suspension shall remain in effect for a period of one (1) year after acceptance by the Board, at which time Licensee may petition the Board for consideration of reinstatement of Schedule II and/or Schedule III, as well as practice areas herewith not permitted. In the event Licensee fails to comply with any or all of the conditions imposed in this Consent Order, 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. Violation of any provision(s) of the Medical

Practice Act, the Mississippi Controlled Substances Law, or the rules and regulations of the Board, or of any order, stipulation or agreement with the Board, shall be grounds for the non-issuance, suspension, revocation or restriction of a license or the denial of reinstatement or renewal of a license.

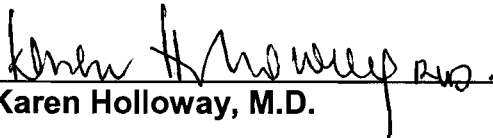
This Consent Order shall be subject to approval by the Board. If the Board fails to approve this Consent Order, in whole or in part, it shall have no force or effect on the parties. It is further understood and agreed that the purpose of this Consent Order is to avoid a hearing before the Board. In this 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 the Consent Order and other documents and matters pertaining thereto by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation in any hearing or other resolution of the proceeding.

Acceptance and entry of this Consent Order shall constitute a full and complete resolution of all charges now pending against Licensee before the Board.

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 National Practitioner Data Bank and the U.S. Drug Enforcement Administration, and the Board makes no representation as to actions, if any, which the U.S. Drug Enforcement Administration may take in response to this Order.


Recognizing her right to notice of charges specified against her, to have such charges adjudicated pursuant to Miss. Code (1972), Ann, Sections 73-25-27 and 73-25-83, 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, KAREN HOLLOWAY, M.D., nonetheless, hereby waives her right to notice and a formal adjudication of charges and authorizes the Board to enter this Consent Order, thereby **suspending** her license to practice medicine in the State of Mississippi for a period of one (1) year from date of Board acceptance, with the **suspension stayed**, subject to those terms and conditions enumerated above.

Executed, this the 16th day of April, 2012.



Karen Holloway, M.D.

ACCEPTED AND APPROVED, this the 17th day of May, 2012, by the Mississippi State Board of Medical Licensure.



William S. Mayo, D.O.
President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF PHYSICIAN'S LICENSE

OF

RALPH TINGHAN HO, M.D.

CONSENT ORDER

WHEREAS, Ralph Tinghan Ho, M.D., hereinafter referred to as "Licensee," is the current holder of License No. 18649, issued August 23, 2004, for the practice of medicine in the State of Mississippi;

WHEREAS, on or about September 4, 2010, Licensee was arrested for driving while intoxicated and while he was on call as a locum tenens physician for a health facility in Grand Forks, North Dakota, committing an act of unprofessional conduct as prescribed by N.D.C.C. §43-17-31(6);

WHEREAS, on July 12, 2011, the parties entered into a Stipulation which provided that there was a basis for disciplinary action setting forth the terms of a Board Order to resolve this action pursuant to N.D.C.C. §43-17-30.1; N.D.C.C. §43-17-31(6). The Stipulation of the parties ordered that the Licensee's medical license shall be suspended for a period of one (1) year among other conditions to be effective on July 22, 2011;

WHEREAS, pursuant to Subsections (8)(d) and (9) of Section 73-25-29, Miss. Code (1972), Ann., the aforementioned actions by the North Dakota State Board of Medical Examiners constitute restrictions placed on a license in 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;

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 Medical License No. 18649, with the suspension STAYED, and is placed on PROBATION subject to the following terms and conditions to run indefinitely, to wit:

1. Licensee shall have the right, but not the obligation, to petition the Board for removal of any or all of the restrictions imposed herein at such time as he has successfully completed all terms and conditions as required by the North Dakota State Board of Medical Examiners and is released therefrom by order of the North Dakota Board. At such time as Licensee petitions this Board for removal of any or all of the restrictions imposed herein, the Board reserves the right, in its sole and absolute discretion, to utilize any information or reports 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.
2. Licensee shall report immediately in writing to the Mississippi State Board of Medical Licensure should his medical license in any state or federal jurisdiction be subject to investigation or disciplinary action.

3. Licensee shall notify the Mississippi State Board of Medical Licensure within no less than thirty (30) days prior to relocating his practice.
4. 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 tender to the Board 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 the assessment is mailed to Licensee via U.S. Mail.

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.

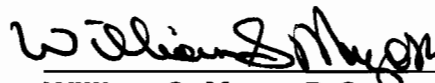
Recognizing his right to notice of charges specified against him, to have such charges adjudicated pursuant to Miss. Code Ann. §73-25-27 (1972), to be represented therein by legal counsel of his choice, and to a final decision rendered upon written findings of fact and conclusions of law, Ralph Tinghan Ho, 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, with the suspension **STAYED** and is placed on **PROBATION**, subject to those terms and conditions to run indefinitely as enumerated above.

Executed, this the 17, day of April, 2012.



Ralph Tinghan Ho, M.D.

ACCEPTED AND APPROVED, this the 17th, day of May, 2012, by the Mississippi State Board of Medical Licensure.



William S. Mayo, D.O.
President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

KERRY JANE BERTHOLD, M.D.

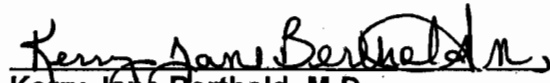
SURRENDER OF MEDICAL LICENSE

WHEREAS, KERRY JANE BERTHOLD, M.D., hereinafter referred to as "Licensee," is the current holder of License Number 18109 issued on June 23, 2003, to practice medicine in the State of Mississippi;

WHEREAS, It is my wish to surrender my current license (No. 18109) to practice medicine in the State of Mississippi until such time as I can return to the safe practice of medicine;

NOW, THEREFORE, I hereby voluntarily surrender my medical license (No. 18109) 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 7 day of May, 2012.


Kerry Jane Berthold, M.D.

ACCEPTED AND APPROVED this the 8th day of May, 2012 by the
Mississippi State Board of Medical Licensure.


H. Vann Craig, M.D., Executive Director
Mississippi State Board of Medical Licensure

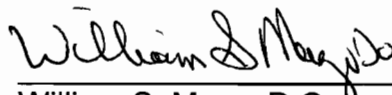
**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
MAY 17, 2012**

AGENDA ITEM: XVI. Personal appearance by Jesse Cannon, M.D., Discuss Proposed Consent Order

In a motion made by Dr. Brunson, seconded by Dr. Chance, the Board denies Dr. Cannon's request to modify the proposed Consent Order.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.		X		
Claude D. Brunson, M.D.	X			
Rickey L. Chance, D.O.	X			
Virginia M. Crawford, M.D.				
S. Randall Easterling, M.D.				X
William B. Jones, M.D.	X			
William S. Mayo, D.O.	X			
Philip T. Merideth, M.D., J.D.		X		
Charles D. Miles, M.D.				X

With a motion by Dr. Merideth, seconded by Dr. Jones, the Board came out of Executive Session.



William S. Mayo, D.O.
President

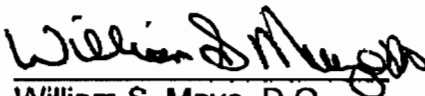
**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
MAY 17, 2012**

AGENDA ITEM: XVI. Personal appearance by Jesse Cannon, M.D., Discuss Proposed Consent Order

In a motion made by Dr. Crawford, seconded by Dr. Merideth, the Board's decision is to hold Dr. Cannon's request in abeyance pending additional information from the Executive Director of the Arkansas Board.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.	X			
Claude D. Brunson, M.D.	X			
Rickey L. Chance, D.O.	X			
Virginia M. Crawford, M.D.	X			
S. Randall Easterling, M.D.				X
William B. Jones, M.D.	X			
William S. Mayo, D.O.	X			
Philip T. Merideth, M.D., J.D.	X			
Charles D. Miles, M.D.				X

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


William S. Mayo, D.O.
President

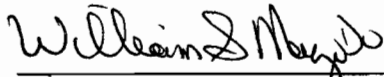
**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
MAY 17, 2012**

AGENDA ITEM: XVI. Personal appearance by Jesse Cannon, M.D., Discuss Proposed Consent Order

In a motion made by Dr. Aycock, seconded by Dr. Merideth, the Board's decision after receiving the information from the Arkansas Board is to rescind the previous Board action with the offer for the proposed Consent Order and delay any further action until such time as Dr. Cannon's renews his Mississippi medical license.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.	X			
Claude D. Brunson, M.D.	X			
Rickey L. Chance, D.O.	X			
Virginia M. Crawford, M.D.	X			
S. Randall Easterling, M.D.				X
William B. Jones, M.D.	X			
William S. Mayo, D.O.		X		
Philip T. Merideth, M.D., J.D.	X			
Charles D. Miles, M.D.				X

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



William S. Mayo, D.O.
President

Mississippi Secretary of State
 700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME MS State Board of Medical Licensure		CONTACT PERSON Rhonda Freeman	TELEPHONE NUMBER (601) 987-0223	
ADDRESS 1867 Crane Ridge Drive, Suite 200-B		CITY Jackson	STATE MS	ZIP 39216
EMAIL rhonda@msbml.ms.gov	SUBMIT DATE 05/18/12	Name or number of rule(s): Chapter 11, Section 705, The Practice of Physician Assistants		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Section 705 was modified to allow the documentation of review of charts by physicians to be done electronically;

Specific legal authority authorizing the promulgation of rule: 73-43-11

List all rules repealed, amended, or suspended by the proposed rule: N/A

ORAL PROCEEDING:

- An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____
- Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more 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, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.


ECONOMIC IMPACT STATEMENT:

- Economic impact statement not required for this rule. Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect in _____ days Effective date: <input type="checkbox"/> Immediately upon filing <input type="checkbox"/> Other (specify): _____	Action proposed: <input type="checkbox"/> New rule(s) <input type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed final effective date: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____	Date Proposed Rule Filed: <u>3/22/2012</u> Action taken: <input checked="" type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed Effective date: <input checked="" type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____

Printed name and Title of person authorized to file rules: Rhonda Freeman, Bureau Director

Signature of person authorized to file rules: Rhonda Freeman

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		
Accepted for filing by	Accepted for filing by	Accepted for filing by <u>CB18781E</u>

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

Chapter 11 The Practice of Physician Assistants

Scope

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

Definitions

- 200 For the purpose of Chapter 11 only, the following terms have the meanings indicated:
1. "Board" means the Mississippi State Board of Medical Licensure.
 2. "Physician Assistant" means a person who meets the Board's criteria for licensure as a physician assistant and is licensed as a physician assistant by the Board.
 3. "Supervising Physician" means a doctor of medicine or a doctor of osteopathic medicine who holds an unrestricted license from the Board, who is in the full-time practice of medicine, and who has been approved by the Board to supervise physician assistants.
 4. "Supervise" or "Supervision" means overseeing and accepting responsibility for the medical services rendered by a physician assistant.
 5. "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.
 6. "NCCPA" means the National Commission on Certification of Physician Assistants.
 7. "PANCE" means the Physician Assistant National Certifying Examination.
 8. "CAAHEP" means the Commission on Accreditation of Allied Health Education Programs.
 9. "Predecessor or Successor Agency" refers to the agency responsible for accreditation of educational programs for physician assistants that preceded CAAHEP or the agency responsible for accreditation of educational programs for physician assistants that succeeded CAAHEP.

Qualifications for Licensure

300 Pursuant to Section 73-43-11, Mississippi Code, all physician assistants who are employed as physician assistants by a Department of Veterans Affairs health care facility, a branch of the United States military, or the Federal Bureau of Prisons and who are practicing as physician assistants in a federal facility in Mississippi on July 1, 2000, and those physician assistants who trained in a Mississippi physician assistant program and have been continuously practicing as a physician assistant in Mississippi since 1976, shall be eligible for licensure if they submit an application for licensure to the Board by December 31, 2000, and meet the following additional requirements:

1. Satisfy the Board that he or she is at least twenty-one (21) years of age and of good moral character.
2. 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.
3. Pay the appropriate fee as determined by the Board.
4. Present a certified copy of birth certificate.
5. Submit proof of legal change of name if applicable (notarized or certified copy of marriage or other legal proceeding).
6. Provide information on registration or licensure in all other states where the applicant is or has been registered or licensed as a physician assistant.
7. Provide favorable references from two (2) physicians licensed in the United States with whom the applicant has worked or trained.
8. No basis or grounds exist for the denial of licensure as provided at Section 1500 below.

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

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

1. Satisfy the Board that he or she is at least twenty-one (21) years of age and of good moral character.
2. 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.
3. Pay the appropriate fee as determined by the Board.
4. Present a certified copy of birth certificate.
5. Submit proof of legal change of name if applicable (notarized or certified copy of marriage or other legal proceeding).
6. Provide information on registration or licensure in all other states where the applicant is or has been registered or licensed as a physician assistant.

7. Provide favorable references from two (2) physicians licensed in the United States with whom the applicant has worked or trained.
8. No basis or grounds exist for the denial of licensure as provided at Section 1500 below.

Physician assistants meeting these licensure requirements will be eligible for license renewal so long as they meet standard renewal requirements.

302 On or after December 31, 2004, applicants for physician assistant 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. Complete an application for license and submit same to the Board in the manner prescribed by the Board with a recent passport type photograph.
3. Pay the appropriate fee as determined by the Board.
4. Present a certified copy of birth certificate or valid passport.
5. Submit proof of legal change of name if applicable (notarized or certified copy of marriage license or other legal proceeding).
6. Possess a master's degree in a health-related or science field.
7. Successfully complete an educational program for physician assistants accredited by CAAHEP or its predecessor or successor agency.
8. Pass the certification examination administered by the NCCPA and have current NCCPA certification.
9. Provide information on registration or licensure in all other states where the applicant is or has been registered or licensed as a physician assistant.
10. Provide favorable references from two (2) physicians licensed in the United States with whom the applicant has worked or trained.
11. 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.
12. No basis or grounds exist for the denial of licensure as provided at Section 1500 below.

Temporary License

400 The Board may grant a temporary license to an applicant who meets the qualifications for licensure except that the applicant has not yet taken the national certifying examination administered by the NCCPA or the applicant has taken the national certifying examination and is awaiting the results or the applicant has not obtained a minimum of a master's degree in a health-related or science field.

401 A temporary license issued upon the basis of the NCCPA not being taken or the applicant awaiting the results is valid:

1. for one hundred eighty (180) days from the date of issuance;
2. until the results of an applicant's examination are available; or
3. until the Board makes a final decision on the applicant's request for licensure, whichever comes first.

The Board may extend a temporary license, upon a majority vote of the Board members, for a period not to exceed one hundred eighty (180) days. Under no circumstances may the Board grant more than one extension of a temporary license.

- 402 A temporary license may be issued to an applicant who has not obtained a master's degree so long as the applicant can show proof of enrollment in a master's program that will, when completed, meet the master's degree requirement. The temporary license will be valid no longer than one (1) year, and may not be renewed.

Requirement of Protocol - Prescribing/Dispensing

500 Physician assistants shall practice according to a Board-approved protocol which has been mutually agreed upon by the physician assistant and the supervising physician. Each protocol shall be prepared taking into consideration the specialty of the supervising physician, and must outline diagnostic and therapeutic procedures and categories of pharmacologic agents which may be ordered, administered, dispensed and/or prescribed for patients with diagnoses identified by the physician assistant. Each protocol shall contain a detailed description of back-up coverage if the supervising physician is away from the primary office. Although licensed, no physician assistant shall practice until a duly executed protocol has been approved by the Board.

501 Except as hereinafter provided in Section 502 below, physician assistants may not write prescriptions for or dispense controlled substances or any other drug having addiction-forming or addiction-sustaining liability. A physician assistant may, however, administer such medications pursuant to an order by the supervising physician if in the protocol.

502 Prescribing Controlled Substances and Medications by Physician Assistants

1. Scope

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

2. Application for Authority to Prescribe Controlled Substances

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

b. In order to obtain the authority to prescribe controlled substances in any schedule, the physician assistant shall submit an application approved by the Board.

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

For the purpose of directing the manner in which physician assistants may prescribe controlled substances, the Board incorporates Chapter 25 of the Board's Regulations *Pertaining to Prescribing, Administering and Dispensing of Medication* as applied to physicians, including but not limited to all Definitions, Maintenance of Records and Inventories, Use of Diet Medication, Use of Controlled Substances for Chronic (Non-Terminal) Pain, and Prescription Guidelines. All physician assistants authorized to prescribe controlled substances shall fully comply with these regulations.

4. Registration for Controlled Substances Certificate Prescriptive Authority
 - a. Every physician assistant authorized to practice in Mississippi who prescribes any controlled substance must be registered with the U. S. Drug Enforcement Administration in compliance with Title 21 CFR, Part 1301 Food and Drugs.
 - b. Pursuant to authority granted in Mississippi Code, Section 41-29-125, the Board hereby adopts, in lieu of a separate registration with the Board, the registration with the U.S. Drug Enforcement Administration as required in Section 502.4.a. above, provided, however, where a physician assistant already possesses a controlled substances registration certificate for a practice location in another state or jurisdiction, the physician assistant may not transfer or otherwise use the same registration until he or she meets the training requirements set forth in Section 502.2.a. In the event, however, a physician assistant 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 assistant shall be prohibited from registering with the U. S. Drug Enforcement Administration for a Uniform Controlled Substances Registration Certificate without first being expressly authorized to do so by order of the Board.
 - c. 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 73-21-105(q).
5. Drug Maintenance, Labeling and Distribution Requirements

Persons registered to prescribe controlled substances may order, possess, prescribe, administer, distribute or conduct research with those substances to the extent authorized by their registration and in conformity with the other provisions of these regulations and in conformity with provisions of the Mississippi Uniform Controlled Substances Law, Mississippi Code, Sections 41-29-101 et. seq., except physician assistants may not receive samples of controlled substances. A physician assistant may receive and distribute pre-packaged medications or samples of non-controlled substances for which the physician assistant has prescriptive authority.

Supervision

- 600 Before any physician shall supervise a physician assistant, the physician must first (a) present to the Board's Executive Director a duly executed protocol, (b) appear personally before the Board or its Executive Director, and (c) obtain written approval to act as a supervising physician. The facts and matters to be considered by the Board when approving or disapproving a protocol or supervision arrangement shall include, but are not limited to, how the supervising physician and physician assistant plan to implement the protocol, the method and manner of supervision, consultation, referral and liability.

- 601 Where two or more physicians anticipate executing a protocol to supervise a physician assistant, it shall not be necessary that all of the physicians personally appear before the Board or Executive Director as required in Section 600. In this situation, the physician who will bear the primary responsibility for the supervision of the physician assistant shall make the required personal appearance.

Supervising Physician Limited

- 700 No physician shall be authorized to supervise a physician assistant unless that physician holds an unrestricted license to practice medicine in the state of Mississippi.
- 701 Supervision means overseeing activities of, and accepting responsibility for, all medical services rendered by the physician assistant. Except as described in Section 702, supervision must be continuous, but shall not be construed as necessarily requiring the physical presence of the supervising physician.
- 702 New graduate physician assistants and all physician assistants newly practicing in Mississippi, except those licensed under Section 300, require the on-site presence of a supervising physician for one hundred twenty (120) days.
- 703 The physician assistant's practice shall be confined to the primary office or clinic of the supervising physician or any hospital(s) or clinic or other health care facility within the same community where the primary office is located, wherein the supervising physician holds medical staff privileges. Exceptions to this requirement may be granted on an individual basis, provided the location(s) of practice are set forth in the protocol.
- 704 The supervising physician must provide adequate means for communication with the physician assistant. Communication may occur through the use of technology which may include, but is not limited to, radio, telephone, fax, modem, or other telecommunication device.
- 705 The supervising physician shall, on at least a monthly basis, conduct a review of the records/charts of at least ten percent (10%) of the patients treated by the physician assistant, said records/charts selected on a random basis. During said review, the supervising physician shall note the medical and family histories taken, results of any and all examinations and tests, all diagnoses, orders given, medications prescribed, and treatments rendered. The review shall be evidenced by the supervising physician placing his or her signature or initials at the base of the clinic note, either electronically or by hand, and shall submit proof of said review to the Board upon request.

Number of Physician Assistants Supervised

- 800 No physician shall supervise more than two (2) physician assistants at any one time. A physician supervising two (2) nurse practitioners may not supervise a physician assistant.

Termination

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

Duty to Notify Board of Change of Address

- 1000 Any physician assistant who is licensed to practice as a physician assistant in this state and changes his or her 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

- 1100 Each licensed physician assistant must show proof of completing 50 hours of CME each year, 20 hours of which must be Category 1, as defined by the Accreditation Council for Continuing Medical Education (ACCME). Physician assistants who are certified by the NCCPA may meet this requirement by providing evidence of current NCCPA certification.
- 1101 All physician assistants authorized to prescribe controlled substances must show proof of completing 50 hours of CME each year, 20 hours of which must be Category 1, as defined by the ACCME, and 10 hours of which must be related to the prescribing of medications with an emphasis on controlled substances.

Identification

- 1200 The supervising physician shall be responsible to ensure that any physician assistant under his or her supervision does not advertise or otherwise hold himself or herself out in any manner which would tend to mislead the general public or patients. Physician assistants shall at all times when on duty wear a name tag, placard or plate identifying themselves as physician assistants.
- 1201 Physician assistants may not advertise in any manner which implies that the physician assistant is an independent practitioner.
- 1202 A person not licensed as a physician assistant by the Board who holds himself or herself out as a physician assistant is subject to the penalties applicable to the unlicensed practice of medicine.

Physician Liability

- 1300 Prior to the supervision of a physician assistant, the physician's and/or physician assistant's insurance carrier must forward to the Board a Certificate of Insurance.

Renewal Schedule

- 1400 The license of every person licensed to practice as a physician assistant in the state of Mississippi shall be renewed annually.
- 1401 On or before May 1 of each year, the State Board of Medical Licensure shall mail a notice of renewal of license to every physician assistant to whom a license was issued or renewed during the current licensing year. 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 documentation of completing each year 50 hours of CME and the renewal fee of an amount established by the Board. The payment of the annual license renewal fee shall be optional with all physician assistants over the age of seventy (70) years. Upon receipt of the application and fee, the Board shall verify the accuracy of the application and issue to applicant a certificate of renewal for the ensuing year, beginning July 1 and expiring June 30 of the succeeding calendar year.
- 1402 A physician assistant practicing in Mississippi who allows his or her license to lapse by failing to renew the license as provided in Section 1401 may be reinstated by the Board on satisfactory explanation for such failure to renew, by completion of a reinstatement form, and upon payment of the renewal fee for the current year, and shall be assessed a fine of Twenty-five Dollars (\$25.00) plus an additional fine of Five Dollars (\$5.00) for each month thereafter that the license renewal remains delinquent.
- 1403 Any physician assistant not practicing in Mississippi who allows his or her license to lapse by failing to renew the license as provided in Section 1401 may be reinstated by the Board on satisfactory explanation for such failure to renew, by completion of a reinstatement form, and upon payment of the arrearage for the previous five (5) years and the renewal fee for the current year.
- 1404 Any physician assistant who allows his or her license to lapse shall be notified by the Board within thirty (30) days of such lapse.
- 1405 Any person practicing as a physician assistant during the time his or her license has lapsed shall be considered an illegal practitioner and shall be subject to the same penalties as provided in Mississippi Code, Section 73-25-14.

Disciplinary Proceedings

- 1500 **Grounds for Disciplinary Action Against Physician Assistants**
For the purpose of conducting disciplinary actions against individuals licensed to practice as physician assistants, the Board hereby incorporates those grounds for the non-issuance, suspension, revocation, or restriction of a license or the denial of reinstatement or renewal of a license, as set forth in Mississippi Code, Sections 73-25-29 and 73-25-83. As a basis for denial, suspension, revocation or other restriction, the Board may initiate

disciplinary proceedings based upon any one or more of those grounds as set forth in Sections 73-25-29 and 73-25-83, and may make provision for the assessment of costs as provided therein.

1501 Hearing Procedure and Appeals

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

1502 Reinstatement of License

1. A person whose license to practice as a physician assistant has been revoked, suspended, or otherwise restricted may petition the Mississippi State Board of Medical Licensure to reinstate his or her 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 osteopaths licensed by the Board of Medical Licensure to which the petition is addressed and by two (2) or more recommendations from citizens each having personal knowledge of the activities of the petitioner since the disciplinary penalty was imposed and such facts as may be required by the Board of Medical Licensure.

The petition may be heard at the next regular meeting of the Board of Medical Licensure but not earlier than thirty (30) days after the petition was filed. No petition shall be considered while the petitioner is under sentence for any criminal offense, including any period during which he 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, his or her activity during the time his or her certificate was in good standing, his or her general reputation for truth, professional ability and good character; and it may require the petitioner to pass an oral examination.

Impaired Physician Assistants

- 1600 For the purpose of the Mississippi Disabled Physician Law, Mississippi Code, Sections 73-25-51 to 73-25-67, any individual licensed to practice as a physician assistant, shall be

subject to restriction, suspension, or revocation in the case of disability by reason of one or more of the following:

mental illness

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

1601 If the Board has reasonable cause to believe that a physician assistant is unable to practice with reasonable skill and safety to patients because of one or more of the conditions described above, referral of the physician assistant shall be made, and action taken, if any, in the manner as provided in Sections 73-25-55 through 73-25-65, including referral to the Mississippi Professionals Health Program, sponsored by the Mississippi State Medical Association.

Effective Date of Regulations

1700 The above rules and regulations pertaining to the practice of physician assistants shall become effective September 1, 2000; as amended September 16, 2004; as amended May 19, 2005; as amended March 8, 2007; as amended May 17, 2007; as amended July 10, 2008; and as amended May 17, 2012.

JULY 2012

**MINUTES
EXECUTIVE COMMITTEE MEETING
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
JULY 11, 2012**

MEMBERS PRESENT:

S. Randall Easterling, M.D., Vicksburg, President
Virginia M. Crawford, M.D., Hattiesburg, Vice President
Larry B. Aycock, M.D., McComb, 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 Carrillo, Special Projects Officer, Investigative Division
Mickey Boyette, Investigator, Investigative Division
Jonathan Dalton, Investigator, Investigative Division
Charles Ware, Investigator, Investigative Division
Ruby Litton, RN, Compliance Nurse
Sherry H. Pilgrim, Staff Officer

The Executive Committee of the Mississippi State Board of Medical Licensure met on Wednesday, July 11, 2012, at 1:00 p.m. in the Board Room of the Office of the Board located at 1867 Crane Ridge Drive, Jackson, Mississippi.

**PERSONAL APPEARANCE BY FARRUKH GILL, M.D., NEW ORLEANS, LA,
APPLICANT**

Dr. Craig advised that Dr. Gill had been invited to appear before the Executive Committee to discuss why it took him longer than the Board's requirement of seven years to pass all 3 steps of the USMLE.

Mr. Ingram, Complaint Counsel for the Board, introduced Dr. Gill when he joined the meeting and advised that he had executed a written agreement for this informal meeting, a copy of which is attached and incorporated by reference. Mr. Ingram advised that Dr. Gill was here today without counsel.

After the introductions, Dr. Gill addressed the Executive Committee and explained the problems incurred when Katrina hit during his residency, the family problems after that time, as well as the multiple attempts to pass. Following questions

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from the Executive Committee, Dr. Easterling thanked Dr. Gill and advised that the Executive Committee would discuss the matter further and make a recommendation to the full Board on Thursday.

Following a brief discussion, motion was made by Dr. Aycock, seconded by Dr. Crawford, and carried unanimously that based on the information provided that sufficient documentation was presented that provides extenuating circumstances for a waiver to be granted.

PERSONAL APPEARANCE BY KHADIJA AZIZ, M.D., SEABROOK, TX, APPLICANT

Dr. Craig advised that Dr. Aziz had been invited to appear before the Executive Committee to discuss why it took her longer than the Board's requirement of seven years to pass all 3 steps of the USMLE.

Mr. Ingram, Complaint Counsel for the Board, introduced Dr. Aziz when she joined the meeting and advised that she had executed a written agreement for this informal meeting, a copy of which is attached and incorporated by reference. Mr. Ingram advised that Dr. Aziz was here today without counsel.

After the introductions, Dr. Aziz addressed the Executive Committee and explained the problems that incurred while starting a family, taking time off, and studying for the exams. Dr. Aziz also discussed her unsuccessful attempts taking the USMLE. Following questions from the Executive Committee, Dr. Easterling thanked Dr. Aziz and advised that the Executive Committee would discuss the matter further and make a recommendation to the full Board on Thursday.

Following a brief discussion, motion was made by Dr. Aycock, seconded by Dr. Crawford, and carried unanimously that based on the information provided that sufficient documentation was presented that provides extenuating circumstances for a waiver to be granted.

PERSONAL APPEARANCE BY ERICA D. WADE, M.D., OLIVE BRANCH, APPLICANT

Dr. Craig advised that Dr. Wade had called and advised that she had a scheduling conflict for today's meeting and was unable to attend. Dr. Craig advised that Dr. Wade is a pediatrician but has not practiced since she completed residency in July of 2009. Dr. Wade told Dr. Craig that she has a 10 month old daughter that has medical problems and that she has not worked to care for her. Following a brief discussion as to whether residency is considered practicing was brought up due to the fact that if it is, she meets the Board's criteria for having practiced in the last three

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years. The Executive Committee unanimously decided to discuss the issue with the full Board on Thursday.

DISCUSS JOSEPH ASSINI, D.P.M., ABERDEEN, NJ, APPLICANT

Dr. Craig advised that Dr. Assini is a podiatrist that has not met the Board's requirement of the one year residency, but has completed one year post graduate training. Dr. Craig advised that Dr. Assini graduated when residencies were limited for someone in podiatry. Dr. Craig advised that Dr. Assini has practiced for twenty-two years and currently is licensed in New York and New Jersey.

Following a brief discussion, the motion was made by Dr. Crawford, seconded by Dr. Aycock, and carried unanimously that the requirement of the one year residency be waived due to Dr. Assini's years of experience in podiatry and that he be granted a Mississippi medical license.

LETTER FROM MISSISSIPPI DERMATOLOGICAL SOCIETY

Dr. Craig briefly discussed a letter from the Mississippi Dermatological Society and advised that he thought Dr. Sabra Sullivan and Dr. Ronald Lubritz were going to be at the meeting today. Dr. Craig advised that he has talked with Dr. Sullivan and they feel that non-dermatologists are misleading the public with their advertising. Dr. Easterling briefly discussed Senate Bill #2670 that was passed in April of this year. The bill deals with patient's right to informed health care choices and includes violations of deceptive advertisement by health care practitioners.

Dr. Craig advised that two of the individuals had been invited to today's meeting to discuss the matter.

PERSONAL APPEARANCE BY ELIZABETH M. DIMITRI, D.O., SLIDELL, LA, MISSISSIPPI MEDICAL LICENSE NUMBER 21866

Dr. Craig advised that Dr. Dimitri had been invited to today's meeting but that he had talked with her by phone and excused her due to the fact that she would be out of the country taking some CME courses. Dr. Craig advised that Dr. Dimitri had sent documentation on her flights and courses to substantiate her request.

PERSONAL APPEARANCE BY ERIC N. TABOR, M.D., SLIDELL, LA, MISSISSIPPI MEDICAL LICENSE NUMBER 15605

Dr. Craig advised that Dr. Tabor is one of the physicians mentioned in the letter from the Mississippi Dermatological Society. Dr. Easterling advised that Dr. Tabor has

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a dermatology practice when he is not a board certified dermatologist.

Dr. Tabor and his legal counsel, Mark Wolfe, were invited to join the meeting. Dr. Tabor had executed a written agreement for this informal meeting, a copy of which is attached and incorporated by reference. Mr. Ingram introduced Dr. Tabor and Mark Wolfe his attorney.

Dr. Easterling briefly covered Senate Bill #2670 that was passed earlier this year, as well as reading part of the Board's Rules and Regulations concerning Chapter 24, Physician Advertising, section 301, and then discussed the pictures that had been sent to the Board concerning Dr. Tabor's advertising.

Dr. Tabor addressed the Executive Committee and advised that he was not trying to falsely represent himself or his credentials and that he provides all patients with a brochure of his training. Mr. Wolfe advised that he is in-house counsel and that he wants to ensure compliance with both Louisiana and Mississippi law. Dr. Tabor admitted that he is not board certified in dermatology. Dr. Aycock stressed that the board is not questioning his ability, but the fact that his advertisements are against Mississippi's truth and advertising law.

Dr. Easterling thanked Dr. Tabor and Mr. Wolfe for appearing today and advised that the Executive Committee will discuss the matter and make a recommendation to the full Board on Thursday and advise them the outcome at a later date.

Motion was made by Dr. Aycock, seconded by Dr. Crawford, and carried unanimously to recommend to the Board that Dr. Tabor and other individuals falling into this category be advised to take the word "dermatology or dermatologist" from any advertising, prescription pads, stationery, etc., if they do not meet the following criteria: 1) can provide proof or current certification by a specialty board recognized by the ABMS or the AOA; or, 2) provide proof of completing a "board certified" residency program approved by the AMA, AOA, or the APMA, as explained in the Board's rules and regulations.

While the Executive Committee was discussing this matter, Dr. Craig brought up Dr. Hooker in Corinth as well as a Family Nurse Practitioner's ad in the yellow pages listing her as a physician in Clarksdale. Both of these matters will be checked into further.

PERSONAL APPEARANCE BY MONA M. SHETE, M.D., MEMPHIS, TN, APPLICANT

Dr. Craig advised that Dr. Shete had been invited to appear before the Executive Committee to discuss why it took her longer than the Board's requirement of seven

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years to pass all 3 steps of the USMLE.

Mr. Ingram, Complaint Counsel for the Board, introduced Dr. Shete when she joined the meeting and advised that she had executed a written agreement for this informal meeting, a copy of which is attached and incorporated by reference. Mr. Ingram advised that Dr. Shete was here today without counsel.

Dr. Shete addressed the Executive Committee and advised that she was a foreign medical graduate and that she had gotten married and came to the US. Dr. Shete advised that she had a child between Steps 2 and 3 and that she had to complete a residency program before she could apply for Step 3. Dr. Shete answered several questions from the Executive Committee concerning her specialty and fellowship.

Dr. Easterling thanked Dr. Shete for appearing and advised her that the Executive Committee would discuss the matter further and make a recommendation to the full Board on Thursday. Dr. Easterling advised Dr. Shete that she would receive a letter from the Board advising their decision.

Following a brief discussion, motion was made by Dr. Aycock, seconded by Dr. Crawford, and carried unanimously that based on the information provided that sufficient documentation was presented that provides extenuating circumstances for a waiver to be granted.

THE EXECUTIVE COMMITTEE RECESSED AT 2:20 P.M. AND RETURNED AT 2:30 P.M.

Dr. Easterling advised that during the break it was discovered that Dr. Sullivan and Dr. Lubritz with the Mississippi Dermatological Society were in the lobby waiting to address the Executive Committee. Dr. Easterling allowed both physicians to address the Executive Committee to discuss their concerns with several physicians and their advertising. Dr. Sullivan covered the truth in advertising bill passed earlier this year and stated it was her belief that it is unfair to the public to hold yourself out as something that you are not. Dr. Lubritz agreed with Dr. Sullivan and asked for the Board's assistance in making the physicians aware of the new law and complying with the requirements.

PERSONAL APPEARANCE BY KENT DARSEY, M.D., MERIDIAN, MISSISSIPPI MEDICAL LICENSE NUMBER 08942

Dr. Craig advised that Dr. Darsey had been invited to appear before the Executive Committee to address concerns with his collaboration with APRNs. Dr. Craig

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advised that Dr. Darsey had called him and advised that he would be out of town on vacation, but had sent the Board a letter addressing the matter.

Ms. Litton, Compliance Nurse for the Board, addressed the Executive Committee and discussed how the Board of Nursing's website indicated the APRNs signed up under Dr. Darsey. Ms. McCleod, Director of Advanced Practice with the Board of Nursing, addressed the Executive Committee and advised their concern with no written signature on their renewals and discussed options that they are currently reviewing to rectify the matter.

Following a brief discussion concerning the responsibility of both boards to protect the public and follow the law, the Executive Committee reminded representatives of the Board of Nursing that at the current time Mississippi is a collaborative state and that we all need to work together in the best interest of all citizens.

Motion was made by Dr. Aycok, seconded by Dr. Crawford, and carried unanimously that Dr. Craig send a letter to Dr. Darsey reminding him of the responsibilities a physician has when he is collaborating with any APRN and that all changes should be immediately sent to the Board, not just at renewal time.

PERSONAL APPEARANCE BY PAUL A. BOHNEN, M.D., TUPELO, APPLICANT

Dr. Craig advised that Dr. Bohnen had been invited to appear before the Executive Committee to discuss why it took him longer than the Board's requirement of seven years to pass all 3 steps of the USMLE. Dr. Craig advised that Dr. Bohnen is currently in a residency program in Tupelo.

Mr. Ingram, Complaint Counsel for the Board, introduced Dr. Bohnen when he joined the meeting and advised that he had executed a written agreement for this informal meeting, a copy of which is attached and incorporated by reference. Mr. Ingram advised that Dr. Bohnen was here today without counsel.

Dr. Bohnen addressed the Executive Committee and advised that he had completed an accelerated master's program and then entered straight into medical school without taking time off. Dr. Bohnen stated that he understands and regrets that he did not do what he should have done during that time.

Dr. Easterling thanked Dr. Bohnen for appearing and addressing the Board's concerns. Dr. Easterling advised that the Executive Committee would discuss the matter further and make a recommendation to the full Board on Thursday. Dr. Easterling advised Dr. Bohnen that he would receive a letter with the Board's decision.

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Following a brief discussion, motion was made by Dr. Aycock, seconded by Dr. Crawford, and carried unanimously that based on the information provided that sufficient documentation was presented that provides extenuating circumstances for a waiver to be granted.

DISCUSS RICHARD LESTER STEPHEN JENNELLE, M.D., SIERRA MADRE, CA, MISSISSIPPI MEDICAL LICENSE NUMBER 20841, LETTER OF CONCERN ISSUED BY NORTH CAROLINA

Dr. Craig briefly discussed a copy of a letter of concern that had been issued to Dr. Jennelle by North Carolina. Dr. Craig advised that Dr. Jennelle also holds an active Mississippi medical license. Dr. Craig stated that the problems arose out of Dr. Jennelle's failure to adequately supervise a physician assistant that radiated the wrong lung.

Following a brief discussion, the Executive Committee unanimously agreed to send Dr. Jennelle a non-public letter of concern mirroring the concerns of the North Carolina Board.

DISCUSS ELIAS ABOUD, M.D., MADISON, MISSISSIPPI MEDICAL LICENSE NUMBER 14192

Dr. Craig provided the Executive Committee with an update and stated that he still has concerns with Dr. Abboud. Investigator Charles Ware also addressed the Executive Committee and addressed the concerns that he has with some of Dr. Abboud's prescriptions and concerns with APRNs working when he is not within the approved distance.

Mr. Washington reminded the Executive Committee that when Dr. Abboud appeared in 2010 that they requested to review additional medical records. Mr. Washington advised that the medical records were available for review.

Following a brief discussion, motion was made by Dr. Easterling that Mr. Washington and Mr. Ware review the medical records to see if there is enough evidence to bring Dr. Abboud back before the Executive Committee for further discussion. Dr. Crawford seconded the motion and it carried unanimously.

LETTER FROM MISSISSIPPI PROFESSIONALS HEALTH PROGRAM CONCERNING HILDON SESSUMS, M.D., MISSISSIPPI MEDICAL LICENSE NUMBER 09182

Dr. Craig briefly discussed a letter that the Board had received from MPHP

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concerning Dr. Sessums. Dr. Craig advised that Dr. Sessums has called wishing to renew his license but that he had placed DNR on them. Dr. Craig stated that he has concerns about Dr. Sessums' erratic behavior and possible cognitive deficiencies described in the letter from MPHP.

Dr. Hambleton, Director of the Mississippi Professionals Health Program, addressed the Executive Committee and briefly discussed the details of the letter, the multi evaluations, and agrees with Dr. Craig's concerns.

Motion was made by Dr. Easterling, seconded by Dr. Crawford, and carried unanimously to advise Dr. Sessums to comply with MPHP's recommendation and that he not practice until he is cleared by appropriate neuropsychological testing after approximately one year.

UPDATE AND REVIEW OF VANDERBILT'S COMPREHENSIVE ASSESSMENT ON CARL C. WELCH, M.D., CORINTH, MISSISSIPPI MEDICAL LICENSE NUMBER 06370

For informational purposes, Dr. Craig briefly discussed the assessment that the Board had received from Vanderbilt concerning Dr. Welch.

UPDATE ON CHOICE MEDICAL CLINIC AND DR. FRANCIS HUBER

For informational purposes, Investigations Supervisor Leslie Ross provided the Executive Committee with an update on Choice Medical Clinic and Dr. Huber. Ms. Ross advised that earlier this year they had been issued a cease and desist letter. Ms. Ross advised that Ms. Adams had finally admitted to the Louisiana DEA that she is the sole owner of Choice Medical. Ms. Adams is the wife of John Adams and he appeared with Dr. Huber at the May Executive Committee meeting. Ms. Ross advised the paperwork that was submitted for the pain management clinic was falsified and Dr. Huber is under the impression that all they need to do to reopen the clinic is to submit proper paperwork.

OTHER BUSINESS

LETTER RECEIVED FROM AMERICAN MEDICAL FOUNDATION

Dr. Craig briefly discussed a letter that the Board had received from the American Medical Foundation concerning telementoring. Following a brief discussion, the Executive Committee agreed that Dr. Craig respond that physicians in Mississippi are allowed to provide consultation/teaching/scholarly advice and direction to physicians who are licensed in our state. The Board has no rules against their request.

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UPDATE ON RALPH ARNOLD SMITH, JR., M.D.

For informational purposes, Dr. Craig covered the Order served on Dr. Smith and his attorney. Due to the recommendation of the Examining Committee, Dr. Smith is not to practice medicine pending an independent mental examination.

REQUESTS FOR SUBPOENAS

The following requests were made from the Investigative Division to issue subpoenas:

- 1) Central Mississippi Medical Center concerning Dr. Hammond resigning while under investigation;
- 2) John P. Louwerens, M.D., request to check medical records; and,
- 3) Joseph J. Rubelowsky, M.D., to request records from Wesley Medical Center

After a brief discussion, the Executive Committee unanimously agreed that those facts necessary to make a determination of reasonable cause pursuant to Miss. Code Ann. 73-25-28, to inspect records on the above does exist. Motion was made by Dr. Crawford, seconded by Dr. Easterling, and carried unanimously to grant approval to issue the requested subpoenas.

NEWSLETTER/TOPICS

Dr. Easterling suggested that the Board consider a method to use as a reminder to physicians on different topics of interest. MSMA uses a company to send information for them and pay \$50.00 per month. The Executive Committee agreed that it would be a good idea to look into the matter further.

REVIEW OF JULY 12, 2012, BOARD AGENDA

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

ADJOURNMENT

There being no further business, the meeting adjourned at 4:05 p.m.



S. RANDALL EASTERLING, M.D.
President

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Minutes taken and transcribed
by Sherry H. Pilgrim
Staff Officer
July 11, 2012

**AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE
BY APPLICANT FOR LICENSURE**

I, Farrukh Gill, 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 my pending application for a Mississippi medical license, the current investigation being conducted by the Board, possible grounds for denial, and possible resolution of the matter. 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 possible grounds for denial of licensure 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 show cause 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: Farrukh Lghal Gill)

without legal counsel present

EXECUTED, this the 11 day of July, 2012.

Witness

Sherry Pilgrim

Farrukh Lghal Gill

APPLICANT

NAME PRINTED

**AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE
BY APPLICANT FOR LICENSURE**

I, Khadija Aziz, 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 my pending application for a Mississippi medical license, the current investigation being conducted by the Board, possible grounds for denial, and possible resolution of the matter. 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 possible grounds for denial of licensure 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 show cause 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: Khadija Aziz)
 without legal counsel present

EXECUTED, this the 11 day of July, 2012.

Witness:

Sherry Pelgrom

Khadija Aziz
APPLICANT

NAME PRINTED

**AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE
BY CURRENT LICENSEE**

I, Eric N. Tabor, 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 the pending investigation of my license by the Board, the grounds if any for disciplinary action, and possible resolution of the same. 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 possible grounds for disciplinary action against my license.
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 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: Mark Wolfe)

without legal counsel present

EXECUTED, this the 11th day of July, 2012.

Witness: Sherry Pilgrim

Eric N. Tabor

LICENSEE

Eric N. Tabor

NAME PRINTED

**AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE
BY CURRENT LICENSEE**

I, Mona M. Shete, 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 the pending investigation of my license by the Board, the grounds if any for disciplinary action, and possible resolution of the same. 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 possible grounds for disciplinary action against my license.
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 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 July, 2012.

Mona Shete
LICENSEE

Witness: Amy Boone

Mona Shete, MD
NAME PRINTED

**AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE
BY APPLICANT FOR LICENSURE**

I, Paul A. Bohnen, 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 my pending application for a Mississippi medical license, the current investigation being conducted by the Board, possible grounds for denial, and possible resolution of the matter. 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:

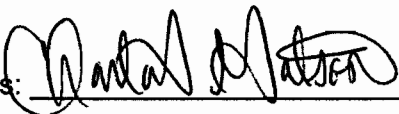
1. During the meeting, the Executive Committee may or may not be represented by legal counsel. Notwithstanding, I understand that I have a right, if I so choose, to employ legal counsel and have counsel present during the informal meeting.
2. I authorize the Committee Members to review and examine any statements, documentary evidence, or materials concerning the possible grounds for denial of licensure 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 show cause 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 July, 2012.

Witness:





APPLICANT

PAUL A. BOHNEN

NAME PRINTED

BOARD

MEETING

MINUTES

BOARD MINUTES
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
JULY 12, 2012

The regularly scheduled meeting of the Mississippi State Board of Medical Licensure was held on Thursday, July 12, 2012, in the Board Room of the Office of the Board located at 1867 Crane Ridge Drive, Jackson, Mississippi.

The following members were present:

S. Randall Easterling, M.D., Vicksburg, President
Virginia M. Crawford, M.D., Hattiesburg, Vice President
Larry B. Aycock, M.D., McComb, Secretary
Claude D. Brunson, M.D., Jackson
Rickey L. Chance, D.O., Ocean Springs
William B. Jones, M.D., Greenwood
William S. Mayo, D.O., Oxford
Charles D. Miles, M.D., West Point

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 Carrillo, Special Projects Officer, Investigative Division
Sherry H. Pilgrim, Staff Officer
Wesley Breland, Hattiesburg, Consumer Health Committee
Charles Thomas, Yazoo City, Consumer Health Committee

Not present:

Philip T. Merideth, M.D., J.D., Jackson
Cecil R. Burnham, Jackson, Consumer Health Committee

The meeting was called to order at 9:05 a.m. by Dr. Easterling, President. The invocation was given by Dr. Mayo and the pledge was led by Dr. Crawford. Dr. Easterling welcomed Ella Hardwick, Court Reporter, and extended a welcome to all visitors present at the meeting.

OATH OF OFFICE - S. RANDALL EASTERLING, M.D., WILLIAM S. MAYO, D.O., AND VIRGINIA M. CRAWFORD, M.D.

S. Randall Easterling, M.D., William S. Mayo, D.O., and Virginia M. Crawford,

BOARD MINUTES

July 12, 2012

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M.D., were administered the Oath of Office by Ella Hardwick, Court Reporter, copies of which are attached hereto and incorporated by reference.

Dr. Easterling was reappointed to represent the First Supreme Court District, Dr. Mayo was reappointed to represent the Second Supreme Court District, and Dr. Crawford was reappointed to represent the Third Supreme Court District. All of their terms are scheduled to expire June 30, 2018.

PUBLIC COMMENTS

Dr. Easterling opened the floor for public comments but there were none. Dr. Easterling advised that Teresa Planch has been named as the new executive director of the Mississippi Nurses Association.

APPROVAL OF CERTIFICATION OF MISSISSIPPI LICENSES TO OTHER ENTITIES FOR THE PERIOD MAY 01, 2012, THROUGH JUNE 30, 2012

Two hundred six (206) licenses were certified to other entities for the period May 01, 2012, through June 30, 2012. Motion was made by Dr. Mayo, seconded by Dr. Crawford, and carried unanimously to approve the certifications.

APPROVAL OF LICENSES ISSUED FOR THE PERIOD MAY 01, 2012, THROUGH JUNE 30, 2012

One hundred thirty-two (132) licenses were issued for the period May 01, 2012, through June 30, 2012. Motion was made by Dr. Brunson, seconded by Dr. Mayo, and carried unanimously to approve these licenses.

REVIEW OF MINUTES OF THE EXECUTIVE COMMITTEE MEETING DATED MAY 16, 2012, AND MINUTES OF THE BOARD MEETING DATED MAY 17, 2012

Minutes of the Executive Committee dated May 16, 2012, and Minutes of the Board meeting dated May 17, 2012, were reviewed. Dr. Mayo moved for approval of the minutes as submitted. Dr. Crawford seconded the motion and it carried unanimously.

REPORT OF JULY 11, 2012, EXECUTIVE COMMITTEE MEETING

Dr. Craig briefly covered a number of appearances and issues that were discussed by the Executive Committee on July 11, 2012. Information pertaining to the Executive Committee decisions is included in the Executive Committee Minutes dated July 11, 2012.

BOARD MINUTES

July 12, 2012

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Following a brief discussion, motion was made by Dr. Mayo that the actions/decisions of the Executive Committee be approved with the exception of Dr. Erica Wade that will require additional discussion. Dr. Miles seconded the motion and it carried unanimously.

Dr. Easterling advised that Dr. Wade applied for a Mississippi license within the three (3) year window requirement, but the issue was raised since she has not actively practiced since completing her residency would she meet the Board's requirements. Dr. Easterling advised that the Board needs to determine if residency is actually considered as the practice of medicine.

Following a brief discussion on competency and what is required, motion was made by Dr. Mayo, seconded by Dr. Miles, and carried unanimously that residency does qualify and that Dr. Wade be granted a license.

REPORTS FROM COMMITTEES

Scope of Practice - Dr. Crawford (Chair), Dr. Easterling, Dr. Aycock, Dr. Miles, Dr. Brunson, Mr. Burnham, Mr. Thomas

Dr. Crawford advised the Committee met this morning to work on revisions to Chapter 09, and will continue their work after the Board meeting today.

Professionals Health Program - Dr. Mayo (Chair), Dr. Merideth, Dr. Chance

Dr. Mayo advised the Committee met this morning and they are in the process of reviewing different programs used by MPHP.

Rules, Regulation & Legislative - Dr. Easterling (Chair), Dr. Jones, Dr. Mayo, Dr. Chance, Mr. Breland

Dr. Easterling advised there was no new information to report. Dr. Easterling did request that each member read Senate Bill 2670 that was passed this year pertaining to truth in advertising and the patient's right to informed health care choices.

Ethics - Dr. Merideth (Chair), Dr. Crawford, Dr. Jones

Dr. Merideth was absent but Dr. Crawford advised there was no new information to report.

BOARD MINUTES

July 12, 2012

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Telemedicine / EHR - Dr. Aycock (Chair), Dr. Miles, Dr. Brunson

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

NEW COMMITTEES

Dr. Easterling passed out a sheet with the new committees beginning with the September 2012 meeting. The committees are as follows:

Scope of Practice - Dr. Brunson (Chair), Dr. Easterling, Dr. Jones, Dr. Chance, Dr. Miles, Mr. Burnham, Mr. Thomas

Professionals Health Program - Dr. Chance (Chair), Dr. Crawford, Dr. Aycock

Rules, Regulation & Legislative - Dr. Mayo (Chair), Dr. Easterling, Dr. Jones, Dr. Miles, Mr. Breland

Ethics - Dr. Crawford (Chair), Dr. Merideth, Dr. Aycock

Telemedicine / EHR - Dr. Aycock (Chair), Dr. Merideth, Dr. Brunson

**HEARING IN THE CASE OF KENT COMO KYZAR, M.D., RUTH, MISSISSIPPI
MEDICAL LICENSE NUMBER 10709**

**HEARING IN THE CASE OF ZIZHUANG LI, M.D., GULFPORT, MISSISSIPPI
MEDICAL LICENSE NUMBER 20022**

**HEARING IN THE CASE OF BENJAMIN A. MARBLE, M.D., LONG BEACH,
MISSISSIPPI MEDICAL LICENSE NUMBER 18076**

**HEARING IN THE CASE OF ANDREW A. MARTIN, M.D., CLARKSDALE,
MISSISSIPPI MEDICAL LICENSE NUMBER 14355**

Dr. Easterling advised that all of the above listed physicians had filed a timely Motion for Continuance until the September Board meeting. There being no objection, motion was made by Dr. Mayo, seconded by Dr. Crawford, and carried unanimously to grant the continuances for Dr. Kyzar, Dr. Li, Dr. Marble, and Dr. Martin.

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

BOARD MINUTES

July 12, 2012

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**PERSONAL APPEARANCE BY PATRICIA DUDLEY, M.D., MERIDIAN, MISSISSIPPI
MEDICAL LICENSE NUMBER 09961, PETITION TO REMOVE ORDER OF
PROHIBITION**

Mr. Ingram, Complaint Counsel for the Board, addressed the Board and introduced a document known as a "Protective Order." Mr. Ingram explained the purpose of the Protective Order and that Dr. Dudley had filed a motion *ore tenus* to limit the disclosure of certain confidential treatment records pertaining to Licensee. Mr. Ingram advised this document is only applicable for physicians under the Mississippi Disabled Physicians Law.

Mr. Ingram introduced Dr. Dudley and her attorney, Jane Tucker. Mr. Ingram advised that Dr. Dudley was here today to petition the Board to remove the Order of Prohibition to allow reinstatement of Dr. Dudley's medical license.

Motion was made by Dr. Mayo, seconded by Dr. Jones, and carried unanimously to accept the Protective Order for today's hearing. A copy of the Protective Order is attached hereto and incorporated by reference.

Mr. Ingram addressed the Board and provided a timeline of events and entered several exhibits into the record, subject to the Protective Order.

Ms. Tucker addressed the Board and provided an update on Dr. Dudley and stated that she wants to practice on a part time basis with followup in December. Ms. Tucker stated that Dr. Dudley is here today requesting her medical license be reinstated.

Dr. Hambleton, Medical Director, Mississippi Professionals Health Program (MPHP) was called to the witness stand and sworn in by the court reporter. Before any testimony was given, everyone except those that were required to be in attendance for the hearing were asked to leave.

Following the Board's Executive Session with a motion by Dr. Crawford, seconded by Dr. Mayo, the Board convened as the public was allowed to return to the meeting. Dr. Easterling requested that Dr. Aycock report on the Board's decision. Dr. Aycock advised that the Order of Prohibition on Dr. Dudley's license be lifted with the understanding that Dr. Dudley maintains advocacy with MPHP. A copy of the Order is attached hereto and incorporated by reference.

A verbatim account of this proceeding was recorded by Ella Hardwick, Court Reporter.

BOARD MINUTES

July 12, 2012

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JOANN GUY FRANCIS, M.D., WASHINGTON, MS, MISSISSIPPI MEDICAL LICENSE NUMBER 14721, VOLUNTARY SURRENDER

For informational purposes, Dr. Craig advised that the Board has received a voluntary surrender from Dr. Francis. Dr. Craig advised that Dr. Francis pled guilty to Conspiracy to Commit Health Care Fraud dealing with medicare/medicaid issues. A copy of the Surrender is attached hereto and incorporated by reference.

HEARING IN THE CASE OF JAMES BUELL DENNEY, M.D., SLIDELL, LA, MISSISSIPPI MEDICAL LICENSE NUMBER 14258

Mr. Ingram introduced Dr. Denney and his attorneys, Sherif K. Sakla, M.D., J.D., and John Christopher. Mr. Ingram advised that Dr. Denney had been served a Summons and Affidavit due to action being taken in the state of Louisiana and they were here today to address that matter.

Mr. Ingram briefly summarized the Summons and Affidavit and entered several exhibits into the record. Mr. Ingram advised that our proposed Order would suspend Dr. Denney's license for six (6) months and that Louisiana's Order only placed Dr. Denney's license on probation with certain terms, conditions and restrictions. Mr. Ingram advised the Board that nothing obligates the Mississippi Board to mirror any action exactly, and that is what Dr. Denny is requesting that this Board change to mirror Louisiana's actions.

Dr. Salka addressed the Board and explained their request and then entered several exhibits into the record.

Dr. Denney was called to the witness stand and was sworn in by the court reporter. Mr. Ingram and Board members questioned Dr. Denney. Dr. Denney advised that he does not practice in Mississippi but has only done some consultant work in psychiatry. Dr. Salka also questioned Dr. Denney concerning his practice in pain management and the problems that had occurred leading to the Louisiana's Order.

Motion was made by Dr. Mayo, seconded by Dr. Miles, and carried unanimously that the Board enter into Executive Session to discuss action that could adversely affect Dr. Denney's medical license.

Upon a motion by Dr. Crawford, seconded by Dr. Mayo, and carried unanimously the Board came out of Executive Session at which time Dr. Easterling asked Dr. Aycock to report on the Board's decision. Dr. Aycock advised that the Board agreed to adopt the following findings of fact and conclusions of the law. The Board unanimously agreed that actions taken by the Louisiana Board were appropriate given

BOARD MINUTES

July 12, 2012

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the findings made by that Board, and the Mississippi Board mirrors the actions of the Louisiana Board. A copy of the Order is attached hereto and incorporated by reference.

A verbatim account of this proceeding was recorded by Ella Hardwick, Court Reporter.

**PERSONAL APPEARANCE BY MEYER LEON PROLER, M.D., HOUSTON, TX,
MISSISSIPPI MEDICAL LICENSE NUMBER 18814, REQUEST TO APPROVE
PROPOSED CONSENT ORDER**

Dr. Craig advised that Dr. Proler had been disciplined by the state of Texas after a complaint was filed against him when he performed and/or supervised the performance of Electromyography studies on three (3) patients from a remote location via telemedicine. Dr. Craig advised that the technicians working under Dr. Proler were not properly trained or qualified to perform the EMG test. Dr. Craig advised that the Board had sent Dr. Proler an Order mirroring the actions taken by Texas and Dr. Proler had signed said Order and returned for the Board's approval.

Motion was made by Dr. Mayo, seconded by Dr. Crawford, and carried unanimously to accept the Consent Order mirroring action taken by Texas. A copy of the Order is attached hereto and incorporated by reference.

**PERSONAL APPEARANCE BY GREGORY JOHN HALE, M.D., OXFORD,
MISSISSIPPI MEDICAL LICENSE NUMBER 12842, PETITION TO REMOVE
RESTRICTIONS**

Stan Ingram, Complaint Counsel for the Board, introduced Dr. Hale and advised that he was here today without counsel. Mr. Ingram advised that Dr. Hale was here today to request that the restrictions currently on his medical license be removed.

Ellen O'Neal, Assistant Attorney General, questioned Dr. Hale regarding legal representation and he stated that he wanted to waive his right to an attorney and proceed without legal counsel.

Mr. Ingram provided a brief history, placed several exhibits into the record, and summarized the Consent Order accepted on March 22, 2012.

Dr. Hale was called to the witness stand and was sworn in by the court reporter. Dr. Hale addressed the Board and advised that he has complied with the Board's request and was here today to request that the restrictions be removed from his license.

BOARD MINUTES

July 12, 2012

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Motion was made by Dr. Mayo, seconded by Dr. Miles, and carried unanimously that the Board enter into Executive Session to discuss action that could possibly adversely affect Dr. Hale's medical license.

Upon a motion by Dr. Mayo, seconded by Dr. Jones, and carried unanimously the Board came out of Executive Session at which time Dr. Easterling asked Dr. Aycock to report on the Board's decision. Dr. Aycock stated that the Board finds Dr. Hale to be in compliance with the Board's requirements set forth in his Consent Order, and all restrictions are to be removed. A copy of the Order is attached hereto and incorporated by reference.

A verbatim account of this proceeding was recorded by Ella Hardwick, Court Reporter.

THE BOARD RECESSED FOR LUNCH AT NOON AND RETURNED AT 12:50 P.M.

PROPOSED AMENDMENT CHANGES TO REGULATION PERTAINING TO PRESCRIBING, ADMINISTERING, AND DISPENSING OF MEDICATIONS: USE OF DIET MEDICATIONS CHAPTER 25

Dr. Easterling briefly discussed the Rules, Regulation and Legislative Committee's proposed changes to Chapter 25 and stated that the proposal was distributed at the May 17, 2012, meeting to be discussed today. Following several questions concerning CME hours, motion was made by Dr. Crawford, seconded by Dr. Mayo, and carried unanimously of the Board's intent to file the proposed amendment changes with the Secretary of State under the Administrative Procedures Act. A copy of the proposed amendment changes is attached hereto and incorporated by reference.

RESPONSE FROM BUTLER SNOW CONCERNING NEWCO'S HEALTHCARE INSTALLMENT LOAN SERVICES ARRANGEMENTS WITH MISSISSIPPI PROVIDERS

Dr. Craig briefly discussed the letter that was received from Butler Snow concerning Newco. After a brief discussion concerning whether or not the Board should give their stamp of approval or not, the Board decided that Mr. Ingram will contact their attorney and advise that the Board recognizes the request as submitted, but does not feel they have jurisdiction over their request at this time.

BOARD MINUTES

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**PERSONAL APPEARANCE BY SANTANU SOM, D.O., NATCHEZ, MISSISSIPPI
MEDICAL LICENSE NUMBER 20149, COMPLETION OF REQUIRED POST-
GRADUATE TRAINING**

Mr. Ingram introduced Dr. Som and his attorney, John McNeil. Mr. Ingram provided the Board with a background and history leading up to today's request. Mr. Ingram placed several exhibits into the record.

Mr. McNeil addressed the Board and made an opening statement and advised that Dr. Som has completed the required training as requested by the Board. Mr. McNeil entered several exhibits into the record and stated that Dr. Som was here today to address the matter and respond to any concerns of the Board.

Dr. Som was called to the witness stand and was sworn in by the court reporter. Dr. Som responded to questions from Mr. McNeil, Mr. Ingram and members of the Board concerning his training. Dr. Som stated that he wants to practice in a trauma unit/critical care environment.

Following several questions from the Board, motion was made by Dr. Miles, seconded by Dr. Mayo, and carried unanimously that the Board enter into Executive Session to discuss a matter that could adversely affect Dr. Som's request.

Motion was made by Dr. Crawford, seconded by Dr. Mayo, and carried unanimously the Board came out of Executive Session at which time Dr. Easterling asked Dr. Aycock to report on the Board's decision. Dr. Aycock advised that the Board finds it does not have appropriate documentation of additional abdominal surgery training. Therefore, the Board renews Dr. Som's license with the understanding that he not perform any intra-abdominal surgeries. The Board will review the matter further once proper documentation is submitted.

A verbatim account of this proceeding was recorded by Ella Hardwick, Court Reporter.

**LETTER FROM MISSISSIPPI STATE BOARD OF NURSING CONCERNING
NOTIFICATION OF DISCIPLINARY ACTION**

Dr. Craig advised the Board has received a letter from the Board of Nursing concerning our request to be notified of APRN disciplinary actions. Dr. Craig advised that we should receive notifications in the future.

BOARD MINUTES

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ADVANCED PRACTICE NURSE IN THE EMERGENCY ROOM SETTING

Dr. Easterling briefly discussed a position statement that is on the Board of Nursing's website and expressed the Board's concern. Ms. McCleod, with the Board of Nursing, advised that currently it is only a position statement and may be changed to a rule and regulation at a later date. There was a brief discussion concerning the Board's concern over the position statement and that an APRN would be working without a physician available. Ms. McCleod addressed the Board and discussed their reasoning. Ms. McCleod stated she would take the Board's concerns back to the Nursing Board.

ADJOURNMENT

There being no further business, the meeting adjourned at 2:35 p.m., with the next meeting scheduled for Thursday, September 20, 2012. Due to concerns about the hearings for September, the Board agreed to start the Executive Committee at 11:00 a.m., on Wednesday, September 19, 2012, and begin the Board's meeting Wednesday afternoon at 3:00 p.m.



S. RANDALL EASTERLING, M.D.
PRESIDENT

Minutes taken and transcribed
by Sherry H. Pilgrim
Staff Officer
July 12, 2012

OATH OF OFFICE

I, S. Randall Easterling, M.D. do solemnly swear (or affirm)
that I will faithfully support the Constitution of the United States and the Constitution of the State of Mississippi,
and obey the laws thereof; that I am not disqualified from holding the office of _____
Member, Mississippi State Board of Medical Licensure
that I will faithfully discharge the duties of the office upon which I am about to enter. So help me God.

Subscribed and sworn to before me at

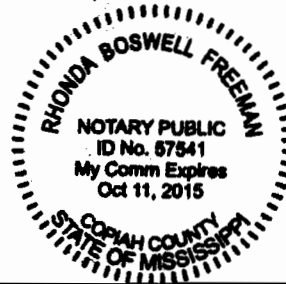
Jackson,

Mississippi, this 12th day

of July, 2012

By

Bhonda Freeman



OATH OF OFFICE

I, Virginia M. Crawford, M.D. do solemnly swear (or affirm)

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

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

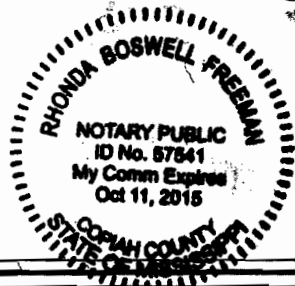
Subscribed and sworn to before me at

Jackson,
Mississippi, this 12th day

of July, 2012

VM Crawford

By Rhonda Freeman



OATH OF OFFICE

I, William S. Mayo, D.O. do solemnly swear (or affirm)

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

Member, Mississippi State Board of Medical Licensure

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

Subscribed and sworn to before me at

Jackson,

Mississippi, this 12th day

of July, 2012

Will S Mayo

By Rhonda Freeman



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

OF

KENT COMO KYZAR, M.D.

ORDER OF CONTINUANCE

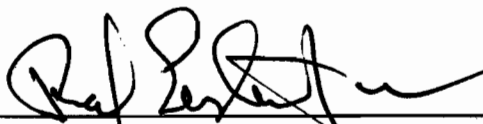
THIS MATTER came on regularly for hearing on July 12, 2012, before the Mississippi State Board of Medical Licensure in response to a request for continuance of the hearing set for this date filed by Kent Como Kyzar, M.D. (hereinafter "Licensee") through his attorney, William D. Boerner. After consideration of the matter, the Board finds Licensee's motion to be well taken.

IT IS, THEREFORE, ORDERED, that this matter is continued until September 27, 2012.

SO ORDERED, this the 12th day of July, 2012.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY: _____



**S. RANDALL EASTERLING, M.D.
PRESIDENT**

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

ZIZHUANG LI, M.D.

ORDER OF CONTINUANCE

THIS MATTER came on regularly for hearing on July 12, 2012, before the Mississippi State Board of Medical Licensure in response to a request for continuance of the hearing set for this date filed by Zizhuang Li, M.D. (hereinafter "Licensee") through his attorney, Douglas G. Mercier. 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 September 27, 2012.

SO ORDERED, this the 12th day of July, 2012.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY: _____


**S. RANDALL EASTERLING, M.D.
PRESIDENT**

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

BENJAMIN ALBORN MARBLE, M.D.

ORDER OF CONTINUANCE

THIS MATTER came on regularly for hearing on July 12, 2012, before the Mississippi State Board of Medical Licensure in response to a request for continuance of the hearing set for this date filed by Benjamin Alborn Marble, M.D. (hereinafter "Licensee") through his attorney, Julie B. Mitchell. 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 September 27, 2012.

SO ORDERED, this the 12th day of July, 2012.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY: 

**S. RANDALL EASTERLING, M.D.
PRESIDENT**

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

ANDREW AYERS MARTIN, M.D.

ORDER OF CONTINUANCE

THIS MATTER came on regularly for hearing on July 12, 2012, before the Mississippi State Board of Medical Licensure in response to a request for continuance of the hearing set for this date filed by Andrew Ayers Martin, M.D. (hereinafter "Licensee") through his attorney, D. Collier Graham. 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 September 27, 2012.

SO ORDERED, this the 12th day of July, 2012.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY: _____



**S. RANDALL EASTERLING, M.D.
PRESIDENT**

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

OF

PATRICIA LYNN DUDLEY, M.D.

PROTECTIVE ORDER

This cause came on for hearing before the Mississippi State Board of Medical Licensure (hereinafter "Board") in response to the motion *ore tenus* of Patricia Lynn Dudley, M.D. (hereinafter "Licensee") to limit the disclosure of certain confidential treatment records pertaining to Licensee, while at the same time permit the Board the right to review the same during its deliberations in response to Licensee's request for licensure reinstatement. Upon consideration of the motion, the Board finds that it is well taken and should be granted.

IT IS, THEREFORE, ORDERED AND ADJUDGED that pursuant to Miss. Code Ann. Section 73-25-57(6), the following treatment records pertaining to Licensee to be offered into evidence before the Board

All medical treatment and evaluation records pertaining to Patricia Lynn Dudley, M.D. as well as records from the Mississippi Professional Health Program

(hereinafter "Confidential Treatment Documents"), shall be subject to the following restrictions and limitations which shall govern the use and disclosure of said Confidential Treatment Documents or any copies thereof:

(a) Such documents shall have affixed to them the phrase, "Documents subject to Protective Order."


(b) Such documents, and the contents thereof, shall be considered by the Board *in camera* and treated as confidential.

(c) To the extend all or any part of the documents become exhibits in the captioned matter, the exhibit(s) shall be filed with the Board in a sealed envelope which designates and identifies this action and includes a statement substantially in the following form: "CONFIDENTIAL - This envelope contains documents or transcripts filed in this case that are subject to a Protective Order. This envelope shall not be opened nor the contents thereof displayed or revealed except in accordance with the terms of said Protective Order." Documents so sealed may be released only upon Order of the Board or upon the written agreement of Licensee.

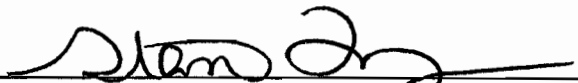
(d) In the event the order rendered by the Board in response to Licensee's request for licensure reinstatement, wherein the Confidential Treatment Documents have been introduced, is appealed to the Chancery Court or Mississippi Supreme Court as the case may be, the Confidential Treatment Documents shall go to the appeals court subject to the protections set forth at Item (c) above.

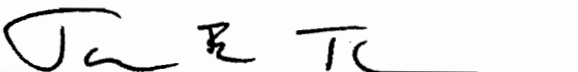
(d) This Order shall not in any way constitute a waiver of the right by either Licensee or the Board counsel to raise or assert any objections which may hereafter be raised or asserted in regard to the aforesaid documents, including, but not limited to, defenses or objections with respect to the use, relevance or admissibility of the documents or their contents.

SO ORDERED AND ADJUDGED this the 12TH day of July, 2012.

BY: 
S. Randall Easterling, M.D., President
Mississippi State Board of Medical Licensure

AGREED AS TO FORM:


Counsel for Mississippi State Board
of Medical Licensure


Counsel for Licensee

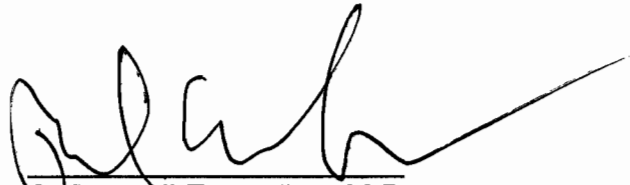
**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
JULY 12, 2012**

AGENDA ITEM: Personal appearance by Patricia Dudley, M.D.

In a motion made by Dr. Crawford, seconded by Dr. Chance, the Board voted that the prohibition of Dr. Dudley's license be lifted with the understanding that Dr. Dudley maintain advocacy from MPHP.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.	X			
Claude D. Brunson, M.D.	X			
Rickey L. Chance, D.O.	X			
Virginia M. Crawford, M.D.	X			
S. Randall Easterling, M.D.	X			
William B. Jones, M.D.	X			
William S. Mayo, D.O.	X			
Philip T. Merideth, M.D., J.D.				X
Charles D. Miles, M.D.	X			

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


S. Randall Easterling, M.D.
President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
IN THE MATTER OF THE PHYSICIAN'S LICENSE
OF
PATRICIA LYNN DUDLEY, M.D.
ORDER OF LICENSURE REINSTATEMENT

THIS MATTER came on regularly for consideration on July 12, 2012, before the Mississippi State Board of Medical Licensure, in response to the request of Patricia Lynn Dudley, M.D. (hereinafter "Licensee"), seeking reinstatement of her license to practice medicine in the State of Mississippi. By virtue of that certain Order of Continuing Prohibition rendered July 7, 2011, by reason that Licensee was unable to practice medicine with reasonable skill and safety to patients by reason of mental illness. During the hearing evidence and testimony was presented establishing that Licensee has complied in all respects with the conditions imposed by the Order of Continuing Prohibition rendered July 7, 2011. Therefore, the Board finds Licensee's request to be well taken.

IT IS HEREBY ORDERED, that Licensee's certificate to practice medicine in the state of Mississippi is hereby reinstated.

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 Patricia Lynn Dudley, M.D. Because Dr. Dudley was informed of this decision following Board deliberations, the Order shall be given immediate effect.

SO ORDERED, this the 12th day of July, 2012.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY: 

S. RANDALL EASTERLING, M.D.
PRESIDENT

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

OF

JOANN GUY FRANCIS, M.D.

SURRENDER OF MEDICAL LICENSE

WHEREAS, JOANN GUY FRANCIS, M.D., hereinafter referred to as "Licensee," is the current holder of Medical License Number 14721, issued February 26, 1996, to practice medicine in the State of Mississippi;

WHEREAS, on June 18, 2012, Licensee pleaded guilty to count(s): 1 in CR 10-104-JJB-CN18 U.S.C. §1349 Conspiracy to Commit Health Care Fraud and 1 in CR 11-9-JJB-SCR 18 U.S.C. §1349 Conspiracy to Commit Health Care Fraud of the indictment in the United States District Court, Middle District of Louisiana, Baton Rouge, Louisiana.

WHEREAS, such conduct, if established in a due process hearing before the Board, would constitute conviction of a felony or misdemeanor involving moral turpitude, and unprofessional, dishonorable or unethical conduct likely to 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 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 her 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 evidentiary hearing before the Board by voluntarily relinquishing her right to practice medicine in the State of Mississippi;

NOW, THEREFORE, Licensee hereby voluntarily surrenders her medical license (Number 14721) 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 her 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 9 day of July, 2012.

Joann Guy Francis M.D.
Joann Guy Francis, M.D.

I was taken by surprise, didn't know how to avoid people doing medicine and I found out too late.

ACCEPTED AND APPROVED this the 13th day of July, 2012, by the Mississippi State Board of Medical Licensure.

I am sincerely sorry,
H. Vann Craig M.D.
H. Vann Craig, M.D., Executive Director
Mississippi State Board of Medical Licensure

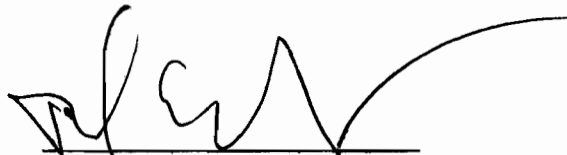
**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
JULY 12, 2012**

AGENDA ITEM: Hearing in the case of James B. Denney, M.D.

In a motion made by Dr. Mayo, seconded by Dr. Brunson, the Board voted to adopt the following findings of fact and conclusions of the law. The Board understands that the Louisiana Medical Board took certain actions against Dr. Denney and that the actions by the Louisiana Medical Board were appropriate given the findings made by that Board. Therefore, the Mississippi Board of Medical Licensure mirrors the actions taken by Louisiana.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.	X			
Claude D. Brunson, M.D.	X			
Rickey L. Chance, D.O.	X			
Virginia M. Crawford, M.D.	X			
S. Randall Easterling, M.D.	X			
William B. Jones, M.D.	X			
William S. Mayo, D.O.	X			
Philip T. Merideth, M.D., J.D.				X
Charles D. Miles, M.D.	X			

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



S. Randall Easterling, M.D.
President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

JAMES BUELL DENNEY, M.D.

DETERMINATION AND ORDER

THIS MATTER came on regularly for hearing on July 12, 2012, before the Mississippi State Board of Medical Licensure (hereinafter "Board"), pursuant to Title 73, Chapter 25 of Mississippi Code (1972) Annotated. The Board initiated these proceedings on May 17, 2012, by issuance of a Summons and Affidavit against James Buell Denney, M.D. (hereinafter "Licensee") setting forth two (2) counts of violation of Miss. Code Ann. Sections 73-25-29 and 73-25-83. The matter was continued until this date.

Attorney for Licensee was Honorable Sherif Sakla. 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. Board members present for all proceedings were S. Randall Easterling, M.D., President; Virginia M. Crawford, M.D., Larry B. Aycock, M.D., William S. Mayo, D.O., William B. Jones, M.D., Claude D. Brunson, M.D., Rickey L. Chance, D.O., and Charles D. Miles, M.D.

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

FINDINGS OF FACT

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

1. Licensee is a physician licensed to practice medicine in the State of Mississippi, currently holding License Number 14258. Licensee is also the holder of Registration Certificate Number BD0405046 issued by the Drug Enforcement Administration, thereby authorizing Licensee to administer, dispense, and prescribe controlled substances in Schedules IIN, IIIN, IV, and V. The records check also indicated Licensee holds Uniform Controlled Substance Registration Certificate Number FD2200943, authorizing Licensee to administer, dispense, and prescribe controlled substances in Schedules II, IIN, III, IIIN, IV, and V.

2. On December 5, 2011, Licensee entered into a voluntary consent agreement with the Louisiana State Board of Medical Examiners which placed restrictions on his medical license. Licensee was found by the Director of Investigations of the Louisiana State Board of Medical Examiners to have, “. . . *failed to thoroughly evaluate his patients, to conduct physical examinations, or to review their previous diagnostic studies or previously utilized therapies. His progress notes are focused on psychiatric evaluation and his treatment is based on psychiatric diagnoses which do not support the use of narcotic medications. He did not establish an individualized treatment plan or document that other medically reasonable alternative treatments for pain relief had been offered or attempted without reasonable success. Additionally, he failed to assess the efficacy of his patients' treatment, to assure that controlled substance therapy remained indicated, or to evaluate the patients' progress toward clearly defined treatment objectives. . .*”

4. That as a result of voluntarily entering into the Consent Order with the Louisiana State Board of Medical Examiners, Licensee was placed on probation for a period of two

(2) years from the effective date of the Order. Licensee's privilege to practice medicine was further conditioned upon, among others, the following terms and conditions:

(a) Licensee will not practice medicine in the areas of obesity and chronic pain; until and unless otherwise modified by the Board, in its sole discretion, the restrictions contained in this provision shall survive the probationary period and remain in effect so long as Dr. Denney shall hold any form of license or permit to practice medicine in the State of Louisiana;

(b) Licensee will not dispense, administer, or prescribe any medication which is or may in the future be classified as a narcotic, or the drugs Tramadol or Carisoprodol, for the life of Licensee's medical license;

(c) During the first year of probation, Licensee will attend and complete one or more courses in professionalism and medical ethics;

(d) Licensee will pay a fine in the amount of three thousand dollars (\$3,000) within ninety (90) days;

(e) Licensee will obtain at least fifty (50) hours of CME for each year of probation;

(f) Licensee will pay a probationary monitoring fee of three hundred dollars (\$300) per year of probation served.

CONCLUSIONS OF LAW

Based on the Finding of Facts as enumerated above, Licensee is guilty of Counts one and two of the Affidavit as filed with the Board. Specifically, Licensee is guilty of having his license, permit or certificate to practice medicine in another state or jurisdiction suspended, revoked other restriction imposed thereon by such licensing authority, all in violation of Miss. Code Ann., Section 73-25-29(9), as amended; and guilty of unprofessional conduct, which includes, but is not limited to any dishonorable or unethical conduct likely

to deceive, defraud or harm the public in violation of Miss. Code Ann., Section 73-25-29(8)(d) and 73-24-83(a).

ORDER

IT IS THEREFORE, ORDERED that based upon the findings of fact and conclusions of law above, License number 14258, issued to James Buell Denney, M.D., is hereby placed on **probation** for the same two year period as determined by that certain Consent Order dated December 5, 2011, rendered by the Louisiana State Board of Medical Examiners.

IT IS FURTHER ORDERED, Licensee shall comply with all of the probationary terms and conditions imposed by the Louisiana State Board of Medical Examiners, and said restrictions shall apply to any practice by Licensee in Mississippi.

IT IS FURTHER ORDERED, that Licensee's Mississippi Medical License be also subject to the following additional terms and conditions for his practice in Mississippi:


1. Licensee shall have the right, but not the obligation, to petition the Board for removal of any or all of the restrictions imposed herein at such time as he has successfully completed all terms and conditions as required by the Louisiana State Board of Medical Examiners and is released therefrom by order of the Louisiana Board. At such time as Licensee petitions this Board for removal of any or all of the restrictions imposed herein, the Board reserves the right, in its sole and absolute discretion, to utilize any information or reports or any other source, to impose any other restrictions it deems necessary to protect the public.
2. Licensee shall report immediately in writing to the Mississippi State Board of Medical Licensure should his medical license in any state or federal jurisdiction be subject to investigation or disciplinary action.

3. Licensee's practice of medicine shall be subject to periodic surveillance by the Mississippi State Board of Medical Licensure. The Board's Executive Director, any member of the Board, or Investigative staff may perform an unannounced patient chart review of those patients treated by Licensee.
4. Licensee shall notify the Mississippi State Board of Medical Licensure within no less than sixty (60) days prior to relocating his practice.
5. 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 tender to the Board 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 Licensee receives the aforementioned notification.

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 James Buell Denney, M.D. Because Dr. Denney was informed of this decision following Board deliberations, the Order shall be given immediate effect.

SO ORDERED, this the 12th day of July, 2012.

**Mississippi State Board of
Medical Licensure**



**S. Randall Easterling, M.D.
President**

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF PHYSICIAN'S LICENSE

OF

MEYER LEON PROLER, M.D.

CONSENT ORDER

WHEREAS, MEYER LEON PROLER, M.D., hereinafter referred to as "Licensee" is the current holder of License No. 18814, issued January 31, 2005, for the practice of medicine in the State of Mississippi;

WHEREAS, the staff of the Texas Medical Board filed a complaint against Licensee with the Texas State Office of Administrative Hearings (SOAH), Docket No. 503-10-5828, Texas Medical License No. D-0260, based on Licensee's alleged violations of the Medical Practice Act ("the Act"), Title 3, Subtitle B, Texas Occupations Code, for acts which occurred entirely within the state of Texas, to wit:

1. Licensee performed and/or supervised the performance of Electromyography ("EMG") studies on three patients (Patient Nos. 1-3) in 2008, from a remote location via telemedicine. The EMG studies included a needle electrode examination. Licensee interpreted the results of these studies.

2. Licensee interpreted the results of a nerve conduction study performed by a chiropractor for Patient No. 4.

3. Licensee's general setup in performing the EMG's telemedicine is as follows: Licensee is off-site with several monitors for observation; the patient is located remotely, accompanied by a technician; the technician performed the tests, including, placement

of the needles for the needle electrode examination; and Licensee would read/interpret the test.

4. The technicians working under Licensee's supervision are not properly trained and qualified to perform the EMG test.

5. Licensee violated the standard of care in regard to Patient Nos. 1-4 by not being onsite with the patients to supervise the technicians performing the EMG and nerve conduction studies.

6. Licensee violated the standard of care in regard to Patient Nos. 1-4 by not being onsite with the patients to interpret results of tests simultaneously with their performance.

7. The manner in which Licensee supervised technicians performing EMG studies via telemedicine was inappropriate and inadequate.

8. Licensee inappropriately delegated the performance of EMG studies to technicians that were not properly trained and qualified to perform the studies.

WHEREAS, On February 4, 2011, the Texas Medical Board and Licensee, entered into a Mediated Agreed Order requiring Licensee to pay an Administrative penalty of \$ 1,000.00 within 180 days. The Texas Medical Board found Licensee failed to meet the standard of care in his treatment of a patient and failed to supervise delegates adequately.

WHEREAS, pursuant to Subsection (8)(d) of Section 73-25-29, Mississippi Code (1972), Annotated, 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 this matter be resolved through the entry of a Consent Order, as authorized by Chapter 26, Section 1005 of the Rules and Regulations of the Mississippi State Board of Medical Licensure ;

NOW, THEREFORE, the Mississippi State Board of Medical Licensure, with consent of Licensee as signified by his joinder herein, does order the following:

1. Licensee shall strictly comply with all of the terms and conditions of that certain Mediated Agreed Order entered into between the Licensee and the Texas Board of Medicine on February 4, 2011 (the "Texas Order").
2. Licensee shall report in writing to the Mississippi State Board of Medical Licensure within fifteen (15) days should Licensee be subjected to an investigation or disciplinary action for any matter related to the entry of the Texas Order.
3. Licensee shall obey all federal, state and local laws, and all rules and regulations governing the practice of medicine.
4. Licensee's practice of medicine in Mississippi shall be subject to periodic surveillance by the Mississippi State Board of Medical Licensure. The Board's Executive Director, any member of the Board or investigative staff may perform a patient chart review of those patients treated by Licensee.
5. Licensee shall reimburse the Board of all costs incurred in relation to the pending matter pursuant to Miss. Code Ann. , §73-25-30. 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 Licensee receives the aforementioned notification.

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.

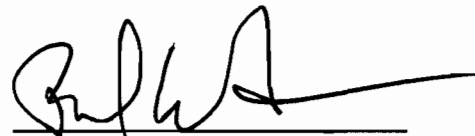
Recognizing his right to notice of charges specified against him, to have such charges adjudicated pursuant to Miss. Code Ann. Section 73-25-27 (1972), to be represented therein by legal counsel of his choice, and to a final decision rendered upon written findings of fact and conclusions of law, MEYER LEON PROLER, 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, subject to those terms and conditions enumerated above.

Licensee understands and expressly acknowledges that this Consent Order shall constitute a public record of the State of Mississippi. Licensee further understands and acknowledges that the Board shall provide a copy of this Consent Order to, among others, the National Practitioners Data Bank.

Signed this the 29 day of June 2012.


MEYER LEON PROLER, M.D.

ACCEPTED AND APPROVED, this the 12th day of July, 2012 by the
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

By: 
S. Randall Easterling, M.D.
PRESIDENT

Memphis 2626085v1

**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
JULY 12, 2012**

AGENDA ITEM: Personal appearance by Gregory John Hale, M.D.

In a motion made by Dr. Aycock, seconded by Dr. Mayo, the Board finds that Dr. Hale has complied with the Board's requirements set forth in his Consent Order and therefore the restrictions are now removed.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.	X			
Claude D. Brunson, M.D.	X			
Rickey L. Chance, D.O.	X			
Virginia M. Crawford, M.D.	X			
S. Randall Easterling, M.D.	X			
William B. Jones, M.D.	X			
William S. Mayo, D.O.	X			
Philip T. Merideth, M.D., J.D.				X
Charles D. Miles, M.D.	X			

With a motion by Dr. Mayo, seconded by Dr. Jones, the Board came out of Executive Session.



S. Randall Easterling, M.D.
President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
IN THE MATTER OF THE PHYSICIAN'S LICENSE
OF
GREGORY JOHN HALE, M.D.
ORDER REMOVING ALL RESTRICTIONS

THIS MATTER came on regularly for consideration on July 12, 2012, before the Mississippi State Board of Medical Licensure, in response to the request of Gregory John Hale, M.D. (hereinafter "Licensee"), seeking removal of restrictions. By virtue of that certain Consent Order dated March 22, 2012, Licensee's certificate to practice medicine in the state of Mississippi was restricted with terms and conditions. The action was taken based on multiple grounds; the most prevalent being violation of the Rules and Regulations of the Board "Pertaining to Prescribing, Administering and Dispensing of Medication," and administering, dispensing or prescribing narcotic drugs, or any other drug having addition-forming or addiciton-sustaining liability, otherwise than in the course of legitimate professional practice.

During the hearing evidence and testimony was presented establishing that Licensee has complied in all respects with the conditions imposed by the Consent Order dated March 22, 2012. Therefore, the Board finds Licensee's request to be well taken.

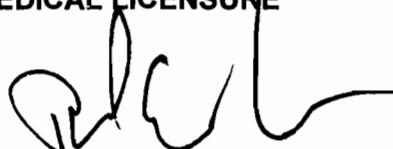
IT IS HEREBY ORDERED, that Licensee's request for removal of all restrictions is hereby granted. Licensee now holds an unrestricted license to practice medicine in the State of Mississippi.

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

SO ORDERED, this the 12th day of July, 2012.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY: _____



**S. RANDALL EASTERLING, M.D.
PRESIDENT**

Mississippi Secretary of State
 700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Board of Medical Licensure		CONTACT PERSON Rhonda Freeman	TELEPHONE NUMBER (601) 987-0223	
ADDRESS 1867 Crane Ridge Drive, Suite 200-B		CITY Jackson	STATE MS	ZIP 39216
EMAIL rhonda@msbml.ms.gov	SUBMIT DATE 7/20/12	Name or number of rule(s): Part 2640 Chapter 1: Rules Pertaining to Prescribing, Administering and Dispensing of Medication, Rule 1.5		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Rule 1.5 was modified to define bariatric medicine/medical weight loss clinics and to include rules for those operating the clinic.

Specific legal authority authorizing the promulgation of rule: 73-43-11

List all rules repealed, amended, or suspended by the proposed rule: N/A

ORAL PROCEEDING:

- An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____
- Presently, an oral proceeding is not scheduled on this rule.

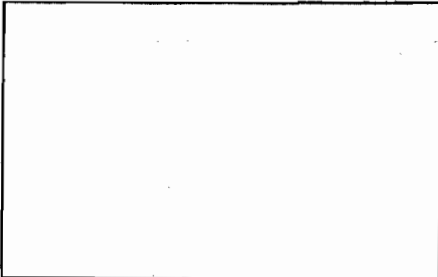
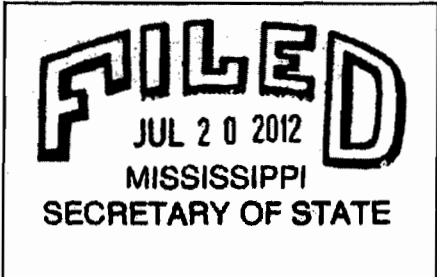
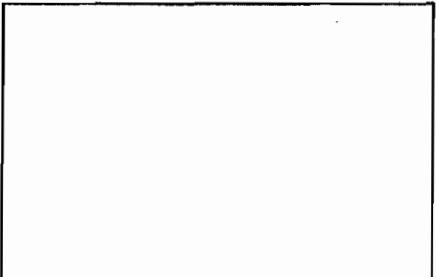
If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

- Economic impact statement not required for this rule. Concise summary of economic impact statement attached.

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

Printed name and Title of person authorized to file rules: Rhonda Freeman
 Signature of person authorized to file rules: *Rhonda Freeman*

OFFICIAL FILING STAMP 	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP 	OFFICIAL FILING STAMP 
Accepted for filing by _____	Accepted for filing by <u>CB18983E</u>	Accepted for filing by _____

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



DELBERT HOSEMANN
Secretary of State

FILED
JUL 20 2012
MISSISSIPPI
SECRETARY OF STATE

CONCISE SUMMARY OF ECONOMIC IMPACT STATEMENT

An Economic Impact Statement is required for this proposed rule by Section 25-43-3.105 of the Administrative Procedures Act. This is a Concise Summary of the Economic Impact Statement which must be filed with the Secretary of State's Office.

AGENCY NAME Board of Medical Licensure	CONTACT PERSON Rhonda Freeman	TELEPHONE NUMBER (601) 987-0223
ADDRESS 1867 Crane Ridge Drive, Suite 200-B	CITY Jackson	STATE MS
EMAIL rhonda@msbml.ms.gov	ZIP 39216	
	DESCRIPTIVE TITLE OF PROPOSED RULE Part 2640 Chapter 1: Rules Pertaining to Prescribing, Administering and Dispensing of Medication, Rule 1.5	
Specific Legal Authority Authorizing the promulgation of Rule: 73-43-11	Reference to Rules repealed, amended or suspended by the Proposed Rule: N/A	

A. Estimated Costs and Benefits

1. Briefly summarize the benefits that may result from this regulation and who will benefit:

Mississippi has the highest rate of obesity at 34.4% which causes significant co-morbidities and early death of the citizens of our state affected by this complex disease process. The citizens of the state of Mississippi will be protected from clinic and practitioners that are operating in this state for profit only. The physicians will have rules and better guidelines that will assist them in their treatment of obesity.

2. Briefly describe the need for the proposed rule:

Because Mississippi has so few regulations and standards in the field of bariatric medicine, it has opened the door for every physician, nurse practitioner, franchised medical clinic and medical/medi spa to be able to practice bariatric medicine without expertise, treatment guidelines, oversight and/or ongoing training in the treatment of obesity. This type of open door policy can invite scams, unethical medical practices, as well as, exploitation of patients who are desperate to overcome their obesity problem. The proposed rules will ensure that patients are not just receiving excessive amounts of diet medications but are doing something about being overweight.

3. Briefly describe the effect the proposed action will have on the public health, safety, and welfare:

Mississippi is currently rated #1 for obesity in our nation and is at the greatest risk for patient exploitation by unethical, untrained physicians, gimmicky quick fix solutions, and medical weight loss franchised clinics offering shady weight loss practices. Physicians and clinics will have to adhere to significantly higher standards and regulations in order to elevate the bariatric medicine profession and collectively give credence to medically accepted practices for managing and treating obesity.

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4. Estimated Cost of implementing proposed action:
- a. To the agency
 Nothing Minimal Moderate Substantial Excessive
 - b. To other state or local government entities
 Nothing Minimal Moderate Substantial Excessive
5. Estimated Cost and/or economic benefit to all persons directly affected by the proposed rule:
- c. Cost:
 Nothing Minimal Moderate Substantial Excessive
 - d. Economic Benefit:
 Nothing Minimal Moderate Substantial Excessive
6. Estimated impact on small businesses:
- Nothing Minimal Moderate Substantial Excessive
 - a. Estimate of the number of small businesses subject to the proposed regulation: Unknown
 - b. Projected costs for small businesses to comply: Unknown
 - c. Statement of probable effect on impacted small businesses: The proposed actions require ownership by Mississippi licensed physicians.
7. The cost of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):
- substantially less than moderately less than minimally less than
 - the same as minimally more than moderately more than
 - substantially more than excessively more than
8. The benefit of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):
- substantially less than moderately less than minimally less than
 - the same as minimally more than moderately more than
 - substantially more than excessively more than

B. Reasonable Alternative Methods

1. Other than adopting this rule, are there less costly or less intrusive methods for achieving the purpose of the proposed rule?
- yes no
2. If yes, please briefly describe available, reasonable alternative(s) and the reasons for rejecting those alternatives in favor of the proposed rule. (Please see §25-43-4.104 for factors you must consider.)

C. Data and Methodology

1. Please briefly describe the data and methodology you used in making the estimates required by this form.

“American Board of Bariatric Medicine” Bariatric Medicine/Obesity Treatment Protocol Requirements. A standard one size fits program is not the gold standard and would be considered inappropriate in a comprehensive weight management program. A customized weight management program should be implemented to best meet the needs for each patient. Comprehensive meal

planning, ongoing nutritional education, exercises/physical therapy initiatives, behavior modification/lifestyle coaching have to be different for each patient and treatment may or may not include FDA approved medications.

D. Public Notice

1. Where, when, and how may someone present their views on the proposed rule and demand an oral proceeding on the proposed rule if one is not already provided? In writing to the following address:

Mississippi State Board of Medical Licensure
Attn: Vann Craig, M.D.
1867 Crane Ridge Drive Suite 200-B
Jackson MS 39216

SIGNATURE <i>Thorida Freeman</i>	TITLE Bureau Director
DATE 07/20/2012	PROPOSED EFFECTIVE DATE OF RULE 30 days from final filing

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Title 30: Professions and Occupations

Part 2640: Prescribing, Administering and Dispensing

Part 2640 Chapter 1: Rules Pertaining to Prescribing, Administering and Dispensing of Medication

Rule 1.1 Scope. These rules apply to all individuals licensed to practice medicine, osteopathic medicine or podiatric medicine in the state of Mississippi.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended).*

Rule 1.2 Definitions. For the purpose of Part 2640, Chapter 1 only, the following terms have the meanings indicated:

- A. “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.
- B. “Physician” means any person licensed to practice medicine, osteopathic medicine or podiatric medicine in the state of Mississippi.
- C. “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.
- D. “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.
- E. For the purpose of enforcement of the labeling requirements set forth in this chapter, Part 2640, Rule 1.6.B, “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.
- F. “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.
- G. “Pain Management Clinic” means a public or privately owned facility for which the majority (50% or more) of the patients are issued, on a monthly basis, a prescription for opioids, barbiturates, benzodiazepines, carisoprodol, butalbital compounds, or tramadol.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended).*

Rule 1.3 Registration for Controlled Substances Certificate. 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.

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 the above paragraph. 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.

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 rules and in conformity with provisions of the Mississippi Uniform Controlled Substances Law, Mississippi Code, Sections 41-29-101 et seq.

The registration requirement set forth in these rules 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).

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.4 Maintenance of Records and Inventories. 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 rule.

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.

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:

- A. The date the controlled substance was dispensed or administered.
- B. The name, quantity and strength/dose of the controlled substance dispensed or administered.
- C. The method of administration of the controlled substance, i.e. oral, IV or subcutaneous.
- D. The name and address of the patient to whom the controlled substance was dispensed or administered.
- E. For all Schedules II and III amphetamines, amphetamine-like anorectic drugs, or sympathomimetic amine drugs dispensed in the treatment of narcolepsy, hyperkinesis, brain dysfunction, epilepsy, or depression, the dispensing or administration records shall include the diagnosis and the reason for use of the Schedules II and III controlled substances.

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 rules.

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 rule 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.

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.

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 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

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.

The Controlled Substances Inventory, Controlled Substance Dispensation/Administration Record, and Patient Record required by these rules 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.

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 State Board of Medical Licensure.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.5 Use of Diet Medication. 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.

As to the administration, dispensation or prescription of controlled substance anorectics in Schedules III, IV and V, use of said medications in the treatment of obesity or weight loss should be done with caution. A physician may administer, dispense or prescribe said medications for the purpose of weight loss in the treatment of obesity only as an adjunct to a regimen of weight reduction based on caloric restriction, provided, that all of the following conditions are met:

- A. Before initiating treatment utilizing a Schedules III, IV or V controlled substance, the physician determines through review of his 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.
- B. Before initiating treatment utilizing a Schedules III, IV or V controlled substance, the physician obtains a thorough history, performs a thorough physical examination of the patient, and rules out the existence of any recognized contraindications to the use of the controlled substance to be utilized. "Recognized contraindication" means any contraindication to the use of a drug which is listed in the United States Food and Drug Administration (hereinafter, "F.D.A.") approved labeling for the drug.

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

In addition to the above the physician shall not issue a prescription or dispense a stimulant for any greater than a thirty (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.

- F. As to all other legend drugs or controlled substances in Schedules III, IV and V which are not considered stimulants but which have received FDA approved indication for long-term use for weight loss, the physician shall administer, dispense or prescribe said medications in strict compliance with the FDA-approved labeling. In addition to the requirements enumerated in Part 2640, Rule 1.5.E.1-4 above, each prescription shall be issued for no more than a total of three month 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.

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.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.6 Use of Controlled Substances for Chronic (Non-Terminal) Pain.

A. Definitions

For the purpose of Part 2640, Rule 1.6 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 rule, "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.

- B. Notwithstanding any other provisions of these rules, 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.

- C. Notwithstanding any other provisions of these rules, 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.
- D. 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.
- E. 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.

- F. 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.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.7 Drug Maintenance Requirements. 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 rule are in addition to, and not in lieu of, other labeling requirements of the Laws of the state of Mississippi, Rules of the Mississippi State Board of Medical Licensure, and Laws of the United States or Federal Regulations.

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.

The drug storage and dispensing area shall be maintained in a sanitary fashion.

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.

All drug products shall be maintained, stored and dispensed in such a manner as to maintain the integrity of the product.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.8 Labeling Requirements for Dispensing Physicians. 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.

Every dispensing physician, as defined above, who shall dispense a controlled substance, legend drug or any other medication shall insure that all such substances dispensed be labeled containing the following information:

- A. The name of the patient to whom the medication was dispensed.
- B. The date that the medication was dispensed.
- C. The name, strength and quantity of the medication.
- D. Direction for taking or administering the medication.
- E. The name and address of the physician dispensing the medication.

The label required by this rule 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.

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.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.9 Prescription Guidelines—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:

- A. 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.

- B. On all prescriptions of controlled substances wherein refills are permitted, physicians shall indicate the appropriate refills, not to exceed five (5), or mark "none."
- C. Each physician shall insure that the complete name and address of the patient to whom the physician is prescribing the controlled substance appears on the prescription.
- D. A physician shall not permit any prescription for controlled substances to be signed by any non-physician in the place of or on behalf of the physician.
- E. A physician shall not pre-sign blank prescription pads or order forms under any circumstances.
- F. A physician shall not utilize blank prescription pads or order forms upon which the signature of the physician has been electronically, mechanically or photo statically reproduced. This prohibition includes the e-mailing of any controlled substance prescription. A hard copy prescription generated from an electronic prescription system must contain a manual signature; however, if it is printed on security paper that ensures it is not subject to copying or alteration, an electronic or digital signature may be substituted. Electronic transmission of controlled substance prescription information is generally allowed (except Schedule II which is addressed below); however, for the purposes of this regulation, electronic transmission of controlled substance prescription data is limited to computer to facsimile (fax) transmissions or traditional fax to fax transmissions. Requirements for fax prescription orders and systems utilized for faxing prescriptions are as follows:
 - 1. The prescription order shall contain the date, time, telephone number and location of the transmitting device. Prescription blanks utilized in this manner shall bear a pre-printed heading that indicates the blank is a "Fax Prescription Form." Fax prescription orders must contain a manual or authenticated electronic/digital signature of the prescriber. As to Schedule II drugs, only Schedule II narcotic substances that are to be prepared or compounded for the direct administration to a patient by parenteral, intravenous, intramuscular, subcutaneous or intra spinal infusion may be transmitted by the physician or the physician's agent to a pharmacy of the patient's choice by facsimile. All original hardcopy faxed prescriptions shall immediately be voided after successfully completing the fax transmission by writing across the face of the prescription from corner to corner the notation "faxed." The original prescription (or copy) shall be retained in the physician's patient file with additional information included on the back of the prescription as to the date it was faxed, the name or initials of the person faxing the prescription and the name/location of the pharmacy receiving the fax transmission.

It is also required, that in addition to filing the original prescription (or copy) in the patient file, a perpetual, chronological logbook of fax transactions be established and maintained. Such a logbook would serve to protect the prescribing physician in the event the original prescription is somehow lost or misfiled. The information contained in such a logbook shall include the patient's name and address, date of issuance, name, strength and quantity of the drug prescribed and the name and fax number of the receiving pharmacy and the initials or name of the person faxing the prescription. Such logs shall be

maintained in the physician's clinic in a readily retrievable manner, and kept for at least seven (7) years after the original record is established. The requirements set forth in this rule are in addition to, and not in lieu of documentation required in Part 2640, Rule 1.4.

2. When a prescription is prepared and written for any controlled substance for a resident of a Long-term Care Facility (LTCF)(as defined in Section 1301.01(25), Code of Federal Regulations), such prescription may be transmitted by the practitioner or the practitioner's agent to the dispensing pharmacy by facsimile. The physician or the physician's agent will note on the prescription that the patient is a resident of a LTCF. The original prescription (or copy) and fax transaction log will be prepared and maintained in the same manner as described in Part 2640, Rule 1.9.F.1.
 3. When a prescription is written for any controlled substance for a patient residing in a hospice certified by Medicare under Title XVIII or licensed by the state, such prescription may be transmitted by the practitioner or the practitioner's agent to the dispensing pharmacy by facsimile. The physician or the physician's agent will note on the prescription that the patient is a hospice patient. The original prescription (or copy) and fax transmission log will be maintained in the same manner as described in Part 2640, Rule 1.9.F.1.
 4. 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.
- G. No more than one (1) controlled substance shall be issued on a single prescription blank.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.10 Prescription Guidelines - All Medications. In addition to any other requirements set forth in these rules pertaining to the issuance of prescriptions of controlled substances, the following additional requirements apply to all prescriptions, whether or not said prescriptions are for controlled substances, legend drugs or any other medication:

- A. 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.
- B. 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 rule. No prescriptions for brand name or generic equivalents of Nalbuphine Hcl, Carisoprodol, Butalbital compounds, or Tramadol Hcl shall be telefaxed.
 - C. Electronic prescriptions for controlled substances (schedules II, III, IV, and V) are permitted if (or when) a practitioner has complied with the DEA requirements and is using a certified electronic prescribing system for the transmission of controlled substances prescriptions. The Board of Medical Licensure considers Nalbuphine Hcl, Carisoprodol, Butalbital compounds and Tramadol to be controlled substances.
 - D. 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.
 - E. If a prescription form which does not contain two signature lines required in Part 2640, Chapter 1, Rule 1.10.D 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.
 - F. 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.

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

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.11 Freedom of Choice. 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.

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.

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.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.12 Other Drugs Having Addiction-forming Liability. All physicians shall maintain inventory, dispensation/administration and patient records in the same format as that required by Part 2640, Rule 1.4 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.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.13 Security of Controlled Substances. 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.

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.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.14 Pain Management Clinics.

- A. The physician owner/operator of the pain management clinic shall register with MSBML. The form to register is attached hereto (Appendix E). Certificates, once issued, are not transferable or assignable. Only the primary physician owner is required to register with the Board if there is more than one physician owner of the clinic. Each clinic requires a separate certificate.
- B. A pain management clinic may not operate in the state of Mississippi without obtaining a certificate from the Mississippi State Board of Medical Licensure.
- C. A pain management clinic may not operate in Mississippi unless the clinic is owned and operated by a hospital or by a medical director who:
 1. Is a physician who practices full time in Mississippi. Full time is defined as at least 20 hours per week of direct patient care.
 2. Holds an active unrestricted medical license.
 3. Holds a certificate of registration for that pain management clinic.

- D. In addition, the owner/operator of a pain management clinic, an employee of the clinic or a person with whom a clinic contracts for services may not:
 - 1. Have been denied, by any jurisdiction, a license issued by the Drug Enforcement Administration (DEA) under which the person may prescribe, dispense, administer, supply or sell a controlled substance or the other listed medications under definitions.
 - 2. Have held a license issued by the Drug Enforcement Administration under which the person may prescribe, dispense, administer, or supply, or sell a controlled substance that has been restricted; or
 - 3. Have been subject to a disciplinary action by any licensing entity for conduct that was a result of inappropriately prescribing, dispensing, administering, supplying or selling a controlled substance.
- E. A pain management clinic may not be owned wholly or partly by any person who has been convicted of, pled nolo contendere to or received deferred adjudication for:
 - A. an offense that constitutes a felony; or
 - B. an offense that constitutes a misdemeanor, the facts of which relates to the illegal distribution or sale of drugs or controlled substances.
- F. Certificates are valid for one year and must be renewed annually along with the practitioner's license to practice medicine in the state of Mississippi. There is a thirty-day grace period for renewal after which the owner/operator must reapply for an original certificate. The clinic may not continue to operate while the certificate has expired.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.15 Violation of Rules. The prescribing, administering or dispensing of any controlled substance in violation of the above rules 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).

The prescribing, administering or dispensing of any legend drug or other medication in violation of the above rules 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).

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.16 Effective Date of Rules. The above rules 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 March 18, 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; as amended March 13, 2009; and as amended March 24, 2011.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Title 30: Professions and Occupations

Part 2640: Prescribing, Administering and Dispensing

Part 2640 Chapter 1: Rules Pertaining to Prescribing, Administering and Dispensing of Medication

Rule 1.1 Scope. These rules apply to all individuals licensed to practice medicine, osteopathic medicine or podiatric medicine in the state of Mississippi.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended).*

Rule 1.2 Definitions. For the purpose of Part 2640, Chapter 1 only, the following terms have the meanings indicated:

- A. “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.
- B. “Physician” means any person licensed to practice medicine, osteopathic medicine or podiatric medicine in the state of Mississippi.
- C. “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.
- D. “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.
- E. For the purpose of enforcement of the labeling requirements set forth in this chapter, Part 2640, Rule 1.6.B, “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.
- F. “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.
- G. “Pain Management Clinic” means a public or privately owned facility for which the majority (50% or more) of the patients are issued, on a monthly basis, a prescription for opioids, barbiturates, benzodiazepines, carisoprodol, butalbital compounds, or tramadol.
- H. “Bariatric Medicine/Medical Weight Loss Clinic” means a public or privately owned facility for which 30% or more of the patients are provided a comprehensive weight management treatment program. Advertised medical weight loss must include behavior modification, comprehensive nutritional education, exercise or physical therapy intervention, long-term maintenance programs, dispensing and/or prescribing FDA-approved medications as indicated for weight loss on a monthly basis as part of the patient's treatment plan.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.3 Registration for Controlled Substances Certificate. 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.

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 the above paragraph. 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.

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 rules and in conformity with provisions of the Mississippi Uniform Controlled Substances Law, Mississippi Code, Sections 41-29-101 et seq.

The registration requirement set forth in these rules 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).

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.4 Maintenance of Records and Inventories. 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 rule.

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.

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:

- A. The date the controlled substance was dispensed or administered.
- B. The name, quantity and strength/dose of the controlled substance dispensed or administered.
- C. The method of administration of the controlled substance, i.e. oral, IV or subcutaneous.
- D. The name and address of the patient to whom the controlled substance was dispensed or administered.
- E. For all Schedules II and III amphetamines, amphetamine-like anorectic drugs, or sympathomimetic amine drugs dispensed in the treatment of narcolepsy, hyperkinesis, brain dysfunction, epilepsy, or depression, the dispensing or administration records shall include the diagnosis and the reason for use of the Schedules II and III controlled substances.

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 rules.

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 rule 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.

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.

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 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

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.

The Controlled Substances Inventory, Controlled Substance Dispensation/Administration Record, and Patient Record required by these rules 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.

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 State Board of Medical Licensure.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.5 Use of Diet Medication. 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.

The Board of Medical Licensure is obligated under the laws of the state of Mississippi to protect the public health and safety. The Board recognizes that inappropriate prescribing of controlled substances, including those used for the purpose of weight reduction, may lead to drug diversion and abuse by individuals who seek drugs for other than legitimate medical use. Physicians should be diligent in preventing the diversion of drugs for illegitimate purposes.

Prescribing or dispensing a controlled substance for weight reduction or the treatment of obesity should be based on accepted scientific knowledge and sound clinical grounds. All such prescribing and dispensing should be in compliance with applicable state and federal laws.

The physician and/or nurse practitioner/physician assistant being overseen/collaborating to provide comprehensive treatment of obesity shall be present at the facility when he or she prescribes or dispenses controlled substances for the purpose of weight reduction or the treatment of obesity.

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 the physician complies with the following and that all of the following conditions are met:

- A. ~~Before initiating treatment utilizing a Schedules III, IV or V controlled substance, the physician determines through review of his 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.~~

An initial comprehensive evaluation is to be conducted by and thoroughly recorded by the prescribing physician and/or mid-level provider prior to the prescribing, ordering, dispensing or administering of any drug. Such evaluation should include a thorough history and thorough physical exam of the patient to include at a minimum:

1. Past medical history, past surgical history, social history, family history, weight history, dietary history, gynecological (GYN) history if female, review of systems, allergies and medications.
2. Height, weight, Body Mass Index (BMI), blood pressure, pulse, % body fat or waist circumference/weight hip ratio, HEENT, chest, heart, abdomen, extremities.
3. Appropriate testing related to medical weight loss (CBC, comprehensive metabolic profile, lipid panel, thyroid panel, EKG, if prior or present history of cardiac disease, hypertension, diabetes, dyslipidemia, or strong family history of cardiac disease age >60
4. The patient should have a BMI of ≥ 30.0 in a normal otherwise healthy patient, or a BMI ≥ 27.0 in an individual with at least one associated co-morbidity, or current body weight ≥ 120 percent of a well documented, long standing healthy weight that the patient maintained after the age of 18, or body fat 30% in females, or body fat $> 25\%$ in males, or waist-hip circumference such that the individual is known to be at increased cardiovascular and/or co-morbidity risk because of abdominal visceral fat, or presence of a co-morbidity condition or conditions aggravated by the patients excessive adiposity.
5. Absolute contraindications of Schedule III or IV anorectic drugs for purposes of weight loss management are pregnancy, breast feeding, or severe allergic reactions to these medications. Relative contraindications of Schedule III and IV anorectics for the purpose of weight loss management are uncontrolled bipolar, uncontrolled epilepsy, uncontrolled hypertension, episodic tachyarrhythmia, excessive stimulation, history of substance abuse, severe anticholinergic effects,

such as, extreme dryness of mouth or unmanageable constipation should be addressed with physician prior to starting weight loss medications. Schedule III and IV anorectics can be used in conjunction with any other medications deemed safe by the physician.

- B. ~~Before initiating treatment utilizing a Schedules III, IV or V controlled substance, the physician obtains a thorough history, performs a thorough physical examination of the patient, and rules out the existence of any recognized contraindications to the use of the controlled substance to be utilized. "Recognized contraindication" means any contraindication to the use of a drug which is listed in the United States Food and Drug Administration (hereinafter, "F.D.A.") approved labeling for the drug.~~
- C. ~~The physician shall not utilize any Schedules III, IV or V controlled substance when he or she knows or has reason to believe that a recognized contraindication to its use exists. an absolute contraindication exists or relative contraindication exists that would be harmful to the patient.~~
- D. ~~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. initiate or discontinue utilizing controlled scheduled weight loss medication if the patient is in active detoxification and/or withdrawal from an addictive substance/ alcohol.~~
- E. ~~As to those controlled substances in Schedules III, IV or V which are classified as amphetamine or amphetamine like anorectics and/or central nervous system stimulants, hereinafter referred to as "stimulant", the physician shall not initiate or shall discontinue utilizing said controlled substance stimulant immediately upon ascertaining or having reason to believe: A physician cannot prescribe, order, or dispense controlled substances for the purpose of weight reduction or treatment of obesity greater than a 30 day supply.~~
 - 1. ~~That the patient has failed to lose weight while under treatment with said stimulant over a period of thirty (30) days, which determination shall be made by weighing the patient at least every thirtieth (30th) day, except that a patient who has never before received treatment for obesity utilizing a stimulant, and who fails to lose weight during his or her first such treatment attempt may be treated with a different controlled substance for an additional thirty (30) days.~~
 - 2. ~~That the patient has developed tolerance (a decreasing contribution of the drug toward further weight loss) to the anorectic effects of said stimulant being utilized.~~
 - 3. ~~That the patient has a history of or shows a propensity for alcohol or drug abuse.~~
 - 4. ~~That the patient has consumed or disposed of any controlled substance other than in strict compliance with the treating physician's directions.~~

~~In addition to the above the physician shall not issue a prescription or dispense a stimulant for any greater than a thirty (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.~~

- F. ~~As to all other legend drugs or controlled substances in Schedules III, IV and V which are not considered stimulants but which have received FDA approved indication for long term use for weight loss, the physician shall administer, dispense or prescribe said medications in strict compliance with the FDA approved labeling. In addition to the requirements enumerated in Part 2640, Rule 1.5.E.1 4 above, each prescription shall be issued for no more than a total of three month 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. A patient continued on a controlled substance in schedule III, IV, V for the purpose of weight reduction or the treatment of obesity should undergo an in-person re-evaluation once every 30 days. A recording of weight, BMI, blood pressure, pulse, and/or any other test which may be necessary for monitoring potential adverse effects of drug therapy should be completed at each visit. Once medically established goals have been met for an individual patient, it is strongly recommended that reduced dosing and drug holidays be implemented for those patients who need maintenance medication.~~
- G. Continuation of the prescribing, ordering, dispensing, or administering of controlled substances in schedule III, IV or V should occur only if the patient has continued progress toward achieving or maintaining medically established goals and has no significant adverse effects from the medication.
- H. 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.

Any off-label use of any medication that does not have Food and Drug Administration approval for use in the treatment of weight loss is prohibited. Thyroid hormone, diuretics, vitamin B12, B1, B2, B6, methionine, choline, inositol, chromium picolate and human chorionic gonadotropin are examples of medications that may not be used in the sole treatment of weight loss and are not inclusive examples. Off-label use of medication that does not have Food and Drug Administration approval for the sole use and treatment of weight loss is prohibited in individual practice or allowing off-label use by midlevel providers will result in discipline by the Board. (Non FDA approved supplements may be used in the overall treatment of weight loss.)

Record keeping guidelines for medical weight loss: Every physician who prescribes, orders, dispenses, or administers a controlled substance to a patient for the purpose of weight reduction or treatment of obesity is required to maintain medical records in compliance to the above required guidelines. The treatment should be based on evidence based medicine. Adequate medical documentation should be kept so that progress as well as the success or failure of any modality is easily ascertained. The medical record should also contain the information demonstrating the patient's continued efforts to lose weight, the patient's dedication to the treatment program and response to treatment, and the presence or absence of contraindications, adverse effects and indicators of the need to discontinue treatment utilizing controlled substances.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.6 Bariatric Medicine/Medical Weight Loss Clinics

- A. A Bariatric Medicine/Medical Weight Loss Clinic is defined as a public or privately owned facility for which 30% or more of the patients are provided a comprehensive weight management treatment program. Advertised medical weight loss must include behavior modification, comprehensive nutritional education, exercise or physical therapy intervention, long-term maintenance programs, dispensing and/or prescribing FDA-approved medications as indicated for weight loss on a monthly basis as part of the patient's treatment plan.
- B. The physician owner/operator of the bariatric medicine/medical weight loss clinic shall register with the MSBML. The form to register is attached hereto (Appendix F). Certificates once issued are not transferable or assignable. Only the primary physician and/or clinic are required to register with the Board. All physicians associated with the clinic whether in the capacity as the owner or as a practitioner should be listed on the application and must also be required to meet all regulations governing the treatment of obesity/medical weight loss. All physicians who are added or removed from the clinic once a certificate is issued must be reported to the MSBML for approval. Each clinic requires a separate certificate.
- C. A bariatric medicine/medical weight loss clinic may not operate in the state of Mississippi without obtaining a certificate from the Mississippi State Board of Medical Licensure.
- D. Certificates are valid for one year and must be renewed annually along with practitioner's license to practice medicine in the state of Mississippi. There is a 30-day grace period for renewal after which the owner/operator must reapply for an original certificate. The clinic may not continue to operate while the certificate is expired.
- E. If a physician's practice is 30% or greater in bariatric medicine, advertising medical weight loss, or overseeing/collaborating with a nurse practitioner or physician assistant to provide comprehensive treatment of obesity, the physician must have expertise in the field of bariatric medicine with no less than:
 1. 100 AMA or AOA Category 1 CME hours in the core-content of bariatric medicine prior to practicing in the specialized field of bariatric medicine/medical weight loss. For any physician who is currently practicing 30% or greater in bariatric medicine or advertising medical weight loss, the physician has 12 months from effective date of this regulation to comply with the initial CME requirement or be board certified in bariatric medicine in order to continue practicing bariatric medicine/medical weight loss in the state of Mississippi. All Category 1 CME in core-content of bariatric medicine should be obtained within a 12 month period.

2. Following the initial 100 Category 1 CME, a physician is required to obtain 30 AMA or AOA Category 1 CME in core-content of bariatric medicine annually in order to continue practicing bariatric medicine and to renew certification with the MSBML.
- F. A Medical Spa facility for which 30% or more of the patients are provided a comprehensive weight management treatment program or advertises medical weight loss to the public must include behavior modification, comprehensive nutritional education, exercise or physical therapy intervention, long-term maintenance programs, the dispensation and/or prescribing of FDA-approved medications as indicated for weight loss on a monthly basis by a physician and/or nurse practitioner/physician assistant being overseen/collaborating to provide comprehensive treatment of obesity is prohibited unless all criteria above are met.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended).*

Rule 1.67 Use of Controlled Substances for Chronic (Non-Terminal) Pain.

A. Definitions

For the purpose of Part 2640, Rule 1.6 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 rule, "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.
- B. Notwithstanding any other provisions of these rules, a physician may prescribe, administer, or dispense controlled substances in Schedules II, IIN, III, IIN, IV and V, or other drugs having addiction-forming and addiction-sustaining liability to a person in the usual course of treatment of that person for a diagnosed condition causing chronic pain.
- C. Notwithstanding any other provisions of these rules, as to the prescribing, administration, or dispensation of controlled substances in Schedules II, IIN, III, IIN, 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, IIN, 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.

- D. 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.
- E. 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.
- F. 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.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.78 Drug Maintenance Requirements. 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 rule are in addition to, and not in lieu of, other labeling requirements of the Laws of the state of Mississippi, Rules of the Mississippi State Board of Medical Licensure, and Laws of the United States or Federal Regulations.

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.

The drug storage and dispensing area shall be maintained in a sanitary fashion.

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.

All drug products shall be maintained, stored and dispensed in such a manner as to maintain the integrity of the product.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.89 Labeling Requirements for Dispensing Physicians. 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.

Every dispensing physician, as defined above, who shall dispense a controlled substance, legend drug or any other medication shall insure that all such substances dispensed be labeled containing the following information:

- A. The name of the patient to whom the medication was dispensed.
- B. The date that the medication was dispensed.
- C. The name, strength and quantity of the medication.
- D. Direction for taking or administering the medication.
- E. The name and address of the physician dispensing the medication.

The label required by this rule 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.

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.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.910 Prescription Guidelines—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:

- A. 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.
- B. On all prescriptions of controlled substances wherein refills are permitted, physicians shall indicate the appropriate refills, not to exceed five (5), or mark “none.”
- C. Each physician shall insure that the complete name and address of the patient to whom the physician is prescribing the controlled substance appears on the prescription.
- D. A physician shall not permit any prescription for controlled substances to be signed by any non-physician in the place of or on behalf of the physician.
- E. A physician shall not pre-sign blank prescription pads or order forms under any circumstances.
- F. A physician shall not utilize blank prescription pads or order forms upon which the signature of the physician has been electronically, mechanically or photo statically reproduced. This prohibition includes the e-mailing of any controlled substance prescription. A hard copy prescription generated from an electronic prescription system must contain a manual signature; however, if it is printed on security paper that ensures it is not subject to copying or alteration, an electronic or digital signature may be substituted. Electronic transmission of controlled substance prescription information is generally allowed (except Schedule II which is addressed below); however, for the purposes of this regulation, electronic transmission of controlled substance prescription data is limited to computer to facsimile (fax) transmissions or traditional fax to fax transmissions. Requirements for fax prescription orders and systems utilized for faxing prescriptions are as follows:
 1. The prescription order shall contain the date, time, telephone number and location of the transmitting device. Prescription blanks utilized in this manner shall bear a pre-printed heading that indicates the blank is a “Fax Prescription Form.” Fax prescription orders must contain a manual or authenticated electronic/digital signature of the prescriber. As to Schedule II drugs, only Schedule II narcotic substances that are to be prepared or compounded for the direct administration to a patient by parenteral, intravenous, intramuscular, subcutaneous or intra spinal infusion may be transmitted by the physician or the physician’s agent to a pharmacy of the patient’s choice by facsimile. All original hardcopy faxed prescriptions shall immediately be voided after successfully completing the fax

transmission by writing across the face of the prescription from corner to corner the notation "faxed." The original prescription (or copy) shall be retained in the physician's patient file with additional information included on the back of the prescription as to the date it was faxed, the name or initials of the person faxing the prescription and the name/location of the pharmacy receiving the fax transmission.

It is also required, that in addition to filing the original prescription (or copy) in the patient file, a perpetual, chronological logbook of fax transactions be established and maintained. Such a logbook would serve to protect the prescribing physician in the event the original prescription is somehow lost or misfiled. The information contained in such a logbook shall include the patient's name and address, date of issuance, name, strength and quantity of the drug prescribed and the name and fax number of the receiving pharmacy and the initials or name of the person faxing the prescription. Such logs shall be maintained in the physician's clinic in a readily retrievable manner, and kept for at least seven (7) years after the original record is established. The requirements set forth in this rule are in addition to, and not in lieu of documentation required in Part 2640, Rule 1.4.

2. When a prescription is prepared and written for any controlled substance for a resident of a Long-term Care Facility (LTCF)(as defined in Section 1301.01(25), Code of Federal Regulations), such prescription may be transmitted by the practitioner or the practitioner's agent to the dispensing pharmacy by facsimile. The physician or the physician's agent will note on the prescription that the patient is a resident of a LTCF. The original prescription (or copy) and fax transaction log will be prepared and maintained in the same manner as described in Part 2640, Rule 1.9.F.1.
3. When a prescription is written for any controlled substance for a patient residing in a hospice certified by Medicare under Title XVIII or licensed by the state, such prescription may be transmitted by the practitioner or the practitioner's agent to the dispensing pharmacy by facsimile. The physician or the physician's agent will note on the prescription that the patient is a hospice patient. The original prescription (or copy) and fax transmission log will be maintained in the same manner as described in Part 2640, Rule 1.9.F.1.
4. 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.

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

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.1011 Prescription Guidelines - All Medications. In addition to any other requirements set forth in these rules pertaining to the issuance of prescriptions of controlled substances, the following additional requirements apply to all prescriptions, whether or not said prescriptions are for controlled substances, legend drugs or any other medication:

- A. 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.
- B. 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 rule. No prescriptions for brand name or generic equivalents of Nalbuphine Hcl, Carisoprodol, Butalbital compounds, or Tramadol Hcl shall be telefaxed.
- C. Electronic prescriptions for controlled substances (schedules II, III, IV, and V) are permitted if (or when) a practitioner has complied with the DEA requirements and is using a certified electronic prescribing system for the transmission of control substances prescriptions. The Board of Medical Licensure considers Nalbuphine Hcl, Carisoprodol, Butalbital compounds and Tramadol to be controlled substances.
- D. 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.

- E. If a prescription form which does not contain two signature lines required in Part 2640, Chapter 1, Rule 1.10.D 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.
- F. 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.

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

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.112 Freedom of Choice. 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.

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.

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.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.4213 Other Drugs Having Addiction-forming Liability. All physicians shall maintain inventory, dispensation/administration and patient records in the same format as that required by Part 2640, Rule 1.4 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.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.4314 Security of Controlled Substances. 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.

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.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.415 Pain Management Clinics.

- A. The physician owner/operator of the pain management clinic shall register with MSBML. The form to register is attached hereto (Appendix E). Certificates, once issued, are not transferable or assignable. Only the primary physician owner is required to register with the Board if there is more than one physician owner of the clinic. Each clinic requires a separate certificate.
- B. A pain management clinic may not operate in the state of Mississippi without obtaining a certificate from the Mississippi State Board of Medical Licensure.
- C. A pain management clinic may not operate in Mississippi unless the clinic is owned and operated by a hospital or by a medical director who:
 - 1. Is a physician who practices full time in Mississippi. Full time is defined as at least 20 hours per week of direct patient care.
 - 2. Holds an active unrestricted medical license.
 - 3. Holds a certificate of registration for that pain management clinic.
- D. In addition, the owner/operator of a pain management clinic, an employee of the clinic or a person with whom a clinic contracts for services may not:
 - 1. Have been denied, by any jurisdiction, a license issued by the Drug Enforcement Administration (DEA) under which the person may prescribe, dispense, administer, supply or sell a controlled substance or the other listed medications under definitions.
 - 2. Have held a license issued by the Drug Enforcement Administration under which the person may prescribe, dispense, administer, or supply, or sell a controlled substance that has been restricted; or
 - 3. Have been subject to a disciplinary action by any licensing entity for conduct that was a result of inappropriately prescribing, dispensing, administering, supplying or selling a controlled substance.
- E. A pain management clinic may not be owned wholly or partly by any person who has been convicted of, pled nolo contendere to or received deferred adjudication for:
 - 1. an offense that constitutes a felony; or
 - 2. an offense that constitutes a misdemeanor, the facts of which relates to the illegal distribution or sale of drugs or controlled substances.
- F. Certificates are valid for one year and must be renewed annually along with the practitioner's license to practice medicine in the state of Mississippi. There is a thirty-day grace period for renewal after which the owner/operator must reapply for an original certificate. The clinic may not continue to operate while the certificate has expired.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended).*

Rule 1.4516 Violation of Rules. The prescribing, administering or dispensing of any controlled substance in violation of the above rules 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).

The prescribing, administering or dispensing of any legend drug or other medication in violation of the above rules 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).

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.617 Effective Date of Rules. The above rules 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 March 18, 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; as amended March 13, 2009; and as amended March 24, 2011.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

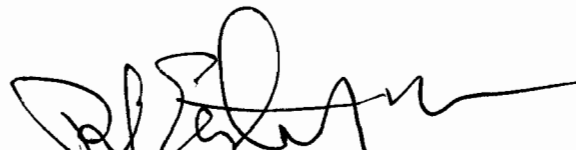
**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
JULY 12, 2012**

AGENDA ITEM: Personal appearance by Santanu Som, D.O.

In a motion made by Dr. Mayo, seconded by Dr. Miles, the Board finds that it does not have adequate documentation of additional abdominal surgery training. The Board, therefore, renews Dr. Som's license with the continuing understanding that Dr. Som perform NO intra-abdominal surgeries. The Board will review further documentation when submitted.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.	X			
Claude D. Brunson, M.D.	X			
Rickey L. Chance, D.O.	X			
Virginia M. Crawford, M.D.	X			
S. Randall Easterling, M.D.	X			
William B. Jones, M.D.	X			
William S. Mayo, D.O.	X			
Philip T. Merideth, M.D., J.D.				X
Charles D. Miles, M.D.	X			

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


S. Randall Easterling, M.D.
President

SEPTEMBER 2012

**MINUTES
EXECUTIVE COMMITTEE MEETING
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
SEPTEMBER 26, 2012**

MEMBERS PRESENT:

S. Randall Easterling, M.D., Vicksburg, President
Larry B. Aycock, M.D., McComb, Secretary
Rickey L. Chance, D.O., Ocean Springs

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 Carrillo, Special Projects Officer, Investigative Division
Mickey Boyette, Investigator, Investigative Division
Jonathan Dalton, Investigator, Investigative Division
Charles Ware, Investigator, Investigative Division
Ruby Litton, RN, Compliance Nurse
Sherry H. Pilgrim, Staff Officer

Not Present:

Virginia M. Crawford, M.D., Hattiesburg, Vice President

The Executive Committee of the Mississippi State Board of Medical Licensure met on Wednesday, September 26, 2012, at 11:00 a.m. in the Board Room of the Office of the Board located at 1867 Crane Ridge Drive, Jackson, Mississippi.

**PERSONAL APPEARANCE BY JOHN F. BALL, M.D., JONESBORO, AR,
APPLICANT**

Dr. Craig advised that Dr. Ball had been invited to appear before the Executive Committee to discuss concerns he has with why it took him three (3) years to complete his first two (2) years of medical school, why he took a six (6) month break in his residency training, two (2) liability cases, and a consent order with the Arkansas Medical Board.

Mr. Ingram, Complaint Counsel for the Board, introduced Dr. Ball when he joined the meeting and advised that he had executed a written agreement for this informal

EXECUTIVE COMMITTEE MINUTES

September 26, 2012

Page 2

meeting, a copy of which is attached and incorporated by reference. Mr. Ingram advised that Dr. Ball was here today without counsel.

After the introductions, Dr. Ball addressed the Executive Committee and discussed the concerns with his application for licensure and advised that Arkansas' consent order has been lifted. Following several questions from the Executive Committee, Dr. Easterling thanked Dr. Ball and advised that the Executive Committee would discuss the matter further and make a recommendation to the full Board on Thursday.

Following a brief discussion, motion was made by Dr. Aycock, seconded by Dr. Easterling, and carried unanimously that based on the information provided that Dr. Ball be granted a Mississippi medical license.

PERSONAL APPEARANCE BY ARTHUR M. COWDEN, II, D.O., MIAMI, FL, APPLICANT

Dr. Craig advised that Dr. Cowden had been invited to address concerns of an order with the Florida Osteopathic Board and his involuntary removal from the staff of a hospital in Florida.

Mr. Ingram, Complaint Counsel for the Board, introduced Dr. Cowden when he joined the meeting and advised that he had executed a written agreement for this informal meeting, a copy of which is attached and incorporated by reference. Mr. Ingram advised that Dr. Cowden was here today without counsel.

After the introductions, Dr. Cowden addressed the Executive Committee and discussed the concerns with his application for licensure. Dr. Cowden advised that many files were destroyed during the hurricane and that the Florida Osteopathic Board later found his check and dropped their charges. Dr. Cowden addressed questions from the Executive Committee concerning his removal from the staff of the hospital in Florida. After a brief discussion, Dr. Easterling thanked Dr. Cowden and advised that the Executive Committee would discuss the matter further and make a recommendation to the full Board on Thursday.

Following a brief discussion, motion was made by Dr. Aycock, seconded by Dr. Easterling, and carried unanimously that based on the information provided that Dr. Cowden be granted a Mississippi medical license.

EXECUTIVE COMMITTEE MINUTES

September 26, 2012

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PERSONAL APPEARANCE BY PATRICK E. WELDON, M.D., JACKSON, MISSISSIPPI MEDICAL LICENSE NUMBER 18780

Dr. Craig advised that Dr. Weldon had been invited to appear before the Executive Committee to discuss a letter that the Board received from the American Board of Psychiatry and Neurology indicating that Dr. Weldon had falsified documents stating that he was Board certified in neurology, when in fact he is not. Also, Dr. Weldon has been indicating on his licensure renewals since 2006 that he is Board certified in neurology, when in fact he is not.

Mr. Ingram, Complaint Counsel for the Board, introduced Dr. Weldon when he joined the meeting and advised that he had executed a written agreement for this informal meeting, a copy of which is attached and incorporated by reference. Mr. Ingram advised that Dr. Weldon was here today without counsel.

After the introductions, Dr. Weldon addressed the Executive Committee and advised that he was using a billing company that advised him if he was board certified that it would alleviate their problems collecting monies. Dr. Weldon admitted it was a stupid mistake on his part and that he was the one that notified the American Board of Psychiatry and Neurology of what he had done and wrote letters trying to correct the problem. There was also discussion concerning Dr. Weldon's medical education. Following several questions from the Executive Committee, Dr. Easterling thanked Dr. Weldon and advised that the Executive Committee would discuss the matter further and make a recommendation to the full Board on Thursday.

Following a brief discussion, the Executive Committee agreed that this was an egregious error in judgement and repetitive falsification. Motion was made by Dr. Aycock, seconded by Dr. Easterling, and carried unanimously that based on the information that Dr. Weldon be offered a reportable Consent Order charging him with unprofessional conduct and request that he take a medical ethics course. Upon completion of the medical ethics course, Dr. Weldon is to provide the Board with documentation. Also, Dr. Weldon is to be advised that he needs to correct the information provided the Board on his last licensure renewal in order to reflect accurate information. In the event Dr. Weldon refuses the proposed Consent Order, he will be summoned to appear before the full Board in a hearing.

PERSONAL APPEARANCE BY VICTOR ZUCKERMAN, M.D., WEST MONROE, LA, APPLICANT

Dr. Craig advised that Dr. Zuckerman had been invited to appear before the Executive Committee to discuss concerns with his licensure application. Dr. Craig advised that he is a pediatrician; however, he also performs anti-aging, uses fillers,

EXECUTIVE COMMITTEE MINUTES

September 26, 2012

Page 4

Botox, and performs laser treatments for toenail fungus. Dr. Craig advised that Dr. Zuckerman was unable to appear today due to scheduling problems.

Following a brief discussion, the Executive Committee was unanimously in favor of delaying the issuance of Dr. Zuckerman's license until he appears before the Executive Committee to address their concerns. Motion was made by Dr. Aycock, seconded by Dr. Easterling, and carried unanimously to invite Dr. Zuckerman to the November Executive Committee meeting to discuss his application and request that he provide the Board with documentation of his certification for the additional proposed procedures that he would like to perform.

**PERSONAL APPEARANCE BY JOSE A. SOSA, PA-C, MADISON, MISSISSIPPI
MEDICAL LICENSE NUMBER PA00039**

Dr. Craig advised that Mr. Sosa had been invited to appear before the Executive Committee to discuss his thoracic cardiovascular surgery practice and his requested hematology practice.

Mr. Sosa joined the meeting and after introductions, Mr. Ingram advised that he had executed a written agreement for this informal meeting, a copy of which is attached and incorporated by reference. Mr. Ingram advised that Mr. Sosa was here today without counsel.

Dr. Craig requested that Mr. Sosa explain to the Board why he was requesting a new protocol and supervising physician when he has been in cardiovascular surgery. Mr. Sosa stated that he would continue the cardiovascular part but stated that he had been approached to train with Dr. Schmidt in the practice of hematology. Mr. Sosa advised that he would assist in performing bone marrow aspirations and biopsies for the diagnosis of hematologic disorders.

Following a brief discussion concerning the number of procedures that he would assist and how the training would be conducted, the Executive Committee advised Mr. Sosa that he and Dr. Schmidt send a proposed protocol to the Board for approval. Also, both of them would need to appear to make the request and address any concerns the Board may have with the proposal before a decision can be reached.

**PERSONAL APPEARANCE BY THERESA L. LANE-FISHER, PA-C, RIDGELAND,
MISSISSIPPI MEDICAL LICENSE NUMBER PA00011**

Dr. Craig advised that Ms. Lane-Fisher had been invited to appear before the Executive Committee to address concerns that she has been working independently and without a supervising physician since April 2012. Dr. Craig advised that Ms. Lane-

EXECUTIVE COMMITTEE MINUTES

September 26, 2012

Page 5

Fisher has previously received a Letter of Concern due to working without an approved protocol. Also, Dr. Craig advised that Ms. Lane-Fisher had sent information that she was working with Dr. Wilson when in fact a conversation with Dr. Wilson proved that never took place.

Ms. Lane-Fisher joined the meeting and after introductions, Mr. Ingram advised that she had executed a written agreement for this informal meeting, a copy of which is attached and incorporated by reference. Mr. Ingram advised that Ms. Lane-Fisher was here today without counsel.

Ms. Lane-Fisher addressed the Executive Committee and stated that she had practiced over twenty years and twelve to thirteen of those years had been in Mississippi. Ms. Lane-Fisher stated that she has never worked without a supervising physician and that she was working with Dr. Yolanda Wilson. Ms. Lane-Fisher explained the discrepancy with the information on Dr. Quinn and stated that they did have an approval protocol that was approved in a face-to-face interview with Dr. Craig. Ms. Lane-Fisher stated that at the current time she is not working and that she never practiced without a supervising physician. Ms. Lane-Fisher was advised that it is her responsibility to keep the Board apprised of any collaboration and/or location changes as they occur.

Following several questions from the Executive Committee, Dr. Easterling thanked Ms. Lane-Fisher for appearing and advised her that the Executive Committee would discuss further and make a recommendation to the full Board.

Motion was made by Dr. Aycock, seconded by Dr. Easterling, and carried unanimously to issue Ms. Lane-Fisher another Letter of Concern and advise her that any further deviation from the Board's rules and regulations, especially practicing without an approved protocol or independently, may result in an appearance before the full Board.

PERSONAL APPEARANCE BY OTIS ANDERSON, III, M.D., MEMPHIS, TN, MISSISSIPPI MEDICAL LICENSE NUMBER 21754

Dr. Craig advised that this is Dr. Anderson's third appearance before the Executive Committee since he received his Mississippi medical license in October 2011. Dr. Craig briefly covered a chronological summary of Dr. Anderson's visits before the Executive Committee.

Mr. Ingram, Complaint Counsel for the Board, introduced Dr. Anderson when he joined the meeting and advised that he had executed a written agreement for this informal meeting, a copy of which is attached and incorporated by reference. Mr.

EXECUTIVE COMMITTEE MINUTES

September 26, 2012

Page 6

Ingram advised that Dr. Anderson was here today without counsel.

Dr. Craig advised Dr. Anderson that the Board has received a couple of complaints concerning patients that state they are required to have their prescriptions filled at the pharmacy in Dr. Anderson's building, and that patients have a right to select a pharmacy of their choice.

Dr. Anderson addressed the Executive Committee and explained how the office works and how they do have them sign a form concerning First Pharmacy Services, mainly to insure the patients are receiving their medication. Dr. Anderson said that he is a contract physician and has little to do with the business aspect of the practice. The Board requested a copy of the form which was faxed for their review. Upon review of the form, the Executive Committee strongly urged Dr. Anderson to speak with management of the office and explain the patients' right to choose a pharmacy of their choice and consider removing the last paragraph as it appears coercive.

Dr. Easterling thanked Dr. Anderson and advised that the Executive Committee would discuss the matter further and make a recommendation to the full Board on Thursday.

After further discussion, motion was made by Dr. Aycock, seconded by Dr. Easterling, and carried unanimously to issue a Letter of Concern to Dr. Anderson encouraging the office to take off the last paragraph of the form or to allow a signature space for patients to decline the automatic delivery proposal.

PERSONAL APPEARANCE BY STEPHANIE BOYETTE, EXECUTIVE DIRECTOR, MISSISSIPPI STATE BOARD OF PHYSICAL THERAPY TO DISCUSS AMENDMENT TO REGULATION

Dr. Craig advised that since the Board had missed the oral proceeding addressing the Physical Therapy's amendment to clarify the requirements for telehealth and intramuscular manual therapy, Ms. Boyette, Executive Director of the Physical Therapy Board, had been invited to discuss this matter.

Ms. Boyette was introduced and addressed the Board. Ms. Boyette was accompanied by several of their Board members including the Chair, Shannon Singletary, Dr. Dommerholt, an expert that introduced dry needling in 1997, as well as their legal counsel, Neva Greenwald. Mr. Singletary advised that they had not changed their scope of practice but the regulation. Dr. Craig advised that he feels this is a conflict and he has requested reconsideration of the Attorney General's Opinion. Dr. Craig stated that in 2009 an Opinion given to the Board would not allow the Board of Pharmacy to expand their scope of practice by rule and regulation, but were advised it

EXECUTIVE COMMITTEE MINUTES

September 26, 2012

Page 7

would take legislation. Dr. Craig advised that there is nothing in the enabling act that allows the use of needles to pierce the skin of a patient. The Physical Therapy Board feels that dry needling is within their scope of practice and talked about other states that have approved the same request.

Dr. Dommerholt addressed the Board and stated that he was an expert in dry needling and introduced it in 1997. Dr. Dommerholt advised that they do use the same needle as acupuncturists to treat muscular skeletal pain. Dr. Dommerholt addressed several questions from Board members concerning the procedure. After several questions concerning trigger point injections, Mr. Singletary stated that PT's currently perform EMG's now without supervision, and stated the PT's are educated to know where the trigger points are as well as the fact that they have to have referrals from physicians to perform the procedure.

The Executive Committee expressed their concerns and stated that the Medical Board is uncomfortable with their use of dry needling. Dr. Easterling thanked all for coming today and stated that the Board will wait and see what response is received from the request for reconsideration sent to the Attorney General's office.

NANCY CAROLYN LAWHON, M.D., MADISON, MISSISSIPPI MEDICAL LICENSE NUMBER 06213, VOLUNTARY SURRENDER

For informational purpose only, Dr. Craig advised that the Board had received a non-reportable voluntary surrender from Nancy Carolyn Lawhon, M.D. A copy is attached hereto and incorporated by reference.

UPDATE/REQUEST FROM DIMITRI DERMATOLOGY CLINIC, BAY ST LOUIS, MS

Dr. Craig briefly discussed the letter the Board had received from Dimitri Dermatology concerning a request for a name change and notifying the Board that Dr. Steven Shapiro will be the Medical Director and practicing dermatology at their site. Dr. Shapiro is presently working in Hattiesburg and has requested an APRN for a free standing clinic in Bay St. Louis, which exceeds the Board's approved mileage.

After a brief discussion, the Executive Committee unanimously agreed to invite Dr. Dimitri and Dr. Shapiro to the November Executive Committee meeting to discuss their arrangements.

UPDATE/REQUEST FROM NORTSHORE DERMATOLOGY, SLIDELL, LA

Dr. Easterling discussed a letter that he had received from Dr. Tabor's attorney, Mark Wolfe, requesting approval of the name change for Dr. Tabor's clinic. Mr. Wolfe

EXECUTIVE COMMITTEE MINUTES

September 26, 2012

Page 8

had submitted five (5) proposals and after discussion, the Executive Committee agreed that Eric N. Tabor, M.D. - The Complete Skincare and Laser Center - A Professional Medical Practice would meet the truth in advertising requirements.

REQUEST FROM MISSISSIPPI STATE MEDICAL ASSOCIATION CONCERNING CONTINUING MEDICAL EDUCATION FOR NARCOTICS PRESCRIBING

For informational purposes, Dr. Craig advised that this matter will be discussed tomorrow by the Scope of Practice Committee. Basically, State Medical is requesting the Board's assistance in adopting a new regulation which would require two (2) hours of "prescribing" CME during the current two year reporting period, and after July 1, 2014, could require four (4) hours of said CME.

REQUEST FROM MISSISSIPPI STATE BOARD OF COSMETOLOGY CONCERNING USE OF RADIO FREQUENCY APPARATUSES

Dr. Craig discussed a request that the Board had received from the Cosmetology Board concerning the use of radio frequency apparatuses.

Following a brief discussion concerning their request being the practice of medicine, motion was made by Dr. Aycock, seconded by Dr. Easterling and carried unanimously to advise the Cosmetology Board that we do not have a rule or policy regarding the use of radio frequency apparatuses in cosmetic procedures.

ADJOURNMENT

There being no further business, the meeting adjourned at 2:35 p.m.



S. RANDALL EASTERLING, M.D.
President

Minutes taken and transcribed
by Sherry H. Pilgrim
Staff Officer
September 26, 2012

**AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE
BY APPLICANT FOR LICENSURE**

I, John F. Ball, 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 my pending application for a Mississippi medical license, the current investigation being conducted by the Board, possible grounds for denial, and possible resolution of the matter. 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:

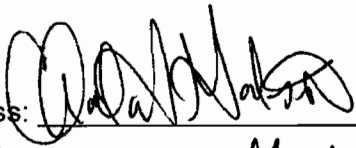
1. During the meeting, the Executive Committee may or may not be represented by legal counsel. Notwithstanding, I understand that I have a right, if I so choose, to employ legal counsel and have counsel present during the informal meeting.
2. I authorize the Committee Members to review and examine any statements, documentary evidence, or materials concerning the possible grounds for denial of licensure 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 show cause 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 26 day of SEPT, 2012.

Witness:


Chantal Gatson
Receptionist


APPLICANT

JOHN BALL, M.D.
NAME PRINTED

**AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE
BY APPLICANT FOR LICENSURE**

I, Arthur M. Cowden, II, 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 my pending application for a Mississippi medical license, the current investigation being conducted by the Board, possible grounds for denial, and possible resolution of the matter. It is the purpose of the informal meeting to discuss the facts of the case, to give me an opportunity to ask questions of the Committee or its staff, and to give the Committee or its staff an opportunity to ask questions of me. Because the meeting is informal, no disciplinary action will be taken without my express written consent. In so doing, I have been advised and understand the following:

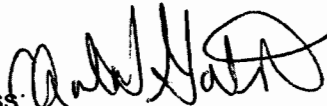
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4. By signing my name in the space provided below, I hereby authorize the Executive Committee to proceed with the informal appearance, subject to the stipulations and understandings as noted above. I have elected to proceed:

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

without legal counsel present

EXECUTED, this the 26th day of SEPTEMBER, 2012.

Witness:



Chantal Watson
Receptionist



APPLICANT

NAME PRINTED

**AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE
BY APPLICANT FOR LICENSURE**

I, Patrick E. Weldon, 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 my pending application for a Mississippi medical license, the current investigation being conducted by the Board, possible grounds for denial, and possible resolution of the matter. 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:

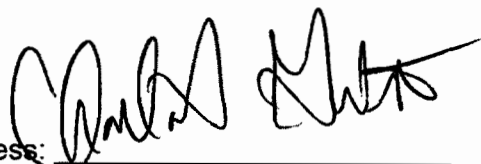
1. During the meeting, the Executive Committee may or may not be represented by legal counsel. Notwithstanding, I understand that I have a right, if I so choose, to employ legal counsel and have counsel present during the informal meeting.
2. I authorize the Committee Members to review and examine any statements, documentary evidence, or materials concerning the possible grounds for denial of licensure during my informal appearance.
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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

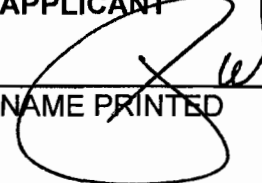
EXECUTED, this the 16 day of Sp, 2012.

Witness:



Chantal Watson
Receptionist



APPLICANT


NAME PRINTED

**AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE
BY APPLICANT FOR LICENSURE**

I, Jose A. Sosa, 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 my pending application for a Mississippi medical license, the current investigation being conducted by the Board, possible grounds for denial, and possible resolution of the matter. 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:

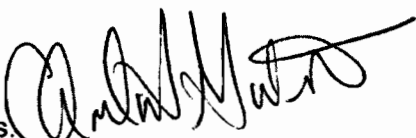
1. During the meeting, the Executive Committee may or may not be represented by legal counsel. Notwithstanding, I understand that I have a right, if I so choose, to employ legal counsel and have counsel present during the informal meeting.
2. I authorize the Committee Members to review and examine any statements, documentary evidence, or materials concerning the possible grounds for denial of licensure 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 show cause 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: _____)

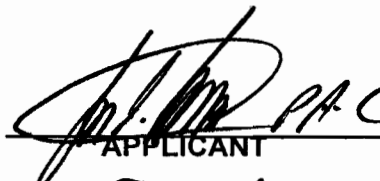
without legal counsel present

EXECUTED, this the 26 day of SEPT, 2012.

Witness.



Chantal Watson
Receptionist



APPLICANT
JOSE A. SOSA

NAME PRINTED

**AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE
BY APPLICANT FOR LICENSURE**

I, Theresa L. 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 my pending application for a Mississippi medical license, the current investigation being conducted by the Board, possible grounds for denial, and possible resolution of the matter. 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:

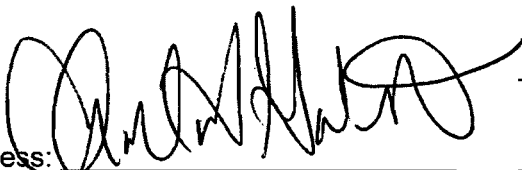
1. During the meeting, the Executive Committee may or may not be represented by legal counsel. Notwithstanding, I understand that I have a right, if I so choose, to employ legal counsel and have counsel present during the informal meeting.
2. I authorize the Committee Members to review and examine any statements, documentary evidence, or materials concerning the possible grounds for denial of licensure 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 show cause 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 26 day of Sept., 2012.

Witness:



Chantal Watson
Receptionist



APPLICANT

Theresa Lane Fisher

NAME PRINTED

**AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE
BY APPLICANT FOR LICENSURE**

I, Otis Anderson, III, 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 my pending application for a Mississippi medical license, the current investigation being conducted by the Board, possible grounds for denial, and possible resolution of the matter. 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 possible grounds for denial of licensure 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 show cause 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 26 day of Sept, 2012.

Witness:



Chantal Watson
Receptionist



APPLICANT

Otis Anderson, III

NAME PRINTED

SURRENDER OF MEDICAL LICENSE

WHEREAS, I, **Nancy Carolyn Lawhon, M.D.**, am the holder of License Number 06213, issued on June 11, 1971, to practice medicine in the State of Mississippi;

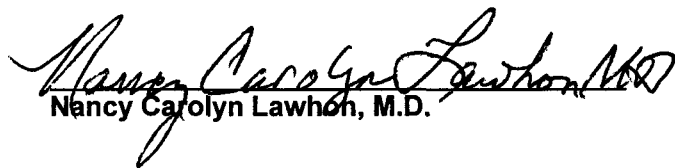
WHEREAS, because of the current state of my health, I do not anticipate being able to practice medicine in the future;

WHEREAS, it is my wish to voluntarily retire my current license (No. 06213) to practice medicine in the State of Mississippi so that I may retire with a clear and unencumbered license. I understand that this is a voluntary agreement and as such, is not reportable as disciplinary action;

NOW, THEREFORE, I do hereby agree never to renew or to seek reinstatement of said license at anytime in the future, said agreement is effective when accepted by the Board or signed by an authorized Board member or the Board Executive Director.

I understand that this is a voluntary surrender, and as such, is not a reportable disciplinary action, but is a non-public record of the State of Mississippi. In the event I later decide to practice medicine in the State of Mississippi, I understand it will be necessary for me to make application with the Board. At such time, the Board reserves the right to utilize any and all information now or which it may later obtain as part of the consideration of any application.

EXECUTED this the 16 day of Aug, 2012.


Nancy Carolyn Lawhon, M.D.

ACCEPTED AND APPROVED this the 17th day of August 2012, by the
Mississippi State Board of Medical Licensure.


S. Randall Easterling, M.D.
President
Mississippi State Board of Medical Licensure

BOARD

MEETING

MINUTES

BOARD MINUTES
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
SEPTEMBER 26 & 27, 2012

The regularly scheduled meeting of the Mississippi State Board of Medical Licensure was held on Wednesday, September 26, 2012, resuming on Thursday, September 27, 2012, in the Board Room of the Office of the Board located at 1867 Crane Ridge Drive, Jackson, Mississippi.

The following members were present:

S. Randall Easterling, M.D., Vicksburg, President
Larry B. Aycock, M.D., McComb, Secretary
Claude D. Brunson, M.D., Jackson
Rickey L. Chance, D.O., Ocean Springs
William S. Mayo, D.O., Oxford
Philip T. Merideth, M.D., J.D., Jackson
Charles D. Miles, M.D., West Point

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 Carrillo, Special Projects Officer, Investigative Division
Sherry H. Pilgrim, Staff Officer
Wesley Breland, Hattiesburg, Consumer Health Committee
Charles Thomas, Yazoo City, Consumer Health Committee

Not present:

Virginia M. Crawford, M.D., Hattiesburg, Vice President
William B. Jones, M.D., Greenwood (on September 26, 2012)
Cecil R. Burnham, Jackson, Consumer Health Committee

The meeting was called to order at 3:00 p.m., on Wednesday, September 26, 2012, by Dr. Easterling, President. The invocation was given by Dr. Aycock and the pledge was led by Dr. Chance. Dr. Easterling welcomed Cathy White, Court Reporter, and extended a welcome to all visitors present at the meeting. Dr. Easterling advised that Dr. Crawford was out today due to job obligations, and that Dr. Jones also was not present today but expected to attend tomorrow's meeting.

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

BOARD MINUTES

September 26 & 27, 2012

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APPROVAL OF CERTIFICATION OF MISSISSIPPI LICENSES TO OTHER ENTITIES FOR THE PERIOD JULY 01, 2012, THROUGH AUGUST 31, 2012

Two hundred five (205) licenses were certified to other entities for the period July 01, 2012, through August 31, 2012. Motion was made by Dr. Mayo, seconded by Dr. Miles, and carried unanimously to approve the certifications.

APPROVAL OF LICENSES ISSUED FOR THE PERIOD JULY 01, 2012, THROUGH AUGUST 31, 2012

One hundred twenty-seven (127) licenses were issued for the period July 01, 2012, through July 31, 2012. Motion was made by Dr. Mayo, seconded by Dr. Chance, and carried unanimously to approve these licenses.

REVIEW OF MINUTES OF THE EXECUTIVE COMMITTEE MEETING DATED JULY 11, 2012, AND MINUTES OF THE BOARD MEETING DATED JULY 12, 2012

Minutes of the Executive Committee meeting dated July 11, 2012, and Minutes of the Board meeting dated July 12, 2012, were reviewed. Dr. Aycock moved for approval of the minutes as submitted. Dr. Mayo seconded the motion and it carried unanimously.

PODIATRY ADVISORY COMMITTEE (DR. TAMBURINO, DR. THOMAS, DR. SHOCKLEY)

Dr. Craig advised that Dr. Thomas and Dr. Shockley were present at today's meeting. Dr. Craig explained that by law, the Podiatry Advisory Committee is composed of three (3) licensed and practicing podiatrists that serve three (3) year terms that end November 2012. Dr. Craig advised that the Board would like more participation from the Advisory Committee and wanted at least one (1) member to be present at all Board meetings. Also, Dr. Craig requested that the committee provide him six (6) names that are recommended by the Mississippi Podiatric Medical Association so that he can make the new appointments.

Dr. Craig stated that he would like to have a meeting with the current committee prior to the November Board meeting to discuss several issues. Dr. Shockley advised that he would set the meeting up within the next couple of weeks.

HEARING IN THE CASE OF WILLIAM COLUMBUS SAMS, III, M.D., GULFPORT, MISSISSIPPI MEDICAL LICENSE NUMBER 07263

Stan Ingram, Complaint Counsel for the Board, introduced Dr. Sams and

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advised the Board that Dr. Sams was here today after being issued a Summons and Affidavit.

Since Dr. Sams was here today without counsel, Ellen O'Neal, Assistant Attorney General, questioned Dr. Sams regarding legal representation and he stated that he wanted to waive his right to an attorney and proceed without legal counsel. Dr. Sams stated that he was not aware he could have counsel and Ms. O'Neal again advised him of his rights and asked if he wanted to proceed or request a continuance. Dr. Easterling asked Dr. Sams if he had read the Summons that was personally delivered to him at 11:45 a.m. on August 27, 2012, and he stated that he had. Dr. Easterling reminded Dr. Sams that on the second page it states that he has a right to counsel, to produce witnesses or evidence in his behalf. Dr. Sams acknowledged reading the Summons and stated that he wanted to go forward without counsel.

Mr. Ingram briefly summarized the Summons and Affidavit and entered several exhibits into the record explaining each exhibit to Dr. Sams and asking if he had any questions.

Dr. Sams was called to the witness stand and was sworn in by the court reporter. Mr. Ingram questioned Dr. Sams concerning the counts in the Affidavit and discussed several options that the Board had provided him prior to serving the Summons and Affidavit. Following questioning from Mr. Ingram, Board members asked several questions concerning the prescriptions he had written for his son and sister and used himself.

Scott Hambleton, M.D., Medical Director, Mississippi Professionals Health Program (MPHP), was called to the witness stand and sworn in by the court reporter. Mr. Ingram advised that Dr. Hambleton has testified as an expert witness before for the Board and requested that Dr. Hambleton provide the Board with the recommendations of the Examining Committee. Dr. Hambleton advised that he had met with Dr. Sams regarding his options and informed him that he could sign an Agreement Not to Practice and enter into treatment as recommended but he had declined.

Board members questioned Dr. Hambleton and he advised that he has not advocated for Dr. Sams and feels that he should not practice medicine until he has had a follow-up evaluation at an approved facility.

Motion was made by Dr. Aycock, seconded by Dr. Mayo, and carried unanimously that the Board enter into Executive Session to discuss action that could adversely affect Dr. Sams' medical license.

Upon a motion by Dr. Mayo, seconded by Dr. Miles, and carried unanimously the

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Board came out of Executive Session at which time Dr. Easterling asked Dr. Aycock to report on the Board's decision. Dr. Aycock advised that the Board finds that Dr. Sams admits to the charges and that the Board indefinitely suspends Dr. Sams' license until he has worked with MPHP and has obtained advocacy from them. The suspension takes effect at 5:00 p.m. on October 11, 2012. Dr. Sams may return to the Board to request lifting of the suspension after he obtains advocacy from MPHP. A copy of the Determination and Order is attached hereto and incorporated by reference.

A verbatim account of this proceeding was recorded by Cathy White, Court Reporter.

HEARING IN THE CASE OF BENJAMIN ALBORN MARBLE, M.D., LONG BEACH, MISSISSIPPI MEDICAL LICENSE NUMBER 18076

Stan Ingram, Complaint Counsel for the Board, introduced Dr. Marble and his attorney, Julie Mitchell. Mr. Ingram advised that Dr. Marble and his attorney were here today in response to a Summons and Affidavit issued by the Board. Mr. Ingram advised that a proposed Consent Order has been accepted by Dr. Marble and he is here requesting approval from the Board. Mr. Ingram briefly summarized the proposed Consent Order and explained the circumstances leading up to today's appearance.

Dr. Marble responded to several questions from Board members and advised that he is agreeing to the terms and conditions set forth in the proposed Consent Order.

Scott Hambleton, M.D., Medical Director, Mississippi Professionals Health Program (MPHP) responded to several questions from the Board members concerning the proposed treatment facility and when he plans to enter treatment.

Motion was made by Dr. Mayo, seconded by Dr. Chance, and carried unanimously to approved the proposed Consent Order. A copy of the Consent Order is attached hereto and incorporated by reference.

PERSONAL APPEARANCE BY ANDREW AYERS MARTIN, M.D., CLARKSDALE, MISSISSIPPI MEDICAL LICENSE NUMBER 14355, PROPOSED CONSENT ORDER

Stan Ingram, Complaint Counsel for the Board, introduced Dr. Martin and his attorney, Collier Graham. Mr. Ingram advised that Dr. Martin and his attorney were here in response to a Summons and Affidavit issued by the Board. Mr. Ingram advised that a settlement conference provided in the Board's rules and regulations had been requested. Following the settlement conference, a proposed Consent Order has been accepted by Dr. Martin and he is here requesting approval from the Board. Mr. Ingram briefly summarized the proposed Consent Order and explained the circumstances

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leading up to today's appearance. Several changes to the original draft of the Consent Order were discussed with all changes being accepted.

Mr. Graham addressed the Board and stated that he wanted them to know that Dr. Martin voluntarily surrendered his DEA a year ago and that it was not at the Board's request. There was a brief discussion of several requested changes by Dr. Martin and his attorney.

After being questioned by several Board members, motion was made by Dr. Aycock, seconded by Dr. Mayo and carried unanimously to accept the Consent Order as currently written. A copy of the Consent Order is attached hereto and incorporated by reference.

PERSONAL APPEARANCE BY KENT COMO KYZAR, M.D., RUTH, MISSISSIPPI MEDICAL LICENSE NUMBER 10709, PROPOSED CONSENT ORDER

Stan Ingram, Complaint Counsel for the Board, introduced Dr. Kyzar and his attorneys, Dennis Horn and William Boerner. Mr. Ingram advised that Dr. Kyzar and his attorneys were here in response to a Summons and Affidavit issued by the Board. Mr. Ingram advised that a proposed Consent Order has been accepted by Dr. Kyzar and he is here today requesting approval from the Board. Mr. Ingram briefly summarized the proposed Consent Order and explained the circumstances leading up to today's appearance.

Dr. Kyzar addressed the Board and stated that he was going to ensure compliance with the proposed Consent Order, and he plans to comply with all the terms in his recovery contract with MPHP as well. The Board members questioned Dr. Kyzar and it was determined that he currently has three (3) APRNs that he supervises. The Board's regulations will prohibit him from collaborating with mid-level providers as one must hold an unrestricted license.

Following a brief discussion, the attorneys for Dr. Kyzar requested time to discuss the matter with their client. Mr. Horn addressed the Board and stated that they were unaware of the regulation and would like for the Board to grant a Continuance until the November meeting where they will either accept the Consent Order or move forward with a hearing.

After several issues were addressed, motion was made by Dr. Mayo, seconded by Dr. Miles, and carried unanimously to grant a Continuance with the understanding that the proposed Consent Order will either be accepted or the Board will move forward with the hearing in November. Also, the Board instructed Dr. Kyzar that he must abide by the recovery contract dated August 8, 2011, and any non-compliance will lead to an

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immediate Order of Prohibition being issued. A copy of the Order of Continuance is attached hereto and incorporated by reference.

**UPDATE ON RALPH ARNOLD SMITH, JR., M.D., GREENWOOD, MISSISSIPPI
MEDICAL LICENSE NUMBER 07161**

For informational purposes only, Dr. Craig provided an update on the Agreed Order of Abeyance concerning Dr. Smith and advised that he will have to appear before the Board in a hearing before he can practice medicine.

OTHER BUSINESS

Dr. Easterling discussed the length of time it takes to license physicians and stated that he wanted to form another ad hoc committee to review the licensure process to see if there is a way to streamline. Dr. Easterling appointed Dr. Brunson as chair of the committee and appointed Dr. Craig and Rhonda Freeman as members.

**THE BOARD RECESSED AT 5:50 P.M. ON WEDNESDAY, SEPTEMBER 26, 2012,
WITH PLANS TO RESUME ON THURSDAY, SEPTEMBER 27, 2012, AT 9:00 A.M.**

At 9:00 A.M. on Thursday, September 27, 2012, Dr. Easterling called the meeting back to order and stated that the Board would be resuming. All Board members that were present on Wednesday were present at the start of Thursday's meeting. In addition, Dr. William Jones was present for Thursday's meeting.

Dr. Easterling advised that Thomas Washington, Bureau Director, Investigative Division, wanted to recognize one of his employees. Mr. Washington addressed the Board and presented Mickey Boyette, Investigator, with a certificate certifying that he has completed training to be a Certified Medical Board Investigator (CMBI). Mr. Boyette was congratulated on his accomplishment.

REPORT OF SEPTEMBER 26, 2012, EXECUTIVE COMMITTEE MEETING

Dr. Craig briefly covered a number of appearances and issues that were discussed by the Executive Committee on September 26, 2012. Information pertaining to the Executive Committee decisions is included in the Executive Committee minutes dated September 26, 2012.

Dr. Easterling stated that the Executive Committee moves that their actions/decisions be approved. The Board unanimously approved to ratify the actions/decisions taken by the Executive Committee.

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REPORTS FROM COMMITTEES

Scope of Practice - Dr. Brunson (Chair), Dr. Easterling, Dr. Jones, Dr. Chance, Dr. Miles, Mr. Burnham, Mr. Thomas

Dr. Brunson advised that the Committee met this morning. Dr. Brunson covered a section that the Committee wants to add in the amendment that deals with the collaborating physician working with an APRN in an emergency room or acute care facility.

Following a brief discussion, motion was made by Dr. Mayo, seconded by Dr. Chance, and carried unanimously of the Board's intent to file the proposed amendment changes to Title 30, Part 2630, Chapter 1, (Formerly Chapter 09) Collaboration/Consultation with Nurse Practitioners with the Secretary of State under the Administrative Procedures Act. A copy of the proposed amendment changes is attached hereto and incorporated by reference.

Professionals Health Program - Dr. Chance (Chair), Dr. Crawford, Dr. Aycock

Dr. Chance advised that the Committee is currently reviewing the contract with State Medical and also looking at the treatment facilities that are being offered.

Rules, Regulation & Legislative - Dr. Mayo (Chair), Dr. Easterling, Dr. Jones, Dr. Miles, Mr. Breland

Dr. Mayo advised that the Committee met today and were proposing changes to Title 30, Part 2610, Chapter 2 (Formerly Chapter 07) CME Requirements to add that five (5) hours must be related to the prescribing of medications with an emphasis on controlled substances. Also, Dr. Mayo stated that the Committee is proposing a change to Title 30, Part 2640, Chapter 1 (Formerly Chapter 25) Rules Pertaining to Prescribing, Administering and Dispensing of Medication to add that the physician must be registered with the Mississippi Prescription Monitoring Program (MPMP).

Following a brief discussion concerning how burdensome the MPMP program is for physicians, what the program entails, and several comments that the legislature is looking into this matter, it was decided that the Board would vote on the two (2) proposed amended changes separately. Also, there was a brief discussion concerning the requirements for CME's and how it would be implemented.

Motion was made by Dr. Miles, seconded by Dr. Brunson, and carried unanimously of the Board's intent to file the proposed amendment changes to Title 30, Part 2610, Chapter 2, (Formerly Chapter 07) with the Secretary of State under the

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Administrative Procedures Act. A copy of the proposed amendment changes is attached hereto and incorporated by reference.

Motion was made by Dr. Miles, seconded by Dr. Brunson, and with the exception of Dr. Merideth, all other Board members present voted in favor of the proposed changes to Title 30, Part 2640, Chapter 1, requiring all physicians to register with MPHP. Due to the vote, Dr. Easterling advised of the Board's intent to file the proposed amendment changes to Title 30, Part 2640, Chapter 1, (Formerly Chapter 25) with the Secretary of State under the Administrative Procedures Act. A copy of the proposed amendment changes is attached hereto and incorporated by reference.

Ethics - Dr. Crawford (Chair), Dr. Merideth, Dr. Aycock

Dr. Crawford was not present but Dr. Merideth advised there was no new information to report.

Telemedicine / EHR - Dr. Aycock (Chair), Dr. Merideth, Dr. Brunson

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

**HEARING IN THE CASE OF RODERICK G. NEWELL, M.D., LONG BEACH,
MISSISSIPPI MEDICAL LICENSE NUMBER 10810, REQUEST FOR
REINSTATEMENT**

Stan Ingram, Complaint Counsel for the Board, introduced Dr. Newell and advised that he was here today without counsel. Mr. Ingram advised that Dr. Newell is requesting that his Mississippi medical license be reinstated from the Consent Order dated June 2010.

Ellen O'Neal, Assistant Attorney General, questioned Dr. Newell regarding legal representation and he stated that he wanted to waive his right to an attorney and proceed without legal counsel.

Mr. Ingram provided a brief history leading up to the 2010 Consent Order and entered several exhibits into the record. Mr. Ingram advised that Dr. Newell has fulfilled all requirements of the 2010 Consent Order, has received treatment, and that Dr. Scott Hambleton, Medical Director, Mississippi Professionals Health Program (MPHP), was here to advocate for him today.

Dr. Hambleton was called to the witness stand and sworn in by the court reporter. Dr. Hambleton advised that Dr. Newell has been compliant with all of MPHP's request and that he is here today to advocate in his behalf for reinstatement of his

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license.

Dr. Hambleton responded to several questions from the Board before Dr. Newell was called to the witness stand and sworn in by the court reporter. Dr. Newell addressed the Board and made his request for reinstatement of his license. Several Board members questioned Dr. Newell concerning where he would be employed. Dr. Newell stated that he had been offered a position in a primary care/walk-in clinic.

Motion was made by Dr. Mayo, seconded by Dr. Chance, and carried unanimously to reinstate Dr. Newell's license. A copy of the Order of Reinstatement is attached hereto and incorporated by reference.

A verbatim account of this proceeding was recorded by Cathy White, Court Reporter.

**FINAL ADOPTION OF AMENDMENT PERTAINING TO PRESCRIBING,
ADMINISTERING AND DISPENSING OF MEDICATION**

Dr. Easterling advised that before we vote to final adopt the regulation that the Board has received additional comments from Delphine Shannon, M.D., Director of Health Fit M.D., a wellness and weight loss clinic, as well as from the Mississippi Academy of Physician Assistants. Ken Cleveland, M.D., was in attendance and he also expressed concern over the CME requirements.

Following a discussion concerning the comments received, especially concerning the number of CME hours required, motion was made by Dr. Mayo, seconded by Dr. Miles, and carried unanimously to allow 24 months instead of 12 months to comply with the initial CME requirement found in Rule 1.6.

Upon advice from Ms. O'Neal, Assistant Attorney General, that the changes were not substantial, the Board decided to move forward and final adopt the amended changes today. Motion was made by Dr. Mayo, seconded by Dr. Jones, and carried unanimously to the Board's intent to final adopt the amendment to the regulation concerning bariatric medicine in Title 30, Part 2640, Chapter 1, Rules Pertaining to Prescribing, Administering and Dispensing of Medication (Formerly Chapter 25). 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.

THE BOARD RECESSED AT 10:35 A.M. AND RECONVENED AT 10:45 A.M.

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**HEARING IN THE CASE OF ZIZHUANG LI, M.D., GULFPORT, MISSISSIPPI
MEDICAL LICENSE NUMBER 20022**

Stan Ingram, Complaint Counsel for the Board, introduced Dr. Li and his attorney, Doug Mercier. Mr. Ingram advised that Dr. Li is here in response to a Summons and Affidavit being issued to him that charges him with 24 counts of violating the Mississippi Medical Practice Act. Mr. Ingram advised that he and Mr. Mercier had premarked the exhibits and that patients would be referred to by number instead of name. Also, Mr. Ingram advised that the Board has an expert witness, Jeffrey Summer, M.D., that has already been approved by Dr. Li and Mr. Mercier after reviewing his CV.

Mr. Ingram made an opening statement and entered several exhibits into the record. Mr. Ingram advised that the 24 counts of violating the Mississippi Medical Practice Act pertains to four (4) patients and Dr. Li's prescribing for chronic pain. Mr. Ingram covered the Affidavit and discussed the 24 counts. Mr. Ingram advised that Dr. Summers will testify to the prescribing violations.

Mr. Mercier made an opening statement and entered several respondent exhibits into the record.

Jonathan Dalton, Board Investigator, was called to the witness stand and sworn in by the court reporter. Mr. Ingram questioned Mr. Dalton concerning the counts listed in the Summons and Affidavit. Board members also questioned Mr. Dalton concerning his investigation.

Mr. Mercier followed and also questioned Mr. Dalton concerning his investigation.

THE BOARD RECESSED FOR LUNCH AT 12:20 P.M. AND RETURNED AT 1:10 P.M.

DR. MERIDETH EXITED THE MEETING AND DID NOT RETURN AFTER LUNCH

Following the lunch break, Mr. Mercier continued his questioning of Mr. Dalton and his investigation into the clinic. Mr. Mercier wanted to invoke the rule that Dr. Summers not be present during testimony. Mr. Mercier was advised that Dr. Summers was not present but being an expert witness he has the right, if he so wishes, to be present.

Mr. Ingram redirected several questions to Mr. Dalton before the Board questioned him.

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Jeffrey Summers, M.D., an anesthesiologist that specializes in pain management, was called to the witness stand as an expert witness for the Board. Dr. Summers was sworn in by the court reporter. Mr. Ingram summarized Dr. Summers' CV and Mr. Mercier accepted him as an expert witness.

THE BOARD RECESSED AT 3:10 P.M. AND RECONVENED AT 3:25 P.M.

Mr. Ingram, followed by Mr. Mercier, both questioned Dr. Summers concerning his review of the patient files and the deficiencies that he observed. The Board members also questioned Dr. Summers concerning his review of the patient records and the amount of controlled substances being prescribed.

THE BOARD RECESSED AT 4:55 P.M. AND RECONVENED AT 5:10 P.M.

Dr. Li was called to the witness stand. Before he was sworn in, Ms. O'Neal, Assistant Attorney General, questioned Dr. Li and made sure that he understood his rights and how he could incriminate himself. Dr. Li advised that he understood and was then sworn in by the court reporter.

Mr. Mercier, Mr. Ingram and the Board members questioned Dr. Li about the pain clinic where he worked and his prescribing patterns. Dr. Li advised that he is no longer at the clinic but is now associated with Quick Medco in Gulfport.

Dr. Easterling stated that he wanted to direct the Board on a form the clinic was using and advised them that there was no evidence that Dr. Li had anything to do with the form being produced and no ownership of the form. Dr. Easterling reminded the Board that Dr. Li was only a contract worker at the pain clinic.

Motion was made by Dr. Mayo, seconded by Dr. Chance, and carried unanimously that the Board enter into Executive Session to discuss a matter that could adversely affect Dr. Li's Mississippi medical license.

Motion was made by Dr. Mayo, seconded by Dr. Miles, and carried unanimously that the Board came out of Executive Session at which time Dr. Easterling asked Dr. Aycock to report on the Board's decision. Dr. Aycock stated that based upon the Findings of Fact that the Board suspends Dr. Li's medical license for one (1) year. During this year, Dr. Li must attend approved courses in prescribing of controlled substances, proper record keeping, and medical ethics. All courses should be approved by the Board's Executive Director, in advance, and documentation of successful completion sent to the Board. Dr. Li must also submit to an evaluation of competency at a Board approved facility. Dr. Li may petition the Medical Board for reinstatement after completion of the requirements but no sooner than one (1) year

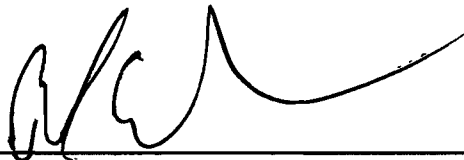
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from this date. A copy of the Determination and Order is attached hereto and incorporated by reference.

A verbatim account of this proceeding was recorded by Cathy White, Court Reporter.

ADJOURNMENT

There being no further business, the meeting adjourned at 7:32 p.m., with the next meeting scheduled for Thursday, November 15, 2012.



S. RANDALL EASTERLING, M.D.
PRESIDENT

Minutes taken and transcribed
by Sherry H. Pilgrim
Staff Officer
September 26 & 27, 2012

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

WILLIAM COLUMBUS SAMS, III, M.D.

DETERMINATION AND ORDER

THIS MATTER came on regularly for hearing on September 26, 2012, before the Mississippi State Board of Medical Licensure (hereinafter "Board"), pursuant to Title 73, Chapter 25 of Mississippi Code (1972) Annotated. The Board initiated these proceedings on August 26, 2012, by issuance of a Summons and Affidavit against William Columbus Sams, III, M.D. (hereinafter "Licensee") setting forth two (2) counts of violation of Miss. Code Ann. Sections 73-29-53(c), 73-25-29(2) and 73-25-29(8)(d).

Licensee appeared before the Board on September 26, 2012, without legal representation. Sitting as legal advisor to the Board was Honorable Ellen O'Neal, Assistant Attorney General. Ms. O'Neal advised Licensee of the disciplinary nature of the proceeding and his right to have counsel present; to present evidence, to call, examine and cross-examine witnesses; and to offer and introduce evidence and testimony on his behalf. Licensee acknowledged his understanding, waived any right to counsel, and advised Ms. O'Neal of his wish to proceed with the hearing. Complaint Counsel for the Board was Honorable Stan T. Ingram. Board members present for all proceedings were: S. Randall Easterling, M.D., President; Larry B. Aycock, M.D., William S. Mayo, D.O., Claude D. Brunson, M.D., Rickey L. Chance, D.O., Philip T. Merideth, M.D., J.D., and Charles D. Miles, M.D.

It was also noted that Licensee failed to file an answer in response to the Board's Summons and Affidavit. Therefore, all allegations are deemed admitted pursuant to the Board's rules of procedure. Notwithstanding evidence and testimony was presented. Based upon the evidence and testimony presented, the Board renders the following Findings of Fact, Conclusions of Law, and Order.

FINDINGS OF FACT

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

1. That William Columbus Sams, III, M.D., hereinafter referred to as "Licensee," was licensed to practice medicine in the State of Mississippi on June 12, 1975, by issuance of Mississippi Medical License No. 07263.
2. That contact with the U.S. Drug Enforcement Administration (DEA), Jackson, Mississippi, on August 23, 2012, indicated that Licensee is a practitioner currently registered to administer, dispense, and prescribe controlled substances in Schedules II, IIN, III, IIIN, IV, and V, under Uniform Controlled Substance Registration Certificate No. AS6520008, issued on January 1, 1990, with an expiration date of February 28, 2015.
3. That on March 23, 2012, Scott Hambleton, M.D., Director of the Mississippi Professionals Health Program (MPHP), met with Licensee at Licensee's office in Gulfport regarding several anonymous phone calls received indicating Licensee relapsed on alcohol. Licensee was advised that he should obtain an evaluation.
4. That on April 3, 2012, Licensee reported for a comprehensive addiction evaluation at Pine Grove in Hattiesburg. Evaluators found that Licensee was, ". . . not a reliable

source of information about his own history or his drinking/use patterns." Licensee disclosed to evaluators that he previously underwent treatment sometime around 1985 for alcohol abuse. Collateral sources revealed to evaluators that Licensee would take 6-week trips to Europe and not contact any family or friends regarding the trips. Sources believed this was so Licensee could, ". . . drink and use substances without having to worry about being 'busted,' as he calls it." An intervention was performed by Licensee's closest family members prior to the evaluation. Licensee responded with, ". . . absolute, total denial." Licensee also admitted to evaluators that, over the past 3 or 4 years, Licensee wrote prescriptions for controlled substances in the name of his sister and son for the purpose of Licensee's own personal use. As a result of the evaluation, Licensee was diagnosed with Alcohol Dependence and it was recommended that Licensee obtain at least 90 days of residential treatment for substance dependence. It was also recommended that Licensee not return to the practice of medicine until said treatment was obtained.

5. That on April 10, 2012, Dr. Hambleton spoke with Licensee regarding his options. Licensee was informed that he could sign an Agreement Not To Practice and enter into treatment as recommended by Pine Grove or Dr. Hambleton would be forced to turn the matter over to the Board. Licensee refused to sign the Agreement Not To Practice. On April 16, 2012, Dr. Hambleton sent a letter to the Board detailing Licensee's non-compliance by failing to sign the Agreement Not To Practice and failing to enter a residential treatment program approved by the Board.

6. That on April 23, 2012, Licensee was sent a letter from Board Executive Director, H. Vann Craig, M.D., indicating Licensee must comply with the recommendations of MPHP and Pine Grove or face a disciplinary hearing on the matter. Licensee was given seven (7)

days to respond. On May 2, 2012, Dr. Craig spoke with Licensee regarding the need for obtaining treatment. After hearing Licensee's concerns, Dr. Craig advised Licensee to obtain a second opinion at Palmetto Addiction Recovery Center in Louisiana.

7. That on June 18, 2012, Dr. Hambleton sent another letter to the Board indicating Licensee contacted him on June 15, 2012, to discuss his options. The letter also summarized the contents of the April 16, 2012, letter sent by Dr. Hambleton to the Board. Licensee was told he must either enter treatment or obtain the second opinion from Palmetto. Licensee was given ten (10) days to make a decision regarding treatment. Licensee failed to notify MPHP or the Board of his decision and has failed to enter treatment or obtain a second opinion from Palmetto.

8. That on July 19, 2012, Affiant served Licensee an Order to Appear before the Examining Committee of the Board to determine whether Licensee needed to obtain treatment. On August 1, 2012, Licensee presented to the Examining Committee at the offices of the Mississippi State Medical Association in Ridgeland, MS, for examination. The committee stated in their report to the Board that, in part, ". . . there is significant reason for concern based on the information reported in the Board's Affidavit. There is also concern due to the conflict between the information being reported by Dr. Sams and the information provided by the report from Pine Grove, as well as the collateral sources of information reported to the MPHP. . . Dr. Sams should obtain a comprehensive evaluation. . . prior to returning to the practice of medicine. Alternatively, the committee recommends that Dr. Sams should submit himself directly for treatment of relapse for alcohol dependence and substance abuse, prior to returning to the practice of medicine, in lieu of the comprehensive evaluation." The Examining Committee finished the report by stating,

"It is the opinion of the Examining Committee that Dr. Sams' return to the practice of medicine prior to obtaining a comprehensive evaluation and/or treatment would represent a threat to the public health [Emphasis Added]."

9. That on August 22, 2012, the Board's Executive Officer accepted the recommendations of the Examining Committee on behalf of the Board.

10. As of the date of this hearing, Licensee has not entered into treatment nor obtained a follow-up, second opinion evaluation.

CONCLUSIONS OF LAW

Based on the Finding of Facts as enumerated above, Licensee is guilty of Counts one and two of the Affidavit as filed with the Board. Licensee is guilty of violation of Subsection (8)(d) of Section 73-25-29 and Section 73-25-83(a), Miss. Code Ann., as amended; as a result of Licensee being guilty of habitual use of intoxicating liquors or any beverage to an extent which affects his professional competency in the practice of medicine and unprofessional conduct, which includes, but is not limited to, any dishonorable or unethical conduct likely to deceive, defraud and harm the public.

ORDER

IT IS THEREFORE, ORDERED that based upon the findings of fact and conclusions of law above, License number 07263, issued to William Columbus Sams, III, M.D., is hereby placed on indefinite suspension to take effect at 5 p.m., October 11, 2012.

IT IS FURTHER ORDERED, that Licensee's Mississippi Medical License be also subject to the following additional terms and conditions. Licensee must submit documented proof of the following:

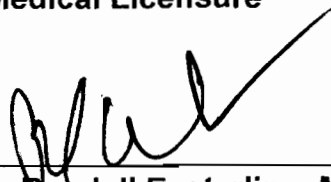
1. Licensee shall submit to and complete a comprehensive evaluation conducted by the MPHP, under the direction of MPHP's Medical Director. Licensee shall bear all costs of said evaluation. Licensee will execute such releases so as to authorize MPHP to provide to the Board a complete report of said evaluation, and likewise allow the Board to provide to the evaluators any and all information concerning investigation of Licensee's medical practice.
2. Upon completion of treatment, Licensee shall immediately obtain affiliation with MPHP. Licensee shall comply with all affiliation requirements of MPHP, its Medical Director or the Mississippi Professionals Health Committee (MPHC). Licensee hereby authorizes the Board, its Director or Investigative Staff, to contact and communicate with MPHP, MPHC, or any agent or representative of said organizations as to all aspects of his affiliation and/or recovery. Reciprocally, Licensee hereby authorizes MPHP and MPHC, its agents, representatives or employees to communicate with the Board as to all aspects of his affiliation and/or recovery.
3. 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 tender to the Board 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 Licensee receives the aforementioned notification.

IT IS FURTHER ORDERED, that in the event the Board permits reinstatement of Licensee's medical license, the Board shall have the right to impose on Licensee any other restriction which the Board, in its sole discretion, shall deem necessary to protect the public.

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 William Columbus Sams, III, M.D. Because Dr. Sams was informed of this decision following Board deliberations, the Order shall to into effect at 5 p.m., October 11, 2012, so as to permit Dr. Sams time to transfer care to other Licensees.

SO ORDERED, this the 27th day of September, 2012.

**Mississippi State Board of
Medical Licensure**



**S. Randall Easterling, M.D.
President**

**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
SEPTEMBER 27, 2012**

AGENDA ITEM: XII. Hearing in the case of William Columbus Sams, III, M.D.

In a motion made by Dr. Mayo, seconded by Dr. Chance, the Board finds that Dr. Sams admits to the charges in the referral to the Examining Committee. The Board suspends Dr. Sams' license until he has worked with MPHP and has obtained advocacy from MPHP. This suspension takes effect at 5:00 p.m. on October 11, 2012. Dr. Sams may return to the Board to request lifting of this suspension after he obtains advocacy from MPHP.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.	X			
Claude D. Brunson, M.D.		X		
Rickey L. Chance, D.O.	X			
Virginia M. Crawford, M.D.				X
S. Randall Easterling, M.D.	X			
William B. Jones, M.D.				X
William S. Mayo, D.O.	X			
Philip T. Merideth, M.D., J.D.	X			
Charles D. Miles, M.D.	X			

With a motion by Dr. Mayo, seconded by Dr. Miles, the Board came out of Executive Session.



S. Randall Easterling, M.D.
President

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

OF

BENJAMIN ALBORN MARBLE, M.D.

CONSENT ORDER

WHEREAS, Benjamin Alborn Marble, M.D., hereinafter referred to as "Licensee," having an address of 8083 Red ^{Creek} ~~Hook~~ Road, Long Beach, MS 39560, is the current holder of License No.18076 for the practice of medicine in the State of Mississippi.

WHEREAS, there is now pending before the Mississippi State Board of Medical Licensure, hereinafter referred to as "Board," that amended certain summons and affidavit charging Licensee with violation of the Mississippi Medical Practice Act and specifically, Miss. Code Ann. § 73-25-29(8)(d), and § 73-25-83(a), for which the Board may revoke the medical license of Licensee, suspend it for a time deemed proper by the Board, or take any other action as the Board may deem proper under the circumstances;

WHEREAS, Licensee wishes to avoid a hearing before the Board and in lieu thereof has agreed to execute this Consent Order, subject to the terms, conditions, and restrictions as specified below;

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

terms and conditions on Licensee's certificate to practice medicine in the State of Mississippi, to-wit:

1. Licensee shall take immediate steps to contact the medical director of the Mississippi Professional Health Program (MPHP), disclose all facts which prompted Licensee's execution of this Order and make arrangements to submit to evaluation for potential mental or emotional impairment at a facility approved in advance and in writing by the MPHP. By executing this Consent Order, Licensee authorizes the Board and MPHP to fully disclose and share with such facility any and all information regarding Licensee which the MPHP may, in its discretion, deem necessary to evaluate and/or advise Licensee. Upon conclusion of the evaluation, a report shall be sent to the MPHP with a copy to the Board's Executive Director. In the event it is the recommendation of the evaluating facility that Licensee is in need of treatment, Licensee shall comply with all of such recommendations.
2. Within six (6) months from the date of the Board's acceptance of this Order, Licensee shall enroll and successfully complete AMA Category 1 CME (Continuing Medical Education) course in the area of Medical Ethics, said course to be approved in advance by the Executive Director of the Board. Following completion of the course, Licensee shall submit to the Board documentary proof of successful completion. This is in addition to the forty (40) hours of Category 1 CME requirements as cited in Title 30, Part 2610, Chapter 2 of the Board's Rules and Regulations.

3. Licensee shall reimburse the Board for all costs incurred in relation to the pending matter pursuant to Miss. Code Ann. § 73-25-30, with said amount not to exceed \$10,000. Licensee shall be advised of the total assessment by separate notification, and shall tender to the Board a certified check or money order on or before forty (40) days from the date the assessment is mailed to Licensee via U. S. mail at the address shown above.

Licensee understands and expressly acknowledges that this Consent Order shall constitute a public record of the State of Mississippi. Licensee further understands and acknowledges that the Board shall provide a copy of this Order to, among others, the National Practitioners Data Bank, and the U. S. Drug Enforcement Administration (DEA), and the Board makes no representation as to actions, if any, which the DEA may take in response to this Order.

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 the Consent Order and other documents and matters pertaining thereto by the Board shall not unfairly or illegally prejudice the Board or any of its members

from further participation in any hearings or other consideration of the resolution of the proceeding.

By executing this Consent Order, Licensee does not admit to or acknowledge any act of misconduct or malpractice; and this order cannot be used against Licensee as proof of misconduct or medical malpractice in any other civil, administrative or criminal proceeding.

Recognizing his right to notice of charges specified against him, to have such charges adjudicated pursuant to Miss. Code Ann. § 73-25-1 et seq., to be represented therein by legal counsel of his choice, and a final decision based on written findings of fact and conclusions of law, Benjamin Alborn Marble, M.D., nonetheless hereby waives his right to notice and formal adjudication of charges, thereby placing the above enumerated terms, conditions, and restrictions on his license to practice medicine in the State of Mississippi.

EXECUTED, this the 18th day of September, 2012.

By: Benjamin Alborn Marble, M.D.
Benjamin Alborn Marble, M.D.,

EXECUTED ACCEPTED, this the 27th day of September, 2012.

Mississippi State Board of Medical Licensure

By: [Signature]
S. Randall Easterling, M.D., President

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

OF

ANDREW AYERS MARTIN, M.D.

CONSENT ORDER

WHEREAS, Andrew Ayers Martin, M.D, hereinafter referred to as "Licensee," having an address of 1970 Hospital Dr., Clarksdale, MS 38614, is the current holder of License No.14355 for the practice of medicine in the State of Mississippi;

WHEREAS, the investigative staff of the Mississippi State Board of Medical Licensure, hereinafter referred to as "Board," has conducted a compressive investigation into the medical practice of Licensee and has documented evidence indicating that Licensee is in violation of the Rules and Regulations of the Board "Pertaining to Prescribing, Administering and Dispensing of Medication" by administering, dispensing and prescribing narcotic drugs, or any other drug having addiction-forming or addiction-sustaining liability, otherwise than in the course of legitimate medical practice and failure to appropriately maintain patient records; and

WHEREAS, Licensee has previously voluntarily surrendered his DEA Uniform Controlled Substances Registration Certificate in all schedules; and

WHEREAS, such conduct, if established before the Board, constitutes violation of the Mississippi Medical Practice Act and specifically, Subsections (3), 8(d) and (13) of the Miss. Code Ann. § 73-25-29, and § 73-25-83(a), for which the Board may revoke the

medical license of Licensee, suspend it for a time deemed proper by the Board, or take any other action as the Board may deem proper under the circumstances; and

WHEREAS, Licensee wishes to avoid a hearing before the Board and in lieu thereof has agreed to execute this Consent Order, subject to the terms, conditions, and restrictions 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 terms, conditions, and restrictions on Licensee's Certificate (No. 14355) to practice medicine in the State of Mississippi, to-wit:

1. As long as Licensee holds a license to practice medicine in the State of Mississippi, he shall not have the right to administer, dispense or prescribe controlled substances in any schedule; nor shall he have the right to apply with the U. S. Drug Enforcement Administration for such privileges.
2. Licensee shall take immediate steps to contact the medical director of the Mississippi Professional Health Program (MPHP), disclose all facts which prompted Licensee's execution of this Order and comply with any and all recommendations which the MPHP may have, if any, regarding possible evaluation and treatment for boundary or other issues. By executing this Consent Order, Licensee authorizes the Board and MPHP to fully disclose and share any and all information regarding Licensee which the MPHP may, in its discretion, deem necessary to evaluate and/or advise Licensee.

3. Within six (6) months from the date of the Board's acceptance of this Order, Licensee shall enroll and successfully complete AMA Category 1 CME (Continuing Medical Education) courses in the areas of (1) Professional Boundaries between a Licensee and his patients; (2) Proper Record Keeping; and (3) Medical Ethics. All CME courses shall be approved in advance by the Executive Director of the Board. Following completion of each course, Licensee shall submit to the Board documentary proof of successful completion. This is in addition to the forty (40) hours of Category 1 CME requirements as cited in Title 30, Part 2610, Chapter 2 of the Board's Rules and Regulations.
4. Licensee shall reimburse the Board for all costs incurred in relation to the pending matter pursuant to Miss. Code Ann. § 73-25-30, with said amount not to exceed \$10,000. Licensee shall be advised of the total assessment by separate notification, and shall tender to the Board a certified check or money order on or before forty (40) days from the date the assessment is mailed to Licensee via U. S. mail at the address shown above.
5. In the event Licensee should leave Mississippi to reside outside the state, Licensee shall, within ten (10) days prior to departing, notify the Board in writing of the dates of departure and return. Periods of residency outside Mississippi will not apply to the reduction of time restrictions enumerated in this Order, or lessen the duration of said restrictions.

Licensee understands and expressly acknowledges that this Consent Order shall constitute a public record of the State of Mississippi. Licensee further understands and

acknowledges that the Board shall provide a copy of this Order to, among others, the National Practitioners Data Bank, and the U. S. Drug Enforcement Administration (DEA), and the Board makes no representation as to actions, if any, which the DEA may take in response to this Order.

By executing this Consent Order, Licensee does not admit to or acknowledge any act of malpractice; and this order cannot be used against Licensee as proof of misconduct or medical malpractice in any other civil or criminal proceeding.

Recognizing his right to notice of charges specified against him, to have such charges adjudicated pursuant to Miss. Code Ann. § 73-25-1 et set., to be represented therein by legal counsel of his choice, and a final decision based on written findings of fact and conclusions of law, the undersigned Andrew Ayers Martin, M.D, nonetheless hereby waives his right to notice and formal adjudication of charges, thereby placing the above enumerated terms, conditions, and restrictions on his license to practice medicine in the State of Mississippi.

EXECUTED, this the 26th day of September, 2012.

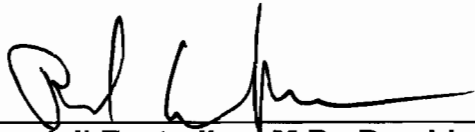
By: Andrew Ayers Martin, MD
Andrew Ayers Martin, M.D,

Approved:

D. Collier Graham, Jr.
D. Collier Graham, Jr.
Attorney for Licensee

ACCEPTED, this the 27th day of September, 2012.

Mississippi State Board of Medical Licensure

By: 
S. Randall Easterling, M.D., President

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

OF

KENT COMO KYZAR, M.D.

ORDER OF CONTINUANCE

THIS MATTER came on regularly for hearing on September 26, 2012, before the Mississippi State Board of Medical Licensure in response to a request for continuance of the hearing set for this date filed by Kent Como Kyzar, M.D. (hereinafter "Licensee") through his attorney, William D. Boerner. 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 November 15, 2012.

SO ORDERED, this the 27th day of September, 2012.

MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE

BY: 

S. RANDALL EASTERLING, M.D.
PRESIDENT

TELEPHONE: (601) 987-3079



FAX: (601) 987-6822

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

PUBLIC STATEMENT

July 24, 2012

RE: Ralph Arnold Smith, M.D.

Pursuant to §3.14 of the Policy of the Mississippi State Board of Medical Licensure as to the confidentiality of pending disciplinary matters, be advised that action was taken by the Board on July 10, 2012, providing that in the event Ralph Arnold Smith, M.D., currently incarcerated, is released from incarceration, he shall not practice medicine until further order of the Board.

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE**IN THE MATTER OF THE PHYSICIAN'S LICENSE OF****RALPH ARNOLD SMITH, JR., M. D.****AGREED ORDER OF ABEYANCE**

WHEREAS, on July 10, 2012, the Mississippi State Board of Medical Licensure entered that certain order commanding Ralph Arnold Smith, M.D. (hereinafter "Licensee") to show cause why the Mississippi State Board of Medical Licensure should not temporarily prohibit him from practicing medicine until such time as he has completed an independent medical examination as ordered by the Examining Committee designated by the Board under authority of Miss. Code Ann. Section 73-25-57;

WHEREAS, in view of Licensee's incarceration and inability to personally attend such a hearing, the parties have agreed to place the hearing and any further action and response deadlines in abeyance until such time as Licensee is released from incarceration and able to respond and appear;

NOW THEREFORE, the hearing as commanded by virtue of the Board's Order to Show Cause issued July 10, 2012 is hereby placed in abeyance until such time as (1) Licensee is released from incarceration and (2) a hearing date is set by mutual agreement of the parties.

IT IS FURTHER ORDERED, that the fifteen (15) day deadline within which Licensee must file an answer or responsive pleading shall not begin to run until such time as Licensee is released from incarceration.

IT IS FURTHER ORDERED, that this Agreed order shall not impact or diminish that certain Order rendered by the Board July 9, 2012 prohibiting Licensee from practicing, subject to Licensee's right to hearing as provided therein.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the 27th day of July, 2012.




S. Randall Easterling, M.D.
President
Mississippi State Board of Medical
Licensure

AGREED:



Stan T. Ingram, Counsel for the
Mississippi State Board of Medical Licensure



William C. Bell, Counsel for
Ralph Arnold Smith, M.D.

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
IN THE MATTER OF THE PHYSICIAN'S LICENSE
OF
RODERICK GRAY NEWELL, M.D.
ORDER OF LICENSURE REINSTATEMENT

THIS MATTER came on regularly for consideration on September 27, 2012, before the Mississippi State Board of Medical Licensure, in response to the petition of Roderick Gray Newell, M.D. (hereinafter "Licensee"), seeking removal of all restrictions on his license to practice medicine in the State of Mississippi. By virtue of that certain Consent Order dated July 22, 2010, Licensee's certificate to practice medicine in the State of Mississippi was indefinitely suspended until such time as Licensee received appropriate treatment and obtained affiliation with the Mississippi Professionals Health Program. During the hearing evidence and testimony was presented establishing that Licensee has complied in all respects with the conditions imposed by the Consent Order dated July 22, 2010. Therefore, the Board finds Licensee's request to be well taken.

IT IS HEREBY ORDERED, that Licensee's certificate to practice medicine in the state of Mississippi is hereby reinstated.

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 Roderick Gray Newell, M.D. Because Dr. Newell was informed of this decision following Board deliberations, the Order shall be given immediate effect.

SO ORDERED, this the 27th day of September, 2012.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY: _____


S. RANDALL EASTERLING, M.D.
PRESIDENT

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Board of Medical Licensure		CONTACT PERSON Rhonda Freeman	TELEPHONE NUMBER (601) 987-0223	
ADDRESS 1867 Crane Ridge Drive, Suite 200-B		CITY Jackson	STATE MS	ZIP 39216
EMAIL <u>rhonda@msbml.ms.gov</u>	SUBMIT DATE 10/3/12	Name or number of rule(s): 30 Miss. Admin Code Pt. 2630, R.1		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This rule has been rewritten to address issues regarding the collaboration of a physician with a nurse practitioner.

Specific legal authority authorizing the promulgation of rule: 73-43-11

List all rules repealed, amended, or suspended by the proposed rule: N/A

ORAL PROCEEDING:

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

Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more 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, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

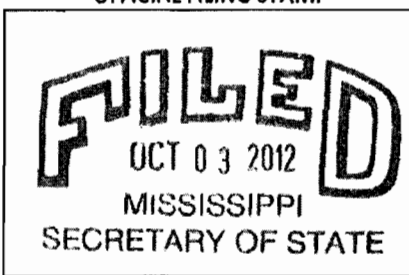
ECONOMIC IMPACT STATEMENT:

Economic impact statement not required for this rule. Concise summary of economic impact statement attached.

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

Printed name and Title of person authorized to file rules: Rhonda Freeman

Signature of person authorized to file rules: [Handwritten Signature]

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		
Accepted for filing by	Accepted for filing by <u>[Handwritten Signature]</u>	Accepted for filing by

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



DELBERT HOSEMANN
Secretary of State

CONCISE SUMMARY OF ECONOMIC IMPACT STATEMENT

An Economic Impact Statement is required for this proposed rule by Section 25-43-3.105 of the Administrative Procedures Act. This is a Concise Summary of the Economic Impact Statement which must be filed with the Secretary of State's Office.

AGENCY NAME Board of Medical Licensure	CONTACT PERSON Rhonda Freeman	TELEPHONE NUMBER (601) 987-0223	
ADDRESS 1867 Crane Ridge Drive, Suite 200-8	CITY Jackson	STATE MS	ZIP 39216
EMAIL rhonda@msbnl.ms.gov	DESCRIPTIVE TITLE OF PROPOSED RULE 30 Miss. Admin Code Pt. 2630, R.1		
Specific Legal Authority Authorizing the promulgation of Rule: 73-43-11	Reference to Rules repealed, amended or suspended by the Proposed Rule: N/A		

A. Estimated Costs and Benefits

1. Briefly summarize the benefits that may result from this regulation and who will benefit:
This regulation is to inform and educate physicians in collaborative relationships as to what the Board of Medical Licensure considers to be the responsibilities of such physicians.
2. Briefly describe the need for the proposed rule:
The Board of Medical Licensure has determined that it is reasonable, necessary and in the public interest to adopt the regulations detailing what it considers to be the standard of practice.
3. Briefly describe the effect the proposed action will have on the public health, safety, and welfare:
The rules intend to be practical and flexible enough to address a variety of situations and specialties. The Board does not intend to restrict patient access to essential healthcare in the State of Mississippi.
4. Estimated Cost of implementing proposed action:
 - a. To the agency
 Nothing Minimal Moderate Substantial Excessive
 - b. To other state or local government entities
 Nothing Minimal Moderate Substantial Excessive
5. Estimated Cost and/or economic benefit to all persons directly affected by the proposed rule:
 - c. Cost:
 Nothing Minimal Moderate Substantial Excessive
 - d. Economic Benefit:
 Nothing Minimal Moderate Substantial Excessive
6. Estimated impact on small businesses:
 - a. Estimate of the number of small businesses subject to the proposed regulation: Unknown

- b. Projected costs for small businesses to comply: Unknown
- c. Statement of probable effect on impacted small businesses: The proposed actions require ownership by Mississippi licensed physicians.

7. The cost of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):

- substantially less than moderately less than minimally less than
- the same as minimally more than moderately more than
- substantially more than excessively more than

8. The benefit of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):

- substantially less than moderately less than minimally less than
- the same as minimally more than moderately more than
- substantially more than excessively more than

B. Reasonable Alternative Methods

1. Other than adopting this rule, are there less costly or less intrusive methods for achieving the purpose of the proposed rule?

- yes no

2. If yes, please briefly describe available, reasonable alternative(s) and the reasons for rejecting those alternatives in favor of the proposed rule. (Please see §25-43-4.104 for factors you must consider.)

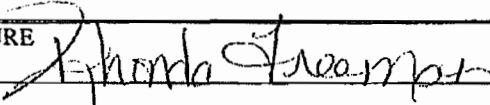
C. Data and Methodology

1. Please briefly describe the data and methodology you used in making the estimates required by this form.

D. Public Notice

1. Where, when, and how may someone present their views on the proposed rule and demand an oral proceeding on the proposed rule if one is not already provided? In writing to the following address:

Mississippi State Board of Medical Licensure
 Attn: Vann Craig, M.D.
 1867 Crane Ridge Drive Suite 200-B
 Jackson MS 39216

SIGNATURE		TITLE	Bureau Director
DATE	10/3/2012	PROPOSED EFFECTIVE DATE OF RULE	30 days from final filing

Title 30: Professions and Occupations

Part 2630 Collaboration/Consultation

Part 2630 Chapter 1: Collaboration/Consultation with Nurse Practitioners

Rule 1.1 Scope. These rules apply to all individuals licensed to practice medicine or osteopathic medicine in the state of Mississippi.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended).*

Rule 1.2 Definitions. For the purpose of Part 2630, Chapter 1 only, the following terms have the meanings indicated:

- A. "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.
- B. "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.
- C. "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.
- D. "Collaborating/Consulting Physician" means a physician who, pursuant to a duly executed protocol has agreed to collaborate/consult with a nurse practitioner.
- E. "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.
- F. "Advanced Practice Registered Nurse" includes all nurse practitioners, certified nurse midwives and certified registered nurse anesthetists.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended).*

Rule 1.3 Board Review. 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.

The requirement for Board appearance and approval set forth in the preceding paragraph also applies to any physician collaborating/consulting with a nurse practitioner who later moves to a free standing clinic under an existing protocol.

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 the paragraph above shall not be required until the next succeeding renewal date for said certificate as required by the Mississippi State Board of Nursing.

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 the preceding paragraph. 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.

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:

- A. 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.
- B. 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.
- C. 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.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.4 Collaborative/Consultative Relationships. Physicians with collaborative relationships with APRN must ensure backup physician coverage when the primary collaborative physician is unavailable. The backup physician must be on APRN protocol. In the event of death, disability (physical/mental), or relocation, which would result in the APRN not having a collaborative physician, the APRN has the duty to immediately notify the Mississippi Board of Nursing as jointly agreed by the Mississippi Board of Nursing and the Mississippi Board of Medical Licensure. The Nursing Board will then immediately notify the Mississippi State Board of Medical Licensure.

In order that patients may continue to be treated without interruption of care, the APRN may be allowed to continue to practice for a 90-day grace period while the APRN attempts to secure a collaborative physician without such practice being considered the practice of medicine. The Mississippi State Board of Medical Licensure or its designee, will serve as the APRN's

collaborative physician with the agreement of the Mississippi Board of Nursing. The Mississippi State Board of Medical Licensure and the Mississippi State Board of Nursing will assist the APRN in their attempt to secure a collaborative physician. If a collaborative physician has not been secured at the end of the 90-day grace period, an additional 90-day extension may be granted by mutual agreement of the Executive Committee of the Mississippi Board of Nursing and the Executive Committee of the Mississippi State Board of Medical Licensure. During this additional 90-day extension, the above described collaborative agreement will continue. The APRN will not be allowed to practice until the previously described collaborative arrangement with the Mississippi State Board of Medical Licensure is agreed upon.

Rule 1.4 Violation of Rules. Any violation of the rules as enumerated above shall constitute unprofessional conduct in violation of Mississippi Code, Section 73-25-29(8).

Source: *Miss. Code Ann. §73-43-11 (1972, as amended).*

Rule 1.5 Effective Date of Regulation. The above rules pertaining to collaborating/consulting physicians shall become effective September 21, 1991.

Amended May 19, 2005. Amended March 13, 2009. Amended November 19, 2009.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended).*

Title 30: Professions and Occupations

Part 2630 Collaboration/Consultation

Part 2630 Chapter 1: Collaboration/Consultation with Nurse Practitioners

Rule 1.1 Scope. ~~These rules apply to all individuals licensed to practice medicine or osteopathic medicine in the state of Mississippi. These rules apply to all individuals licensed to practice medicine or osteopathic medicine in the state of Mississippi. Because discipline may be imposed for failure to meet the standard of practice in connection with collaborative agreement with any advanced practice registered nurse (APRN), the Board of Medical Licensure has determined that it is reasonable, necessary and in the public interest to adopt the following rules detailing what it considers to be the standard of practice. These rules are to inform and educate physicians in collaborative relationships as to what the Board of Medical Licensure considers to be the responsibilities of such physicians. These rules intend to be practical and flexible enough to address a variety of situations and specialties. The Board of Medical Licensure does not intend to restrict patient access to essential healthcare in the state of Mississippi.~~

Source: *Miss. Code Ann. §73-43-11 (1972, as amended).*

Rule 1.2 Definitions. For the purpose of Part 2630, Chapter 1 only, the following terms have the meanings indicated:

- A. ~~“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. “Advanced Practice Registered Nurse (APRN)” is a person who is licensed or holds the privilege to practice under Miss. Code Ann. Section 73-15-5, and who is nationally certified as an advanced practice registered nurse or in a specialized nursing practice which includes certified nurse midwives (CNW), certified nurse anesthetists (CRNA), and certified nurse practitioners (CNP).~~
- B. ~~“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. “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.~~
- C. ~~“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. “Primary Collaborating Physician” means a physician who, pursuant to a duly executed protocol, has agreed to be primarily responsible for the quality of care provided by the APRN. This responsibility includes, but is not limited to, adherence to the Quality Assurance Program set out in these rules.~~

- D. “Collaborating/Consulting Physician” means a physician who, pursuant to a duly executed protocol has agreed to collaborate/consult with a nurse practitioner. “Secondary Collaborating Physician” (“Back-up Physician”) is a physician who, pursuant to a duly executed collaborative agreement, agrees to perform the duties of the primary collaborating physician, including adherence to these rules, when the primary collaborating physician is unavailable. When the secondary collaborating physician is acting as the primary all of the following rules apply.
- E. “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. “Collaborative Agreement” means a written agreement between a physician, either primary or secondary as defined above, and an APRN. The collaborative agreement must be individualized to the specific collaborative practice.
- F. “Advanced Practice Registered Nurse” includes all nurse practitioners, certified nurse midwives and certified registered nurse anesthetists. “Board” means the Mississippi State Board of Medical Licensure.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.3 Board Review. 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.

The requirement for Board appearance and approval set forth in the preceding paragraph also applies to any physician collaborating/consulting with a nurse practitioner who later moves to a free standing clinic under an existing protocol.

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 the paragraph above shall not be required until the next succeeding renewal date for said certificate as required by the Mississippi State Board of Nursing.

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 the preceding paragraph. 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.

~~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:~~

- ~~A. 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.~~
- ~~B. 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.~~

~~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.~~

Rule 1.3 Requirements for Collaborating Physicians. Primary and secondary collaborating physicians must:

- A. hold a current unrestricted license in the state of Mississippi and actively provide direct patient care at least eight (8) hours weekly;
- B. notify the Board within seven (7) working days of entering into or termination of any collaborative agreement;
- C. insure that the primary collaborative physician(s) name(s) is/are displayed for public view at the APRN's practice site; and
- D. enter into a collaborative agreement with the APRN, which is written, signed and dated by both the APRN and physician, and which must:
 - 1. remain in the practice site of the collaborating physician should there be a site visit by the Board;
 - 2. define the scope of practice, including mutually agreed upon collaborative agreements and guidelines for the healthcare provided;
 - 3. define the prescriptive authority of the APRN, including specific medications, if any, that may require more stringent oversight by the physician; the collaborative physician has the right and the obligation to use the Mississippi Prescription Monitoring Program to review the APRN's controlled substance utilization;
 - 4. describe the individual and shared responsibilities of the APRN and physician;
 - 5. be reviewed and updated annually by the physician and the APRN; and
 - 6. set out a procedure for handling patient emergencies, unexpected outcomes or other urgent practice situations.

A physician shall not enter into a collaborative agreement with an APRN whose training and practice is not compatible with that of the physician.

The collaborative agreement shall not include medications the physician does not use in his or her current practice and about which the physician is not knowledgeable and competent.

Before entering into a collaborative agreement, a physician should consider the following when determining the degree of autonomy the agreement provides:

- A. the physician's personal knowledge and ability to provide the time to the collaborative agreement;
- B. the type of practice;
- C. the scope of practice of the APRN;
- D. the educational training and experience of the APRN;
- E. the geographic location of the physician's practice and the practice of the APRN and their ability to consult in a manner that assures patient safety; and
- F. the technology available to the physician and APRN to allow effective communication and consultation.

Physicians are prohibited from entering into a collaborative agreement with an APRN whose free standing practice location is greater than forty (40) miles from the physician's practice site, unless a waiver is expressly granted by the Board for that particular collaborative agreement. However, a collaborative physician (primary or secondary) must be within 40 miles from the actively practicing APRN. Collaborative agreements which have previously been granted such waivers at the time of adoption of these rules will continue to be exempt from this requirement.

Anytime a collaborating physician is working with an APRN who is working in and/or staffing an emergency room and/or providing care in an acute care facility, the collaborative physician (primary or secondary) must be physically present in the building. An exception to this policy would be Board approved telemanagement arrangements.

Physicians are prohibited from entering into primary collaborative agreements with more than four (4) APRN's at any one time unless a waiver is expressly granted by the Board for that particular collaborative agreement. Collaborative agreements which have previously been granted such waivers at the time of adoption of these rules will continue to be exempt from this requirement.

The Board will consider the factors listed above, as well as any other factors that the Board deems relevant, in determining whether to grant a waiver. Such waivers may be granted to medical practices with multiple physicians including, but not limited to, the following settings:

- A. emergency rooms;
- B. intensive care units;
- C. State Department of Health;
- D. State Department of Mental Health; and
- E. federally funded health systems.

Physicians shall complete a questionnaire pertaining to APRNs upon initial licensure and during each annual renewal process.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended).*

~~*Rule 1.4 Collaborative/Consultative Relationships.* Physicians with collaborative relationships with APRN must ensure backup physician coverage when the primary collaborative physician is unavailable. The backup physician must be on APRN protocol. In the event of death, disability (physical/mental), or relocation, which would result in the APRN not having a collaborative~~

~~physician, the APRN has the duty to immediately notify the Mississippi Board of Nursing as jointly agreed by the Mississippi Board of Nursing and the Mississippi Board of Medical Licensure. The Nursing Board will then immediately notify the Mississippi State Board of Medical Licensure.~~

~~In order that patients may continue to be treated without interruption of care, the APRN may be allowed to continue to practice for a 90-day grace period while the APRN attempts to secure a collaborative physician without such practice being considered the practice of medicine. The Mississippi State Board of Medical Licensure or its designee, will serve as the APRN's collaborative physician with the agreement of the Mississippi Board of Nursing. The Mississippi State Board of Medical Licensure and the Mississippi State Board of Nursing will assist the APRN in their attempt to secure a collaborative physician. If a collaborative physician has not been secured at the end of the 90-day grace period, an additional 90-day extension may be granted by mutual agreement of the Executive Committee of the Mississippi Board of Nursing and the Executive Committee of the Mississippi State Board of Medical Licensure. During this additional 90-day extension, the above-described collaborative agreement will continue. The APRN will not be allowed to practice until the previously described collaborative arrangement with the Mississippi State Board of Medical Licensure is agreed upon.~~

Rule 1.4 Quality Assurance Program. Physicians entering into collaborative agreements shall implement a quality assurance program which shall include:

- A. Review by the collaborating physician of a random sample of charts that represent 10% or 20 charts, whichever is less, of patients seen by the APRN 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.
- B. Review and monitoring of the controlled medications prescribed by the APRN through the Board of Pharmacy Prescription Monitoring Program.
- C. The collaborating physician shall meet face to face with the APRN once per quarter for the purpose of quality assurance and this meeting should be documented.
- D. The collaborating physician must insure that the APRN maintains a log of charts reviewed, including:
 1. the identifier for the patients' charts;
 2. reviewers' names; and
 3. dates of review.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended).*

Rule 1.5 Disability of Primary Collaborating Physician. In the event of death, disability (physical/mental) or unanticipated relocation of a primary collaborating physician, the secondary collaborating physician shall act as the primary collaborating physician. In the event the APRN has no secondary collaborating physician, the APRN must notify the Mississippi Board of Nursing, which will then immediately notify the Board. In such cases, the APRN may continue to practice for a 90-day grace period while the APRN attempts to secure a primary collaborating physician without such practice being considered the practice of medicine. The Board or its designee, will serve as the APRN's primary collaborating physician with the approval of the

Mississippi Board of Nursing. The Board and the Mississippi State Board of Nursing will assist the APRN in their attempt to secure a primary collaborating physician. If a primary collaborating physician has not been secured at the end of the 90-day grace period, an additional 90-day extension may be granted by mutual agreement of the Executive Committee of the Board of Nursing and the Executive Committee of the Board. During this additional 90-day extension, the above described collaborative agreement will continue. The APRN will not be allowed to practice until the previously described collaborative arrangement with the Board is agreed upon.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.46 Violation of Rules. Any violation of the rules as enumerated above shall constitute unprofessional conduct in violation of Mississippi Code, Section 73-25-29(8).

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.57 Effective Date of Regulation. The above rules pertaining to collaborating/consulting physicians shall become effective September 21, 1991.

Amended May 19, 2005. Amended March 13, 2009. Amended November 19, 2009.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Mississippi Secretary of State
 700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Board of Medical Licensure		CONTACT PERSON Rhonda Freeman	TELEPHONE NUMBER (601) 987-0223	
ADDRESS 1867 Crane Ridge Drive, Suite 200-B		CITY Jackson	STATE MS	ZIP 39216
EMAIL rhonda@msbml.ms.gov	SUBMIT DATE 10/3/12	Name or number of rule(s): 30 Miss. Admin Code Pt. 2610, R. 2.1.		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Rule 2.1 was modified to require 5 hours of the 40 hours of CME to be related to the prescribing of medications with an emphasis on controlled substances.

Specific legal authority authorizing the promulgation of rule: 73-43-11

List all rules repealed, amended, or suspended by the proposed rule: N/A

ORAL PROCEEDING:

- An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____
- Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more 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, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

- Economic impact statement not required for this rule. Concise summary of economic impact statement attached.

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

Printed name and Title of person authorized to file rules: Rhonda Freeman

Signature of person authorized to file rules: *Rhonda Freeman*

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
Accepted for filing by	Accepted for filing by <i>8/20 19157</i>	Accepted for filing by

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



DELBERT HOSEMANN
Secretary of State

CONCISE SUMMARY OF ECONOMIC IMPACT STATEMENT

An Economic Impact Statement is required for this proposed rule by Section 25-43-3.105 of the Administrative Procedures Act. This is a Concise Summary of the Economic Impact Statement which must be filed with the Secretary of State's Office.

AGENCY NAME Board of Medical Licensure	CONTACT PERSON Rhonda Freeman	TELEPHONE NUMBER (601) 987-0223
ADDRESS 1867 Crane Ridge Drive, Suite 200-B	CITY Jackson	STATE MS
EMAIL rhonda@msbml.ms.gov	ZIP 39216	
DESCRIPTIVE TITLE OF PROPOSED RULE 30 Miss. Admin Code Pt. 2610, R. 2.1.		
Specific Legal Authority Authorizing the promulgation of Rule: 73-43-11	Reference to Rules repealed, amended or suspended by the Proposed Rule: N/A	

A. Estimated Costs and Benefits

1. Briefly summarize the benefits that may result from this regulation and who will benefit:
This will help the Licensees of this Board maintain competence and learn about new and developing areas of prescription drugs by learning to better screen patients for risk factors to identify those at greater risk for abuse.
2. Briefly describe the need for the proposed rule:
The new CME requirement will help the prescribers of prescription drugs have a better understanding which drugs they need to prescribe correctly in order to reduce the increase of prescription drug use and help to spot patients who may be forming addiction.
3. Briefly describe the effect the proposed action will have on the public health, safety, and welfare:
Lack of training in the prescribing of drugs of abuse is a barrier to reducing medication abuse. According to the CDC, opioid analgesics were implicated in more than 15,000 overdose deaths in 2009, four times the number they were involved in a decade prior.
4. Estimated Cost of implementing proposed action:
 - a. To the agency
 Nothing Minimal Moderate Substantial Excessive
 - b. To other state or local government entities
 Nothing Minimal Moderate Substantial Excessive
5. Estimated Cost and/or economic benefit to all persons directly affected by the proposed rule:
 - c. Cost:
 Nothing Minimal Moderate Substantial Excessive
 - d. Economic Benefit:
 Nothing Minimal Moderate Substantial Excessive
6. Estimated impact on small businesses:

Nothing Minimal Moderate Substantial Excessive

- a. Estimate of the number of small businesses subject to the proposed regulation: Unknown
- b. Projected costs for small businesses to comply: Unknown
- c. Statement of probable effect on impacted small businesses: The proposed actions require ownership by Mississippi licensed physicians.

7. The cost of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):

- substantially less than moderately less than minimally less than
 the same as minimally more than moderately more than
 substantially more than excessively more than

8. The benefit of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):

- substantially less than moderately less than minimally less than
 the same as minimally more than moderately more than
 substantially more than excessively more than

B. Reasonable Alternative Methods

1. Other than adopting this rule, are there less costly or less intrusive methods for achieving the purpose of the proposed rule?

- yes no

2. If yes, please briefly describe available, reasonable alternative(s) and the reasons for rejecting those alternatives in favor of the proposed rule. (Please see §25-43-4.104 for factors you must consider.)

C. Data and Methodology

1. Please briefly describe the data and methodology you used in making the estimates required by this form.

D. Public Notice

1. Where, when, and how may someone present their views on the proposed rule and demand an oral proceeding on the proposed rule if one is not already provided? In writing to the following address:

Mississippi State Board of Medical Licensure
Attn: Vann Craig, M.D.
1867 Crane Ridge Drive Suite 200-B
Jackson MS 39216

SIGNATURE

Richard Stearns

TITLE

Bureau Director

DATE

10/3/2012

PROPOSED EFFECTIVE DATE OF RULE

30 days from final filing

Part 2610 Chapter 2: CME Requirements

Rule 2.1 Basic Requirement. Every Mississippi licensee must earn or receive not less than forty (40) hours of Category 1 continuing medical education in a two-year cycle as a condition precedent to renewing his or her license for the next fiscal year. 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, 2000, and every two years thereafter.*

- A. Category 1 continuing medical education shall mean those programs of continuing medical education designated as Category 1 which are sponsored or conducted by those organizations approved by the Mississippi State Medical Association, American Medical Association or by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor or conduct Category 1 continuing medical education programs.
- B. Programs of continuing medical education designated as Category 1-A which are sponsored or conducted by organizations or entities accredited by the American Osteopathic Association to sponsor or conduct Category 1-A continuing medical education for osteopathic physicians.
- C. Programs of continuing medical education designated as a “prescribed hour” which are sponsored or conducted by organizations or entities accredited by the American Academy of Family Physicians to sponsor or conduct “prescribed hours” of continuing medical education.
- D. Programs of continuing medical education designated as “cognates” which are sponsored or conducted by organizations or entities which are accredited by the American College of Obstetrics and Gynecology to sponsor or conduct approved cognates on obstetrical and gynecological related subjects.
- E. Programs of continuing medical education designated as Category 1-A which are sponsored or conducted by organizations or entities accredited by the Council on Podiatric Medical Education to sponsor or conduct Category 1-A continuing medical education for podiatrists.

Source: *Miss. Code Ann. §73-25-14 (1972, as amended).*

Rule 2.2 Persons Affected. Every Mississippi licensee is required to comply with the minimum requirement for continuing medical education established by these rules.

Source: *Miss. Code Ann. §73-25-14 (1972, as amended).*

Rule 2.3 Exemption for Initial Licenses. Physicians receiving their initial license to practice medicine in Mississippi after June 30, or receiving their initial board certification by a specialty board recognized by the American Board of Medical Specialties or the American Osteopathic Association after June 30, are exempt from the minimum continuing medical education requirement for the two-year period following their receiving a license or board certification. The forty (40) hour continuing education certification will be due within the next two-year cycle.

- A. July 1, 2000 through June 30, 2002 (1st cycle)
- B. July 1, 2002 through June 30, 2004 (2nd cycle)

- C. July 1, 2004 through June 30, 2006 (3rd cycle)
- D. July 1, 2006 through June 30, 2008 (4th cycle)

For instance, a physician receiving an initial license August 3, 2001, will not have to complete forty (40) hours of CME until July 1, 2002, through June 30, 2004. All CME's must be acquired within the two-year cycle.

Source: *Miss. Code Ann. §73-25-14 (1972, as amended).*

Rule 2.4 Effective Date. The first time for reporting continuing medical education activity will be the renewal period for the fiscal year beginning July 1, 2002, when reporting on continuing medical education work earned during the two-year period of July 1, 2000, to June 30, 2002.

Source: *Miss. Code Ann. §73-25-14 (1972, as amended).*

Rule 2.5 Record Keeping Requirement. Every licensee shall maintain records of attendance or certificates of completion demonstrating compliance with the minimum continuing medical education requirement. Documentation adequate to demonstrate compliance with the minimum continuing medical education requirements of this regulation shall consist of certificates of attendance, completion certificates, proof of registration, or similar documentation issued by the organization or entity sponsoring or conducting the continuing medical education program. These records must be maintained by the physician for a period of three (3) years following the year in which the continuing medical education credits were earned and are subject to examination by representatives of the State Board of Medical Licensure upon request. If a physician is on a hospital medical staff, it is recommended these certificates and hours be recorded with the primary hospital medical staff records.

With his or her annual renewal application, every licensee must certify the completion of the minimum continuing medical education requirement established under these rules. Failure to maintain records documenting that a physician has met the minimum continuing medical education requirement, and/or failure to provide such records upon request to the Mississippi State Board of Medical Licensure, is hereby declared to be unprofessional conduct and may constitute grounds, within the discretion of the Mississippi State Board of Medical Licensure, for the suspension of the physician's license to practice medicine.

Source: *Miss. Code Ann. §73-25-14 (1972, as amended).*

Rule 2.6 Annual Renewal. As a condition for annual renewal of license, beginning with the fiscal year July 1, 2002, through June 30, 2003, every physician will be required to biennially certify on his or her annual renewal form that he or she has earned the required 40 hours of approved Category 1 continuing medical education requirement. The Board will randomly select physicians to ensure complete compliance with this requirement. If deficiencies are identified, licensee must complete deficiencies within six (6) months of date of notification. Failure to comply may result in the suspension of licensee's license.

Any physician practicing during the time of a suspended license shall be considered an illegal practitioner and shall be subject to penalties provided for violation of the Medical Practice Act, and for costs incurred in the enforcement of this regulation.

Source: *Miss. Code Ann. §73-25-14 (1972, as amended)*.

Rule 2.7 Waiver. A physician who is unable to meet the minimum continuing medical education requirement for legitimate cause may apply to the Mississippi State Board of Medical Licensure for a waiver of the requirement prior to April 1 of the last year of the two-year cycle. Such waiver may be granted or denied within the sole discretion of the Mississippi State Board of Medical Licensure.

Source: *Miss. Code Ann. §73-25-14 (1972, as amended)*.

Rule 2.8 Compliance Review. It shall be the responsibility of the Mississippi State Board of Medical Licensure to enforce the provisions of this regulation by review of the records maintained by physicians subject to this rule which demonstrate compliance with the program for continuing medical education. This compliance review may be conducted by the Board by random or designated sample, by mail or in person, or otherwise at the discretion of the Board. Non-compliance may result in the suspension of the physician's license to practice medicine under the Medical Practice Act.

Source: *Miss. Code Ann. §73-25-14 (1972, as amended)*.

Rule 2.9 Effective Date of Regulation. The above rules pertaining to continuing medical education shall become effective February 16, 2000.

Amended May 17, 2007. Amended January 24, 2008.

Source: *Miss. Code Ann. §73-25-14 (1972, as amended)*.

Part 2610 Chapter 2: CME Requirements

Rule 2.1 Basic Requirement. Every Mississippi licensee must earn or receive not less than forty (40) hours of Category 1 continuing medical education in a two-year cycle as a condition precedent to renewing his or her license for the next fiscal year. Five hours must be related to the prescribing of medications with an emphasis on controlled substances. 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, 2000, and every two years thereafter.*

- A. Category 1 continuing medical education shall mean those programs of continuing medical education designated as Category 1 which are sponsored or conducted by those organizations approved by the Mississippi State Medical Association, American Medical Association or by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor or conduct Category 1 continuing medical education programs.
- B. Programs of continuing medical education designated as Category 1-A which are sponsored or conducted by organizations or entities accredited by the American Osteopathic Association to sponsor or conduct Category 1-A continuing medical education for osteopathic physicians.
- C. Programs of continuing medical education designated as a “prescribed hour” which are sponsored or conducted by organizations or entities accredited by the American Academy of Family Physicians to sponsor or conduct “prescribed hours” of continuing medical education.
- D. Programs of continuing medical education designated as “cognates” which are sponsored or conducted by organizations or entities which are accredited by the American College of Obstetrics and Gynecology to sponsor or conduct approved cognates on obstetrical and gynecological related subjects.
- E. Programs of continuing medical education designated as Category 1-A which are sponsored or conducted by organizations or entities accredited by the Council on Podiatric Medical Education to sponsor or conduct Category 1-A continuing medical education for podiatrists.

Source: *Miss. Code Ann. §73-25-14 (1972, as amended).*

Rule 2.2 Persons Affected. Every Mississippi licensee is required to comply with the minimum requirement for continuing medical education established by these rules.

Source: *Miss. Code Ann. §73-25-14 (1972, as amended).*

Rule 2.3 Exemption for Initial Licenses. Physicians receiving their initial license to practice medicine in Mississippi after June 30, or receiving their initial board certification by a specialty board recognized by the American Board of Medical Specialties or the American Osteopathic Association after June 30, are exempt from the minimum continuing medical education requirement for the two-year period following their receiving a license or board certification. The forty (40) hour continuing education certification will be due within the next two-year cycle.

- A. July 1, 2000 through June 30, 2002 (1st cycle)

- B. July 1, 2002 through June 30, 2004 (2nd cycle)
- C. July 1, 2004 through June 30, 2006 (3rd cycle)
- D. July 1, 2006 through June 30, 2008 (4th cycle)

For instance, a physician receiving an initial license August 3, 2001, will not have to complete forty (40) hours of CME until July 1, 2002, through June 30, 2004. All CME's must be acquired within the two-year cycle.

Source: *Miss. Code Ann. §73-25-14 (1972, as amended).*

Rule 2.4 Effective Date. The first time for reporting continuing medical education activity will be the renewal period for the fiscal year beginning July 1, 2002, when reporting on continuing medical education work earned during the two-year period of July 1, 2000, to June 30, 2002.

Source: *Miss. Code Ann. §73-25-14 (1972, as amended).*

Rule 2.5 Record Keeping Requirement. Every licensee shall maintain records of attendance or certificates of completion demonstrating compliance with the minimum continuing medical education requirement. Documentation adequate to demonstrate compliance with the minimum continuing medical education requirements of this regulation shall consist of certificates of attendance, completion certificates, proof of registration, or similar documentation issued by the organization or entity sponsoring or conducting the continuing medical education program. These records must be maintained by the physician for a period of three (3) years following the year in which the continuing medical education credits were earned and are subject to examination by representatives of the State Board of Medical Licensure upon request. If a physician is on a hospital medical staff, it is recommended these certificates and hours be recorded with the primary hospital medical staff records.

With his or her annual renewal application, every licensee must certify the completion of the minimum continuing medical education requirement established under these rules. Failure to maintain records documenting that a physician has met the minimum continuing medical education requirement, and/or failure to provide such records upon request to the Mississippi State Board of Medical Licensure, is hereby declared to be unprofessional conduct and may constitute grounds, within the discretion of the Mississippi State Board of Medical Licensure, for the suspension of the physician's license to practice medicine.

Source: *Miss. Code Ann. §73-25-14 (1972, as amended).*

Rule 2.6 Annual Renewal. As a condition for annual renewal of license, beginning with the fiscal year July 1, 2002, through June 30, 2003, every physician will be required to biennially certify on his or her annual renewal form that he or she has earned the required 40 hours of approved Category 1 continuing medical education requirement. The Board will randomly select physicians to ensure complete compliance with this requirement. If deficiencies are identified, licensee must complete deficiencies within six (6) months of date of notification. Failure to comply may result in the suspension of licensee's license.

Any physician practicing during the time of a suspended license shall be considered an illegal practitioner and shall be subject to penalties provided for violation of the Medical Practice Act, and for costs incurred in the enforcement of this regulation.

Source: *Miss. Code Ann. §73-25-14 (1972, as amended)*.

Rule 2.7 Waiver. A physician who is unable to meet the minimum continuing medical education requirement for legitimate cause may apply to the Mississippi State Board of Medical Licensure for a waiver of the requirement prior to April 1 of the last year of the two-year cycle. Such waiver may be granted or denied within the sole discretion of the Mississippi State Board of Medical Licensure.

Source: *Miss. Code Ann. §73-25-14 (1972, as amended)*.

Rule 2.8 Compliance Review. It shall be the responsibility of the Mississippi State Board of Medical Licensure to enforce the provisions of this regulation by review of the records maintained by physicians subject to this rule which demonstrate compliance with the program for continuing medical education. This compliance review may be conducted by the Board by random or designated sample, by mail or in person, or otherwise at the discretion of the Board. Non-compliance may result in the suspension of the physician's license to practice medicine under the Medical Practice Act.

Source: *Miss. Code Ann. §73-25-14 (1972, as amended)*.

Rule 2.9 Effective Date of Regulation. The above rules pertaining to continuing medical education shall become effective February 16, 2000.

Amended May 17, 2007. Amended January 24, 2008.

Source: *Miss. Code Ann. §73-25-14 (1972, as amended)*.

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Board of Medical Licensure		CONTACT PERSON Rhonda Freeman	TELEPHONE NUMBER (601) 987-0223	
ADDRESS 1867 Crane Ridge Drive, Suite 200-B		CITY Jackson	STATE MS	ZIP 39216
EMAIL rhonda@msbml.ms.gov	SUBMIT DATE 10/3/12	Name or number of rule(s): 30 Miss. Admin Code Pt. 2640, R. 1.3		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Rule 1.3 was modified to require every physician who prescribes, administers or dispenses controlled substances to register with the Mississippi Prescription Monitoring Program.

Specific legal authority authorizing the promulgation of rule: 73-43-11

List all rules repealed, amended, or suspended by the proposed rule: N/A

ORAL PROCEEDING:

- An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____
- Presently, an oral proceeding is not scheduled on this rule.

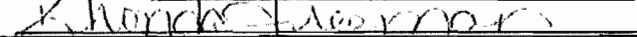
If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

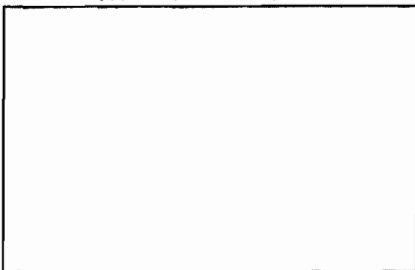
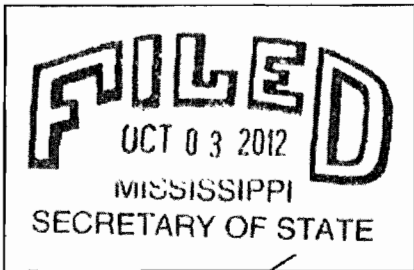
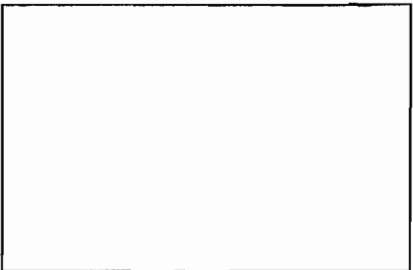

ECONOMIC IMPACT STATEMENT:

- Economic impact statement not required for this rule. Concise summary of economic impact statement attached.

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

Printed name and Title of person authorized to file rules: Rhonda Freeman

Signature of person authorized to file rules: 

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		
Accepted for filing by _____	Accepted for filing by 	Accepted for filing by _____

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



DELBERT HOSEMANN
Secretary of State

CONCISE SUMMARY OF ECONOMIC IMPACT STATEMENT

An Economic Impact Statement is required for this proposed rule by Section 25-43-3.105 of the Administrative Procedures Act. This is a Concise Summary of the Economic Impact Statement which must be filed with the Secretary of State's Office.

AGENCY NAME Board of Medical Licensure	CONTACT PERSON Rhonda Freeman	TELEPHONE NUMBER (601) 987-0223
ADDRESS 1867 Crane Ridge Drive, Suite 200-B	CITY Jackson	STATE MS
EMAIL rhonda@msbml.ms.gov	ZIP 39216	
DESCRIPTIVE TITLE OF PROPOSED RULE 30 Miss. Admin Code Pt. 2640, R. 1.3		
Specific Legal Authority Authorizing the promulgation of Rule: 73-43-11	Reference to Rules repealed, amended or suspended by the Proposed Rule: N/A	

A. Estimated Costs and Benefits

1. Briefly summarize the benefits that may result from this regulation and who will benefit:
Physicians in the state of Mississippi that treat patients for chronic pain are required to have written treatment plans documented in their patients' files that contain stated objectives as a measure of successful treatment and planned diagnostic evaluations. This plan should include specific requirements of the patient, such as using one physician and one pharmacy. By utilizing the Prescription Monitoring Program, the physician will be able to see if the patients are doing what they agreed to do to continue receiving prescriptions for controlled substances.
2. Briefly describe the need for the proposed rule:
This regulation will help the physicians in the state of Mississippi manage their patients by providing information concerning where the patients are getting their prescriptions filled as agreed to by the patients and the physicians and when the prescriptions were filled. It will also let the physicians know if the patients are not getting their prescriptions filled.
3. Briefly describe the effect the proposed action will have on the public health, safety, and welfare:
This regulation does not intend to restrict patient access to essential healthcare in the state of Mississippi. This regulation will give physicians in this state another tool to help them manage their patients' prescription drug usage and help stop prescription drug abuse and diversion that could lead to expensive drug treatment or incarceration.
4. Estimated Cost of implementing proposed action:
 - a. To the agency
 Nothing Minimal Moderate Substantial Excessive
 - b. To other state or local government entities
 Nothing Minimal Moderate Substantial Excessive
5. Estimated Cost and/or economic benefit to all persons directly affected by the proposed rule:

- c. Cost:
 Nothing Minimal Moderate Substantial Excessive
- d. Economic Benefit:
 Nothing Minimal Moderate Substantial Excessive

6. Estimated impact on small businesses:

- Nothing Minimal Moderate Substantial Excessive

- a. Estimate of the number of small businesses subject to the proposed regulation: Unknown
 b. Projected costs for small businesses to comply: Unknown
 c. Statement of probable effect on impacted small businesses: The proposed actions require ownership by Mississippi licensed physicians.

7. The cost of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):

- substantially less than moderately less than minimally less than
 the same as minimally more than moderately more than
 substantially more than excessively more than

8. The benefit of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):

- substantially less than moderately less than minimally less than
 the same as minimally more than moderately more than
 substantially more than excessively more than

B. Reasonable Alternative Methods

1. Other than adopting this rule, are there less costly or less intrusive methods for achieving the purpose of the proposed rule?
 yes no
2. If yes, please briefly describe available, reasonable alternative(s) and the reasons for rejecting those alternatives in favor of the proposed rule. (Please see §25-43-4.104 for factors you must consider.)

C. Data and Methodology

1. Please briefly describe the data and methodology you used in making the estimates required by this form. N/A

D. Public Notice

1. Where, when, and how may someone present their views on the proposed rule and demand an oral proceeding on the proposed rule if one is not already provided? In writing to the following address:

Mississippi State Board of Medical Licensure
 Attn: Vann Craig, M.D.
 1867 Crane Ridge Drive Suite 200-B
 Jackson MS 39216

SIGNATURE	<i>Rhonda Fulmer</i>	TITLE	Bureau Director
DATE	10/3/2012	PROPOSED EFFECTIVE DATE OF RULE	30 days from final filing

Title 30: Professions and Occupations

Part 2640: Prescribing, Administering and Dispensing

Part 2640 Chapter 1: Rules Pertaining to Prescribing, Administering and Dispensing of Medication

Rule 1.1 Scope. These rules apply to all individuals licensed to practice medicine, osteopathic medicine or podiatric medicine in the state of Mississippi.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended).*

Rule 1.2 Definitions. For the purpose of Part 2640, Chapter 1 only, the following terms have the meanings indicated:

- A. “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.
- B. “Physician” means any person licensed to practice medicine, osteopathic medicine or podiatric medicine in the state of Mississippi.
- C. “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.
- D. “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.
- E. For the purpose of enforcement of the labeling requirements set forth in this chapter, Part 2640, Rule 1.6.B, “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.
- F. “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.
- G. “Pain Management Clinic” means a public or privately owned facility for which the majority (50% or more) of the patients are issued, on a monthly basis, a prescription for opioids, barbiturates, benzodiazepines, carisoprodol, butalbital compounds, or tramadol.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended).*

Rule 1.3 Registration for Controlled Substances Certificate. 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.

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 the above paragraph. 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.

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 rules and in conformity with provisions of the Mississippi Uniform Controlled Substances Law, Mississippi Code, Sections 41-29-101 et seq.

The registration requirement set forth in these rules 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).

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Title 30: Professions and Occupations

Part 2640: Prescribing, Administering and Dispensing

Part 2640 Chapter 1: Rules Pertaining to Prescribing, Administering and Dispensing of Medication

Rule 1.1 Scope. These rules apply to all individuals licensed to practice medicine, osteopathic medicine or podiatric medicine in the state of Mississippi.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended).*

Rule 1.2 Definitions. For the purpose of Part 2640, Chapter 1 only, the following terms have the meanings indicated:

- A. “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.
- B. “Physician” means any person licensed to practice medicine, osteopathic medicine or podiatric medicine in the state of Mississippi.
- C. “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.
- D. “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.
- E. For the purpose of enforcement of the labeling requirements set forth in this chapter, Part 2640, Rule 1.6.B, “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.
- F. “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.
- G. “Pain Management Clinic” means a public or privately owned facility for which the majority (50% or more) of the patients are issued, on a monthly basis, a prescription for opioids, barbiturates, benzodiazepines, carisoprodol, butalbital compounds, or tramadol.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended).*

Rule 1.3 Registration for Controlled Substances Certificate. 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. In addition that physician must be registered with the Mississippi Prescription Monitoring Program (MPMP).

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 the above paragraph. 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.

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 rules and in conformity with provisions of the Mississippi Uniform Controlled Substances Law, Mississippi Code, Sections 41-29-101 et seq.

The registration requirement set forth in these rules 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).

Source: *Miss. Code Ann. §73-43-11 (1972, as amended).*

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
IN THE MATTER OF THE PHYSICIAN'S LICENSE
OF
RODERICK GRAY NEWELL, M.D.
ORDER OF LICENSURE REINSTATEMENT

THIS MATTER came on regularly for consideration on September 27, 2012, before the Mississippi State Board of Medical Licensure, in response to the petition of Roderick Gray Newell, M.D. (hereinafter "Licensee"), seeking removal of all restrictions on his license to practice medicine in the State of Mississippi. By virtue of that certain Consent Order dated July 22, 2010, Licensee's certificate to practice medicine in the State of Mississippi was indefinitely suspended until such time as Licensee received appropriate treatment and obtained affiliation with the Mississippi Professionals Health Program. During the hearing evidence and testimony was presented establishing that Licensee has complied in all respects with the conditions imposed by the Consent Order dated July 22, 2010. Therefore, the Board finds Licensee's request to be well taken.

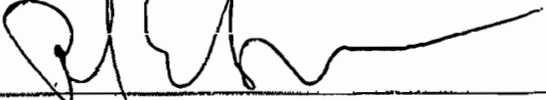
IT IS HEREBY ORDERED, that Licensee's certificate to practice medicine in the state of Mississippi is hereby reinstated.

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 Roderick Gray Newell, M.D. Because Dr. Newell was informed of this decision following Board deliberations, the Order shall be given immediate effect.

SO ORDERED, this the 27th day of September, 2012.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY:



S. RANDALL EASTERLING, M.D.
PRESIDENT

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Board of Medical Licensure		CONTACT PERSON Rhonda Freeman	TELEPHONE NUMBER (601) 987-0223	
ADDRESS 1867 Crane Ridge Drive, Suite 200-B		CITY Jackson	STATE MS	ZIP 39216
EMAIL rhonda@msbml.ms.gov	SUBMIT DATE 10/01/12	Name or number of rule(s): Part 2640 Chapter 1: Rules Pertaining to Prescribing, Administering and Dispensing of Medication, Rule 1.5		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Rule 1.5 was modified to define bariatric medicine/medical weight loss clinics and to include rules for those operating the clinic.

Specific legal authority authorizing the promulgation of rule: 73-43-11

List all rules repealed, amended, or suspended by the proposed rule: N/A

ORAL PROCEEDING:

- An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____
- Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more 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, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

- Economic impact statement not required for this rule. Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	Action proposed: _____ New rule(s) _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed final effective date: _____ 30 days after filing _____ Other (specify): _____	Date Proposed Rule Filed: <u>7/20/2012</u> Action taken: _____ Adopted with no changes in text <u>X</u> Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: <u>X</u> 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Rhonda Freeman

Signature of person authorized to file rules: *Rhonda Freeman*

OFFICIAL FILING STAMP Accepted for filing by	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP Accepted for filing by	OFFICIAL FILING STAMP FILED OCT 01 2012 MISSISSIPPI SECRETARY OF STATE Accepted for filing by <i>HF</i>
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Title 30: Professions and Occupations

Part 2640: Prescribing, Administering and Dispensing

Part 2640 Chapter 1: Rules Pertaining to Prescribing, Administering and Dispensing of Medication

Rule 1.1 Scope. These rules apply to all individuals licensed to practice medicine, osteopathic medicine or podiatric medicine in the state of Mississippi.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended).*

Rule 1.2 Definitions. For the purpose of Part 2640, Chapter 1 only, the following terms have the meanings indicated:

- A. “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.
- B. “Physician” means any person licensed to practice medicine, osteopathic medicine or podiatric medicine in the state of Mississippi.
- C. “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.
- D. “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.
- E. For the purpose of enforcement of the labeling requirements set forth in this chapter, Part 2640, Rule 1.6.B, “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.
- F. “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.
- G. “Pain Management Clinic” means a public or privately owned facility for which the majority (50% or more) of the patients are issued, on a monthly basis, a prescription for opioids, barbiturates, benzodiazepines, carisoprodol, butalbital compounds, or tramadol.
- H. “Bariatric Medicine/Medical Weight Loss Clinic” means a public or privately owned facility for which 30% or more of the patients are provided a comprehensive weight management treatment program. Advertised medical weight loss must include behavior modification, comprehensive nutritional education, exercise or physical therapy intervention, long-term maintenance programs, dispensing and/or prescribing FDA-approved medications as indicated for weight loss on a monthly basis as part of the patient’s treatment plan.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.3 Registration for Controlled Substances Certificate. 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.

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 the above paragraph. 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.

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 rules and in conformity with provisions of the Mississippi Uniform Controlled Substances Law, Mississippi Code, Sections 41-29-101 et seq.

The registration requirement set forth in these rules 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).

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.4 Maintenance of Records and Inventories. 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 rule.

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.

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:

- A. The date the controlled substance was dispensed or administered.
- B. The name, quantity and strength/dose of the controlled substance dispensed or administered.
- C. The method of administration of the controlled substance, i.e. oral, IV or subcutaneous.
- D. The name and address of the patient to whom the controlled substance was dispensed or administered.
- E. For all Schedules II and III amphetamines, amphetamine-like anorectic drugs, or sympathomimetic amine drugs dispensed in the treatment of narcolepsy, hyperkinesis, brain dysfunction, epilepsy, or depression, the dispensing or administration records shall include the diagnosis and the reason for use of the Schedules II and III controlled substances.

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 rules.

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 rule 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.

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.

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 criminal cases, **United States v. Barte**, 479 F.2d 484 (10th Cir. 1973) (No physical examination prior to issuance of prescriptions for controlled substances); **United States v. Greene**, 511 F.2d 1062 (7th Cir. 1975); **Arthurs v. Board of Registration of Medicine**, 418 N.E. 2d 1236 (MA 1981) (failure to record in patient file prescriptions for controlled substances issued or failure to record patient visit); **Brainard v. State Board of Medical Examiners**, 157 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. Rosenburg**, 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

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.

The Controlled Substances Inventory, Controlled Substance Dispensation/Administration Record, and Patient Record required by these rules 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.

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 State Board of Medical Licensure.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.5 Use of Diet Medication. 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.

The Board of Medical Licensure is obligated under the laws of the state of Mississippi to protect the public health and safety. The Board recognizes that inappropriate prescribing of controlled substances, including those used for the purpose of weight reduction, may lead to drug diversion and abuse by individuals who seek drugs for other than legitimate medical use. Physicians should be diligent in preventing the diversion of drugs for illegitimate purposes.

Prescribing or dispensing a controlled substance for weight reduction or the treatment of obesity should be based on accepted scientific knowledge and sound clinical grounds. All such prescribing and dispensing should be in compliance with applicable state and federal laws.

The physician and/or nurse practitioner/physician assistant being overseen/collaborating to provide comprehensive treatment of obesity shall be present at the facility when he or she prescribes or dispenses controlled substances for the purpose of weight reduction or the treatment of obesity.

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, order, 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 the physician complies with the following and that all of the following conditions are met:

- A. An initial comprehensive evaluation is to be conducted by and thoroughly recorded by the prescribing physician and/or mid-level provider prior to the prescribing, ordering, dispensing or administering of any drug. Such evaluation should include a thorough history and thorough physical exam of the patient to include at a minimum:
 1. Past medical history, past surgical history, social history, family history, weight history, dietary history, gynecological (GYN) history if female, review of systems, allergies and medications.
 2. Height, weight, Body Mass Index (BMI), blood pressure, pulse, % body fat or waist circumference/weight hip ratio, HEENT, chest, heart, abdomen, extremities.
 3. Appropriate testing related to medical weight loss (CBC, comprehensive metabolic profile, lipid panel, thyroid panel, EKG, if prior or present history of cardiac disease, hypertension, diabetes, dyslipidemia, or strong family history of cardiac disease age >60
 4. The patient should have a BMI of ≥ 30.0 in a normal otherwise healthy patient, or a BMI ≥ 27.0 in an individual with at least one associated co-morbidity, or current body weight ≥ 120 percent of a well documented, long standing healthy weight that the patient maintained after the age of 18, or body fat $\geq 30\%$ in females, or body fat $\geq 25\%$ in males, or waist-hip circumference such that the individual is known to be at increased cardiovascular and/or co-morbidity risk because of abdominal visceral fat, or presence of a co-morbidity condition or conditions aggravated by the patients excessive adiposity.
 5. Absolute contraindications of Schedule III or IV anorectic drugs for purposes of weight loss management are pregnancy, breast feeding, or severe allergic reactions to these medications. Relative contraindications of Schedule III and IV anorectics for the purpose of weight loss management are uncontrolled bipolar, uncontrolled epilepsy, uncontrolled hypertension, episodic tachyarrhythmia, excessive stimulation, history of substance abuse, severe anticholinergic effects, such as, extreme dryness of mouth or unmanageable constipation should be addressed with physician prior to starting weight loss medications. Schedule III and IV anorectics can be used in conjunction with any other medications deemed safe by the physician.
- B. The physician shall not utilize any Schedules III, IV or V controlled substance when he or she knows or has reason to believe an absolute contraindication exists or relative contraindication exists that would be harmful to the patient.

- C. The physician shall not initiate or discontinue utilizing controlled scheduled weight loss medication if the patient is in active detoxification and/or withdrawal from an addictive substance/ alcohol.
- D. A physician cannot prescribe, order, or dispense controlled substances for the purpose of weight reduction or treatment of obesity greater than a 30 day supply.
- E. A patient continued on a controlled substance in schedule III, IV, V for the purpose of weight reduction or the treatment of obesity should undergo an in-person re-evaluation once every 30 days. A recording of weight, BMI, blood pressure, pulse, and/or any other test which may be necessary for monitoring potential adverse effects of drug therapy should be completed at each visit. Once medically established goals have been met for an individual patient, it is strongly recommended that reduced dosing and drug holidays be implemented for those patients who need maintenance medication.
- F. Continuation of the prescribing, ordering, dispensing, or administering of controlled substances in schedule III, IV or V should occur only if the patient has continued progress toward achieving or maintaining medically established goals and has no significant adverse effects from the medication.
- G. 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.

Any off-label use of any medication that does not have Food and Drug Administration approval for use in the treatment of weight loss is prohibited. Thyroid hormone, diuretics, vitamin B12, B1, B2, B6, methionine, choline, inositol, chromium picolate and human chorionic gonadotropin are examples of medications that may not be used in the sole treatment of weight loss and are not inclusive examples. Off-label use of medication that does not have Food and Drug Administration approval for the sole use and treatment of weight loss is prohibited in individual practice or allowing off-label use by midlevel providers will result in discipline by the Board. (Non FDA approved supplements may be used in the overall treatment of weight loss.)

Record keeping guidelines for medical weight loss: Every physician who prescribes, orders, dispenses, or administers a controlled substance to a patient for the purpose of weight reduction or treatment of obesity is required to maintain medical records in compliance to the above required guidelines. The treatment should be based on evidence based medicine. Adequate medical documentation should be kept so that progress as well as the success or failure of any modality is easily ascertained. The medical record should also contain the information demonstrating the patient's continued efforts to lose weight, the patient's dedication to the treatment program and response to treatment, and the presence or absence of contraindications, adverse effects and indicators of the need to discontinue treatment utilizing controlled substances.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.6 Bariatric Medicine/Medical Weight Loss Clinics

- A. A Bariatric Medicine/Medical Weight Loss Clinic is defined as a public or privately owned facility for which 30% or more of the patients are provided a comprehensive weight management treatment program. Advertised medical weight loss must include behavior modification, comprehensive nutritional education, exercise or physical therapy intervention, long-term maintenance programs, dispensing and/or prescribing FDA-approved medications as indicated for weight loss on a monthly basis as part of the patient's treatment plan.
- B. The physician owner/operator of the bariatric medicine/medical weight loss clinic shall register with the MSBML. The form to register is attached hereto (Appendix F). Certificates once issued are not transferable or assignable. Only the primary physician and/or clinic are required to register with the Board. All physicians associated with the clinic whether in the capacity as the owner or as a practitioner should be listed on the application and must also be required to meet all regulations governing the treatment of obesity/medical weight loss. All physicians who are added or removed from the clinic once a certificate is issued must be reported to the MSBML for approval. Each clinic requires a separate certificate.
- C. A bariatric medicine/medical weight loss clinic may not operate in the state of Mississippi without obtaining a certificate from the Mississippi State Board of Medical Licensure.
- D. Certificates are valid for one year and must be renewed annually along with practitioner's license to practice medicine in the state of Mississippi. There is a 30-day grace period for renewal after which the owner/operator must reapply for an original certificate. The clinic may not continue to operate while the certificate is expired.
- E. If a physician's practice is 30% or greater in bariatric medicine, advertising medical weight loss, or overseeing/collaborating with a nurse practitioner or physician assistant to provide comprehensive treatment of obesity, the physician must have expertise in the field of bariatric medicine with no less than:
 - 1. 100 AMA or AOA Category 1 CME hours in the core-content of bariatric medicine prior to practicing in the specialized field of bariatric medicine/medical weight loss. For any physician who is currently practicing 30% or greater in bariatric medicine or advertising medical weight loss, the physician has 24 months from effective date of this regulation to comply with the initial CME requirement or be board certified in bariatric medicine in order to continue practicing bariatric medicine/medical weight loss in the state of Mississippi. All Category 1 CME in core-content of bariatric medicine should be obtained within a 24 month period.
 - 2. Following the initial 100 Category 1 CME, a physician is required to obtain 30 AMA or AOA Category 1 CME in core-content of bariatric medicine annually in order to continue practicing bariatric medicine and to renew certification with the MSBML.

- F. A Medical Spa facility for which 30% or more of the patients are provided a comprehensive weight management treatment program or advertises medical weight loss to the public must include behavior modification, comprehensive nutritional education, exercise or physical therapy intervention, long-term maintenance programs, the dispensation and/or prescribing of FDA-approved medications as indicated for weight loss on a monthly basis by a physician and/or nurse practitioner/physician assistant being overseen/collaborating to provide comprehensive treatment of obesity is prohibited unless all criteria above are met.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.7 Use of Controlled Substances for Chronic (Non-Terminal) Pain.

A. Definitions

For the purpose of Part 2640, Rule 1.6 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 rule, "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.
- B. Notwithstanding any other provisions of these rules, a physician may prescribe, administer, or dispense controlled substances in Schedules II, IIN, III, IIN, IV and V, or other drugs having addiction-forming and addiction-sustaining liability to a person in the usual course of treatment of that person for a diagnosed condition causing chronic pain.
- C. Notwithstanding any other provisions of these rules, as to the prescribing, administration, or dispensation of controlled substances in Schedules II, IIN, III, IIN, 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, IIN, 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.

- D. 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.
- E. 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.
- F. 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.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.8 Drug Maintenance Requirements. 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 rule are in addition to, and not in lieu of, other labeling requirements of the Laws of the state of

Mississippi, Rules of the Mississippi State Board of Medical Licensure, and Laws of the United States or Federal Regulations.

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.

The drug storage and dispensing area shall be maintained in a sanitary fashion.

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.

All drug products shall be maintained, stored and dispensed in such a manner as to maintain the integrity of the product.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.9 Labeling Requirements for Dispensing Physicians. 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.

Every dispensing physician, as defined above, who shall dispense a controlled substance, legend drug or any other medication shall insure that all such substances dispensed be labeled containing the following information:

- A. The name of the patient to whom the medication was dispensed.
- B. The date that the medication was dispensed.
- C. The name, strength and quantity of the medication.
- D. Direction for taking or administering the medication.
- E. The name and address of the physician dispensing the medication.

The label required by this rule 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.

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.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.10 Prescription Guidelines—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:

- A. 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.
- B. On all prescriptions of controlled substances wherein refills are permitted, physicians shall indicate the appropriate refills, not to exceed five (5), or mark “none.”
- C. Each physician shall insure that the complete name and address of the patient to whom the physician is prescribing the controlled substance appears on the prescription.
- D. A physician shall not permit any prescription for controlled substances to be signed by any non-physician in the place of or on behalf of the physician.
- E. A physician shall not pre-sign blank prescription pads or order forms under any circumstances.
- F. A physician shall not utilize blank prescription pads or order forms upon which the signature of the physician has been electronically, mechanically or photo statically reproduced. This prohibition includes the e-mailing of any controlled substance prescription. A hard copy prescription generated from an electronic prescription system must contain a manual signature; however, if it is printed on security paper that ensures it is not subject to copying or alteration, an electronic or digital signature may be substituted. Electronic transmission of controlled substance prescription information is generally allowed (except Schedule II which is addressed below); however, for the purposes of this regulation, electronic transmission of controlled substance prescription data is limited to computer to facsimile (fax) transmissions or traditional fax to fax transmissions. Requirements for fax prescription orders and systems utilized for faxing prescriptions are as follows:
 1. The prescription order shall contain the date, time, telephone number and location of the transmitting device. Prescription blanks utilized in this manner shall bear a pre-printed heading that indicates the blank is a “Fax Prescription Form.” Fax prescription orders must contain a manual or authenticated electronic/digital signature of the prescriber. As to Schedule II drugs, only Schedule II narcotic substances that are to be prepared or compounded for the direct administration to a patient by parenteral, intravenous, intramuscular, subcutaneous or intra spinal infusion may be transmitted by the physician or the physician’s agent to a pharmacy of the patient’s choice by facsimile. All original hardcopy faxed prescriptions shall immediately be voided after successfully completing the fax transmission by writing across the face of the prescription from corner to corner the notation “faxed.” The original prescription (or copy) shall be retained in the physician’s patient file with additional information included on the back of the prescription as to the date it was faxed, the name or initials of the person faxing

the prescription and the name/location of the pharmacy receiving the fax transmission.

It is also required, that in addition to filing the original prescription (or copy) in the patient file, a perpetual, chronological logbook of fax transactions be established and maintained. Such a logbook would serve to protect the prescribing physician in the event the original prescription is somehow lost or misfiled. The information contained in such a logbook shall include the patient's name and address, date of issuance, name, strength and quantity of the drug prescribed and the name and fax number of the receiving pharmacy and the initials or name of the person faxing the prescription. Such logs shall be maintained in the physician's clinic in a readily retrievable manner, and kept for at least seven (7) years after the original record is established. The requirements set forth in this rule are in addition to, and not in lieu of documentation required in Part 2640, Rule 1.4.

2. When a prescription is prepared and written for any controlled substance for a resident of a Long-term Care Facility (LTCF)(as defined in Section 1301.01(25), Code of Federal Regulations), such prescription may be transmitted by the practitioner or the practitioner's agent to the dispensing pharmacy by facsimile. The physician or the physician's agent will note on the prescription that the patient is a resident of a LTCF. The original prescription (or copy) and fax transaction log will be prepared and maintained in the same manner as described in Part 2640, Rule 1.9.F.1.
 3. When a prescription is written for any controlled substance for a patient residing in a hospice certified by Medicare under Title XVIII or licensed by the state, such prescription may be transmitted by the practitioner or the practitioner's agent to the dispensing pharmacy by facsimile. The physician or the physician's agent will note on the prescription that the patient is a hospice patient. The original prescription (or copy) and fax transmission log will be maintained in the same manner as described in Part 2640, Rule 1.9.F.1.
 4. 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.
- G. No more than one (1) controlled substance shall be issued on a single prescription blank.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.11 Prescription Guidelines - All Medications. In addition to any other requirements set forth in these rules pertaining to the issuance of prescriptions of controlled substances, the following additional requirements apply to all prescriptions, whether or not said prescriptions are for controlled substances, legend drugs or any other medication:

- A. 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.
- B. 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 rule. No prescriptions for brand name or generic equivalents of Nalbuphine Hcl, Carisoprodol, Butalbital compounds, or Tramadol Hcl shall be telefaxed.
- C. Electronic prescriptions for controlled substances (schedules II, III, IV, and V) are permitted if (or when) a practitioner has complied with the DEA requirements and is using a certified electronic prescribing system for the transmission of controlled substances prescriptions. The Board of Medical Licensure considers Nalbuphine Hcl, Carisoprodol, Butalbital compounds and Tramadol to be controlled substances.
- D. 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.
- E. If a prescription form which does not contain two signature lines required in Part 2640, Chapter 1, Rule 1.10.D 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.

- F. 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.

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

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.12 Freedom of Choice. 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.

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.

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.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.13 Other Drugs Having Addiction-forming Liability. All physicians shall maintain inventory, dispensation/administration and patient records in the same format as that required by Part 2640, Rule 1.4 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.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.14 Security of Controlled Substances. 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.

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.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.15 Pain Management Clinics.

- A. The physician owner/operator of the pain management clinic shall register with MSBML. The form to register is attached hereto (Appendix E). Certificates, once issued, are not transferable or assignable. Only the primary physician owner is required to register with

- the Board if there is more than one physician owner of the clinic. Each clinic requires a separate certificate.
- B. A pain management clinic may not operate in the state of Mississippi without obtaining a certificate from the Mississippi State Board of Medical Licensure.
 - C. A pain management clinic may not operate in Mississippi unless the clinic is owned and operated by a hospital or by a medical director who:
 - 1. Is a physician who practices full time in Mississippi. Full time is defined as at least 20 hours per week of direct patient care.
 - 2. Holds an active unrestricted medical license.
 - 3. Holds a certificate of registration for that pain management clinic.
 - D. In addition, the owner/operator of a pain management clinic, an employee of the clinic or a person with whom a clinic contracts for services may not:
 - 1. Have been denied, by any jurisdiction, a license issued by the Drug Enforcement Administration (DEA) under which the person may prescribe, dispense, administer, supply or sell a controlled substance or the other listed medications under definitions.
 - 2. Have held a license issued by the Drug Enforcement Administration under which the person may prescribe, dispense, administer, or supply, or sell a controlled substance that has been restricted; or
 - 3. Have been subject to a disciplinary action by any licensing entity for conduct that was a result of inappropriately prescribing, dispensing, administering, supplying or selling a controlled substance.
 - E. A pain management clinic may not be owned wholly or partly by any person who has been convicted of, pled nolo contendere to or received deferred adjudication for:
 - 1. an offense that constitutes a felony; or
 - 2. an offense that constitutes a misdemeanor, the facts of which relates to the illegal distribution or sale of drugs or controlled substances.
 - F. Certificates are valid for one year and must be renewed annually along with the practitioner's license to practice medicine in the state of Mississippi. There is a thirty-day grace period for renewal after which the owner/operator must reapply for an original certificate. The clinic may not continue to operate while the certificate has expired.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.16 Violation of Rules. The prescribing, administering or dispensing of any controlled substance in violation of the above rules 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).

The prescribing, administering or dispensing of any legend drug or other medication in violation of the above rules 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).

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.17 Effective Date of Rules. The above rules 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 March 18, 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; as amended March 13, 2009; as amended March 24, 2011; and as amended September 17, 2012.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended).*

Title 30: Professions and Occupations

Part 2640: Prescribing, Administering and Dispensing

Part 2640 Chapter 1: Rules Pertaining to Prescribing, Administering and Dispensing of Medication

Rule 1.1 Scope. These rules apply to all individuals licensed to practice medicine, osteopathic medicine or podiatric medicine in the state of Mississippi.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended).*

Rule 1.2 Definitions. For the purpose of Part 2640, Chapter 1 only, the following terms have the meanings indicated:

- A. “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.
- B. “Physician” means any person licensed to practice medicine, osteopathic medicine or podiatric medicine in the state of Mississippi.
- C. “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.
- D. “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.
- E. For the purpose of enforcement of the labeling requirements set forth in this chapter, Part 2640, Rule 1.6.B, “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.
- F. “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.
- G. “Pain Management Clinic” means a public or privately owned facility for which the majority (50% or more) of the patients are issued, on a monthly basis, a prescription for opioids, barbiturates, benzodiazepines, carisoprodol, butalbital compounds, or tramadol.
- H. “Bariatric Medicine/Medical Weight Loss Clinic” means a public or privately owned facility for which 30% or more of the patients are provided a comprehensive weight management treatment program. Advertised medical weight loss must include behavior modification, comprehensive nutritional education, exercise or physical therapy intervention, long-term maintenance programs, dispensing and/or prescribing FDA-approved medications as indicated for weight loss on a monthly basis as part of the patient’s treatment plan.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.3 Registration for Controlled Substances Certificate. 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.

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 the above paragraph. 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.

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 rules and in conformity with provisions of the Mississippi Uniform Controlled Substances Law, Mississippi Code, Sections 41-29-101 et seq.

The registration requirement set forth in these rules 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).

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.4 Maintenance of Records and Inventories. 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 rule.

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.

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:

- A. The date the controlled substance was dispensed or administered.
- B. The name, quantity and strength/dose of the controlled substance dispensed or administered.
- C. The method of administration of the controlled substance, i.e. oral, IV or subcutaneous.
- D. The name and address of the patient to whom the controlled substance was dispensed or administered.
- E. For all Schedules II and III amphetamines, amphetamine-like anorectic drugs, or sympathomimetic amine drugs dispensed in the treatment of narcolepsy, hyperkinesis, brain dysfunction, epilepsy, or depression, the dispensing or administration records shall include the diagnosis and the reason for use of the Schedules II and III controlled substances.

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 rules.

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 rule 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.

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.

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 criminal cases, **United States v. Barte**, 479 F.2d 484 (10th Cir. 1973) (No physical examination prior to issuance of prescriptions for controlled substances); **United States v. Greene**, 511 F.2d 1062 (7th Cir. 1975); **Arthurs v. Board of Registration of Medicine**, 418 N.E. 2d 1236 (MA 1981) (failure to record in patient file prescriptions for controlled substances issued or failure to record patient visit); **Brainard v. State Board of Medical Examiners**, 157 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

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.

The Controlled Substances Inventory, Controlled Substance Dispensation/Administration Record, and Patient Record required by these rules 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.

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 State Board of Medical Licensure.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.5 Use of Diet Medication. 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.

The Board of Medical Licensure is obligated under the laws of the state of Mississippi to protect the public health and safety. The Board recognizes that inappropriate prescribing of controlled substances, including those used for the purpose of weight reduction, may lead to drug diversion and abuse by individuals who seek drugs for other than legitimate medical use. Physicians should be diligent in preventing the diversion of drugs for illegitimate purposes.

Prescribing or dispensing a controlled substance for weight reduction or the treatment of obesity should be based on accepted scientific knowledge and sound clinical grounds. All such prescribing and dispensing should be in compliance with applicable state and federal laws.

The physician and/or nurse practitioner/physician assistant being overseen/collaborating to provide comprehensive treatment of obesity shall be present at the facility when he or she prescribes or dispenses controlled substances for the purpose of weight reduction or the treatment of obesity.

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, order, 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 the physician complies with the following and that all of the following conditions are met:

- A. An initial comprehensive evaluation is to be conducted by and thoroughly recorded by the prescribing physician and/or mid-level provider prior to the prescribing, ordering, dispensing or administering of any drug. Such evaluation should include a thorough history and thorough physical exam of the patient to include at a minimum:
 1. Past medical history, past surgical history, social history, family history, weight history, dietary history, gynecological (GYN) history if female, review of systems, allergies and medications.
 2. Height, weight, Body Mass Index (BMI), blood pressure, pulse, % body fat or waist circumference/weight hip ratio, HEENT, chest, heart, abdomen, extremities.
 3. Appropriate testing related to medical weight loss (CBC, comprehensive metabolic profile, lipid panel, thyroid panel, EKG, if prior or present history of cardiac disease, hypertension, diabetes, dyslipidemia, or strong family history of cardiac disease age >60
 4. The patient should have a BMI of ≥ 30.0 in a normal otherwise healthy patient, or a BMI ≥ 27.0 in an individual with at least one associated co-morbidity, or current body weight ≥ 120 percent of a well documented, long standing healthy weight that the patient maintained after the age of 18, or body fat $\geq 30\%$ in females, or body fat $\geq 25\%$ in males, or waist-hip circumference such that the individual is known to be at increased cardiovascular and/or co-morbidity risk because of abdominal visceral fat, or presence of a co-morbidity condition or conditions aggravated by the patients excessive adiposity.
 5. Absolute contraindications of Schedule III or IV anorectic drugs for purposes of weight loss management are pregnancy, breast feeding, or severe allergic reactions to these medications. Relative contraindications of Schedule III and IV anorectics for the purpose of weight loss management are uncontrolled bipolar, uncontrolled epilepsy, uncontrolled hypertension, episodic tachyarrhythmia, excessive stimulation, history of substance abuse, severe anticholinergic effects, such as, extreme dryness of mouth or unmanageable constipation should be addressed with physician prior to starting weight loss medications. Schedule III and IV anorectics can be used in conjunction with any other medications deemed safe by the physician.
- B. The physician shall not utilize any Schedules III, IV or V controlled substance when he or she knows or has reason to believe an absolute contraindication exists or relative contraindication exists that would be harmful to the patient.

- C. The physician shall not initiate or discontinue utilizing controlled scheduled weight loss medication if the patient is in active detoxification and/or withdrawal from an addictive substance/ alcohol.
- D. A physician cannot prescribe, order, or dispense controlled substances for the purpose of weight reduction or treatment of obesity greater than a 30 day supply.
- E. A patient continued on a controlled substance in schedule III, IV, V for the purpose of weight reduction or the treatment of obesity should undergo an in-person re-evaluation once every 30 days. A recording of weight, BMI, blood pressure, pulse, and/or any other test which may be necessary for monitoring potential adverse effects of drug therapy should be completed at each visit. Once medically established goals have been met for an individual patient, it is strongly recommended that reduced dosing and drug holidays be implemented for those patients who need maintenance medication.
- F. Continuation of the prescribing, ordering, dispensing, or administering of controlled substances in schedule III, IV or V should occur only if the patient has continued progress toward achieving or maintaining medically established goals and has no significant adverse effects from the medication.
- G. 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.

Any off-label use of any medication that does not have Food and Drug Administration approval for use in the treatment of weight loss is prohibited. Thyroid hormone, diuretics, vitamin B12, B1, B2, B6, methionine, choline, inositol, chromium picolate and human chorionic gonadotropin are examples of medications that may not be used in the sole treatment of weight loss and are not inclusive examples. Off-label use of medication that does not have Food and Drug Administration approval for the sole use and treatment of weight loss is prohibited in individual practice or allowing off-label use by midlevel providers will result in discipline by the Board. (Non FDA approved supplements may be used in the overall treatment of weight loss.)

Record keeping guidelines for medical weight loss: Every physician who prescribes, orders, dispenses, or administers a controlled substance to a patient for the purpose of weight reduction or treatment of obesity is required to maintain medical records in compliance to the above required guidelines. The treatment should be based on evidence based medicine. Adequate medical documentation should be kept so that progress as well as the success or failure of any modality is easily ascertained. The medical record should also contain the information demonstrating the patient's continued efforts to lose weight, the patient's dedication to the treatment program and response to treatment, and the presence or absence of contraindications, adverse effects and indicators of the need to discontinue treatment utilizing controlled substances.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.6 Bariatric Medicine/Medical Weight Loss Clinics

- A. A Bariatric Medicine/Medical Weight Loss Clinic is defined as a public or privately owned facility for which 30% or more of the patients are provided a comprehensive weight management treatment program. Advertised medical weight loss must include behavior modification, comprehensive nutritional education, exercise or physical therapy intervention, long-term maintenance programs, dispensing and/or prescribing FDA-approved medications as indicated for weight loss on a monthly basis as part of the patient's treatment plan.
- B. The physician owner/operator of the bariatric medicine/medical weight loss clinic shall register with the MSBML. The form to register is attached hereto (Appendix F). Certificates once issued are not transferable or assignable. Only the primary physician and/or clinic are required to register with the Board. All physicians associated with the clinic whether in the capacity as the owner or as a practitioner should be listed on the application and must also be required to meet all regulations governing the treatment of obesity/medical weight loss. All physicians who are added or removed from the clinic once a certificate is issued must be reported to the MSBML for approval. Each clinic requires a separate certificate.
- C. A bariatric medicine/medical weight loss clinic may not operate in the state of Mississippi without obtaining a certificate from the Mississippi State Board of Medical Licensure.
- D. Certificates are valid for one year and must be renewed annually along with practitioner's license to practice medicine in the state of Mississippi. There is a 30-day grace period for renewal after which the owner/operator must reapply for an original certificate. The clinic may not continue to operate while the certificate is expired.
- E. If a physician's practice is 30% or greater in bariatric medicine, advertising medical weight loss, or overseeing/collaborating with a nurse practitioner or physician assistant to provide comprehensive treatment of obesity, the physician must have expertise in the field of bariatric medicine with no less than:
 - 1. 100 AMA or AOA Category 1 CME hours in the core-content of bariatric medicine prior to practicing in the specialized field of bariatric medicine/medical weight loss. For any physician who is currently practicing 30% or greater in bariatric medicine or advertising medical weight loss, the physician has ~~12~~ 24 months from effective date of this regulation to comply with the initial CME requirement or be board certified in bariatric medicine in order to continue practicing bariatric medicine/medical weight loss in the state of Mississippi. All Category 1 CME in core-content of bariatric medicine should be obtained within a ~~12~~ 24 month period.
 - 2. Following the initial 100 Category 1 CME, a physician is required to obtain 30 AMA or AOA Category 1 CME in core-content of bariatric medicine annually in order to continue practicing bariatric medicine and to renew certification with the MSBML.

- G. A Medical Spa facility for which 30% or more of the patients are provided a comprehensive weight management treatment program or advertises medical weight loss to the public must include behavior modification, comprehensive nutritional education, exercise or physical therapy intervention, long-term maintenance programs, the dispensation and/or prescribing of FDA-approved medications as indicated for weight loss on a monthly basis by a physician and/or nurse practitioner/physician assistant being overseen/collaborating to provide comprehensive treatment of obesity is prohibited unless all criteria above are met.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.7 Use of Controlled Substances for Chronic (Non-Terminal) Pain.

A. Definitions

For the purpose of Part 2640, Rule 1.6 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 rule, "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.
- B. Notwithstanding any other provisions of these rules, 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.
- C. Notwithstanding any other provisions of these rules, 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.

- D. 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.
- E. 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.
- F. 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.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.8 Drug Maintenance Requirements. 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 rule are in addition to, and not in lieu of, other labeling requirements of the Laws of the state of

Mississippi, Rules of the Mississippi State Board of Medical Licensure, and Laws of the United States or Federal Regulations.

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.

The drug storage and dispensing area shall be maintained in a sanitary fashion.

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.

All drug products shall be maintained, stored and dispensed in such a manner as to maintain the integrity of the product.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.9 Labeling Requirements for Dispensing Physicians. 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.

Every dispensing physician, as defined above, who shall dispense a controlled substance, legend drug or any other medication shall insure that all such substances dispensed be labeled containing the following information:

- A. The name of the patient to whom the medication was dispensed.
- B. The date that the medication was dispensed.
- C. The name, strength and quantity of the medication.
- D. Direction for taking or administering the medication.
- E. The name and address of the physician dispensing the medication.

The label required by this rule 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.

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.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.10 Prescription Guidelines—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:

- A. 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.
- B. On all prescriptions of controlled substances wherein refills are permitted, physicians shall indicate the appropriate refills, not to exceed five (5), or mark “none.”
- C. Each physician shall insure that the complete name and address of the patient to whom the physician is prescribing the controlled substance appears on the prescription.
- D. A physician shall not permit any prescription for controlled substances to be signed by any non-physician in the place of or on behalf of the physician.
- E. A physician shall not pre-sign blank prescription pads or order forms under any circumstances.
- F. A physician shall not utilize blank prescription pads or order forms upon which the signature of the physician has been electronically, mechanically or photo statically reproduced. This prohibition includes the e-mailing of any controlled substance prescription. A hard copy prescription generated from an electronic prescription system must contain a manual signature; however, if it is printed on security paper that ensures it is not subject to copying or alteration, an electronic or digital signature may be substituted. Electronic transmission of controlled substance prescription information is generally allowed (except Schedule II which is addressed below); however, for the purposes of this regulation, electronic transmission of controlled substance prescription data is limited to computer to facsimile (fax) transmissions or traditional fax to fax transmissions. Requirements for fax prescription orders and systems utilized for faxing prescriptions are as follows:
 1. The prescription order shall contain the date, time, telephone number and location of the transmitting device. Prescription blanks utilized in this manner shall bear a pre-printed heading that indicates the blank is a “Fax Prescription Form.” Fax prescription orders must contain a manual or authenticated electronic/digital signature of the prescriber. As to Schedule II drugs, only Schedule II narcotic substances that are to be prepared or compounded for the direct administration to a patient by parenteral, intravenous, intramuscular, subcutaneous or intra spinal infusion may be transmitted by the physician or the physician’s agent to a pharmacy of the patient’s choice by facsimile. All original hardcopy faxed prescriptions shall immediately be voided after successfully completing the fax transmission by writing across the face of the prescription from corner to corner the notation “faxed.” The original prescription (or copy) shall be retained in the physician’s patient file with additional information included on the back of the prescription as to the date it was faxed, the name or initials of the person faxing

the prescription and the name/location of the pharmacy receiving the fax transmission.

It is also required, that in addition to filing the original prescription (or copy) in the patient file, a perpetual, chronological logbook of fax transactions be established and maintained. Such a logbook would serve to protect the prescribing physician in the event the original prescription is somehow lost or misfiled. The information contained in such a logbook shall include the patient's name and address, date of issuance, name, strength and quantity of the drug prescribed and the name and fax number of the receiving pharmacy and the initials or name of the person faxing the prescription. Such logs shall be maintained in the physician's clinic in a readily retrievable manner, and kept for at least seven (7) years after the original record is established. The requirements set forth in this rule are in addition to, and not in lieu of documentation required in Part 2640, Rule 1.4.

2. When a prescription is prepared and written for any controlled substance for a resident of a Long-term Care Facility (LTCF)(as defined in Section 1301.01(25), Code of Federal Regulations), such prescription may be transmitted by the practitioner or the practitioner's agent to the dispensing pharmacy by facsimile. The physician or the physician's agent will note on the prescription that the patient is a resident of a LTCF. The original prescription (or copy) and fax transaction log will be prepared and maintained in the same manner as described in Part 2640, Rule 1.9.F.1.
 3. When a prescription is written for any controlled substance for a patient residing in a hospice certified by Medicare under Title XVIII or licensed by the state, such prescription may be transmitted by the practitioner or the practitioner's agent to the dispensing pharmacy by facsimile. The physician or the physician's agent will note on the prescription that the patient is a hospice patient. The original prescription (or copy) and fax transmission log will be maintained in the same manner as described in Part 2640, Rule 1.9.F.1.
 4. 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.
- G. No more than one (1) controlled substance shall be issued on a single prescription blank.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.11 Prescription Guidelines - All Medications. In addition to any other requirements set forth in these rules pertaining to the issuance of prescriptions of controlled substances, the following additional requirements apply to all prescriptions, whether or not said prescriptions are for controlled substances, legend drugs or any other medication:

- A. 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.
- B. 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 rule. No prescriptions for brand name or generic equivalents of Nalbuphine Hcl, Carisoprodol, Butalbital compounds, or Tramadol Hcl shall be telefaxed.
- C. Electronic prescriptions for controlled substances (schedules II, III, IV, and V) are permitted if (or when) a practitioner has complied with the DEA requirements and is using a certified electronic prescribing system for the transmission of controlled substances prescriptions. The Board of Medical Licensure considers Nalbuphine Hcl, Carisoprodol, Butalbital compounds and Tramadol to be controlled substances.
- D. 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.
- E. If a prescription form which does not contain two signature lines required in Part 2640, Chapter 1, Rule 1.10.D 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.

- F. 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.

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

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.12 Freedom of Choice. 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.

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.

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.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.13 Other Drugs Having Addiction-forming Liability. All physicians shall maintain inventory, dispensation/administration and patient records in the same format as that required by Part 2640, Rule 1.4 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.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.14 Security of Controlled Substances. 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.

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.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.15 Pain Management Clinics.

- A. The physician owner/operator of the pain management clinic shall register with MSBML. The form to register is attached hereto (Appendix E). Certificates, once issued, are not transferable or assignable. Only the primary physician owner is required to register with

the Board if there is more than one physician owner of the clinic. Each clinic requires a separate certificate.

- B. A pain management clinic may not operate in the state of Mississippi without obtaining a certificate from the Mississippi State Board of Medical Licensure.
- C. A pain management clinic may not operate in Mississippi unless the clinic is owned and operated by a hospital or by a medical director who:
 - 1. Is a physician who practices full time in Mississippi. Full time is defined as at least 20 hours per week of direct patient care.
 - 2. Holds an active unrestricted medical license.
 - 3. Holds a certificate of registration for that pain management clinic.
- D. In addition, the owner/operator of a pain management clinic, an employee of the clinic or a person with whom a clinic contracts for services may not:
 - 1. Have been denied, by any jurisdiction, a license issued by the Drug Enforcement Administration (DEA) under which the person may prescribe, dispense, administer, supply or sell a controlled substance or the other listed medications under definitions.
 - 2. Have held a license issued by the Drug Enforcement Administration under which the person may prescribe, dispense, administer, or supply, or sell a controlled substance that has been restricted; or
 - 3. Have been subject to a disciplinary action by any licensing entity for conduct that was a result of inappropriately prescribing, dispensing, administering, supplying or selling a controlled substance.
- E. A pain management clinic may not be owned wholly or partly by any person who has been convicted of, pled nolo contendere to or received deferred adjudication for:
 - 1. an offense that constitutes a felony; or
 - 2. an offense that constitutes a misdemeanor, the facts of which relates to the illegal distribution or sale of drugs or controlled substances.
- F. Certificates are valid for one year and must be renewed annually along with the practitioner's license to practice medicine in the state of Mississippi. There is a thirty-day grace period for renewal after which the owner/operator must reapply for an original certificate. The clinic may not continue to operate while the certificate has expired.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.16 Violation of Rules. The prescribing, administering or dispensing of any controlled substance in violation of the above rules 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).

The prescribing, administering or dispensing of any legend drug or other medication in violation of the above rules 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).

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.17 Effective Date of Rules. The above rules 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 March 18, 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; as amended March 13, 2009; as amended March 24, 2011; and as amended September 17, 2012.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended).*

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

ZIZHUANG LI, M.D.

DETERMINATION AND ORDER

THIS MATTER came on regularly for hearing on September 27, 2012, before the Mississippi State Board of Medical Licensure (hereinafter "Board"), pursuant to Title 73, Chapter 25 of Mississippi Code (1972) Annotated. The Board initiated these proceedings on June 8, 2012, by issuance of a Summons and Affidavit against Zizhuang Li, M.D., (hereinafter "Licensee") setting forth a total of twenty-four (24) counts of violation of Mississippi Code Annotated Sections 73-25-29 and 73-25-83. This matter was initially set for hearing on July 12, 2012, but upon request of Licensee, was continued to this date.

Licensee was present, represented by Honorable Doug Mercier. 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. Board members present for all proceedings were: S. Randall Easterling, M.D., President; William S. Mayo, D.O.; Larry B. Aycock, M.D.; Claude D. Brunson, M.D.; Rickey L. Chance, D.O.; Charles D. Miles, M.D., Philip T. Merideth, M.D., J.D.; and William B. Jones, M.D. After initiation of the hearing, Philip T. Merideth, M.D., J.D. had to leave, and thereafter did not participate in the deliberation or vote.

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. 20022. Said license is current until June 30, 2012.

2. That a records check on March 6, 2012, with the U.S. Drug Enforcement Administration (DEA) indicated that Licensee's Uniform Controlled Substance Registration Certificate No. FL2275469 was issued on October 6, 2010, with an expiration date of March 31, 2013, and includes prescriptive authority in schedules II, IIN, III, IIIN, IV, and V. Licensee also holds Uniform Controlled Substance Registration Certificate No. FL1209786, which was issued on January 7, 2009, with an expiration date of March 31, 2015, and includes prescriptive authority in all schedules.

3. That an examination of patient records obtained by Board Investigators indicate improper patient care or pain management treatment by Licensee. By virtue of the Board's Rules and Regulations governing the "Use of Controlled Substances for Chronic (Non-Terminal) Pain", effective June 1, 1999, Licensee, as well as other practitioners, were authorized to prescribe controlled substances on a long-term (chronic) basis, provided that certain monitoring and documentation requirements were met. Those requirements of particular application herein are found in Chapter 25, Sections 602-604 (now Rule 1.6) as follows:

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 medications for the purpose of relieving chronic pain, provided that the following conditions are met:

- 1) Before initiating treatment utilizing a Schedule II, IIN, III, IIIN, IV, or V controlled substance, or any other drug having addiction-forming or addiction-sustaining liability, the physician shall conduct an appropriate risk/benefit analysis by reviewing his own records or 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 clearly be entered into the patient's medical record, and shall include consultation/referral reports to determine the underlying pathology or cause of the chronic pain.
 - 2) Documentation in the patient's medical 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 the specific requirements of the patient, such as using only 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 non-therapeutic 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 the 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 be enforced in cases where the 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.

4. That during the prescription profile period April 26, 2010, through August 18, 2010, Licensee issued to Patient #1 twenty-one (21) prescriptions totaling approximately 2,415 dosage units of controlled substances, or other drugs having addiction-forming or addiction-sustaining liability, to wit: one (1) prescription for approximately 60 Percocet 10/650 mg tablets; four (4) prescriptions for approximately 360 Neurontin * 300 mg tablets; six (6) prescriptions for approximately 945 Oxycodone 30 mg tablets; five (5) prescriptions for approximately 450 Xanax 2 mg tablets; and five (5) prescriptions for approximately 600 Soma 350 mg tablets. The original of said prescriptions was placed into evidence, and a summary of the same is as follows:

Fill Date	Written Date	Drug Name/Strength	Quantity	R Number	Pharmacy Location
4/26/2010	4/26/2010	Xanax 2mg	90	444514	Picayune, MS
4/26/2010	4/26/2010	Soma 350mg	120	444513	Picayune, MS
4/26/2010	4/26/2010	Oxycodone HCL 30mg	180	444512	Picayune, MS
5/10/2010	5/10/2010	Oxycodone HCL 30mg	45	445376	Picayune, MS
5/24/2010	5/24/2010	Oxycodone HCL 30mg	180	820762	Gulfport, MS
5/24/2010	5/24/2010	Soma 350mg	120	820759	Gulfport, MS
5/24/2010	5/24/2010	Xanax 2mg	90	820758	Gulfport, MS
5/24/2010	5/24/2010	*Neurontin 300mg	90	820760	Gulfport, MS
6/21/2010	6/21/2010	*Neurontin 300mg	90	447700	Picayune, MS
6/21/2010	6/21/2010	Oxycodone HCL 30mg	180	447699	Picayune, MS
6/21/2010	6/21/2010	Xanax 2mg	90	447702	Picayune, MS
6/21/2010	6/21/2010	Soma 350mg	120	447701	Picayune, MS

Fill Date	Written Date	Drug Name/Strength	Quantity	R Number	Pharmacy Location
7/19/2010	7/19/2010	Oxycodone HCL 30mg	180	829151	Gulfport, MS
7/21/2010	7/19/2010	*Neurontin 300mg	90	449116	Picayune, MS
7/21/2010	7/19/2010	Xanax 2mg	90	449114	Picayune, MS
7/21/2010	7/19/2010	Soma 350mg	120	449115	Picayune, MS
8/18/2010	8/18/2010	Soma 350mg	120	833699	Gulfport, MS
8/18/2010	8/18/2010	Oxycodone HCL 30mg	180	833702	Gulfport, MS
8/18/2010	8/18/2010	Oxycodone/APAP 10/650mg	60	833701	Gulfport, MS
8/18/2010	8/18/2010	Xanax 2mg	90	833703	Gulfport, MS
8/18/2010	8/18/2010	*Neurontin 300mg	90	833700	Gulfport, MS

**Neurontin is not a controlled substance; however, it does have abuse potential.*

An analysis of the medical file maintained by Licensee on Patient #1 indicates the patient is a 33 year old Caucasian male. The medical file indicates the patient was initially seen by Licensee on April 26, 2010. The patient presented with a complaint of neck, right hip, right shoulder, and low back pain. The patient indicated to Licensee that he sustained an injury in 2001 and has since had three car accidents. Over the course of treatment by Licensee, the medical record indicated one additional complaint of reduced left hand strength. Despite no proof of relief obtained using controlled substances, Licensee

continued to prescribe large amounts of narcotics and benzodiazepines to Patient #1. Licensee states in the record, “. . . *pain exacerbated by position changes, has popping & grinding - putting off surgery. . .*” Licensee allows the patient to dictate his care by continually prescribing controlled substances for pain when Licensee feels that the patient should have surgery. The file notes that the patient has been to physicians in Louisiana and Houston, Texas, for pain management.

During the course of treatment of Patient #1, Licensee failed to adhere to the minimum principles or guidelines enumerated by the Board for the treatment of chronic (non-terminal) pain, including, but not limited to the following, to-wit:

(a) Licensee allowed the patient to dictate his care by continually prescribing controlled substances for pain notwithstanding Licensee's recommendation that the patient should have surgery.

(b) Despite evidence in the record that the patient visited multiple pharmacies and physicians in the past, and the behavior exhibited by the patient to Licensee that is documented in the chart, the file contained no record of prior treatment and there is no information in the record suggesting that Licensee conducted an appropriate risk/benefit analysis by reviewing his own records or prior treatment or review of records of prior treatment by other physicians.

(c) There were no documented discussions regarding taking medication as prescribed.

(d) There is no indication that Licensee attempted to seek outside consultation to determine the origin of the patient's pain or seek other modalities of

treatment other than recommending warm baths and heating pads, outside of prescribing narcotics and other controlled substances.

(e) There is only one urine drug screen within the patient's chart. That drug screen occurred on the patient's initial visit. No subsequent drug screens are noted within the record to document compliance with treatment.

(f) The patient continued to come early for each visit and Licensee continued to write prescriptions on each early visit.

(g) The file maintained by Licensee contained indicators or 'red flags' suggesting possible drug abuse by Patient #1. Based on the following entries, Licensee knew or should have known of a possible problem with controlled substances with this patient:

- (i) After the initial visit on April 26, 2010, there is a notation which reads, "*5/10/10 the patient ran out of med. based on he had heavy pain meds before. Need to cut down slowly. Extra meds given before next app.*".
- (ii) On May 24, 2010, patient #1's next scheduled appointment, Licensee notes, "*Pt. State pain a lot.*" Patient #1's pain scale report has risen from a 6/10 to a 9/10 since the previous visit on April 26;
- (iii) By August 17, 2010, patient #1 continued to have a higher pain scale report than his initial report and Licensee notes, "*Pt used to have Oxcotin [SIC] 80mg. So. plus. percocet. Bid.*"

Licensee issued to Patient #1 prescriptions at times when said patient should not have finished taking the same medication from a previous prescription had the prescription directions been properly followed or the correct dosage was taken.

5. That during the prescription profile period April 6, 2010, through August 9, 2010, Licensee issued to Patient #2 twenty four (24) prescriptions totaling approximately 2,178 dosage units of controlled substances, or other drugs having addiction forming or addiction sustaining liability, to wit: six (6) prescriptions for approximately 352 Lortab 10/500 mg tablets; six (6) prescriptions for approximately 704 Soma 350 mg tablets; six (6) prescriptions for approximately 704 Oxycodone 30 mg tablets; and six (6) prescriptions for approximately 418 Xanax 2 mg tablets. The original of said prescriptions was placed into evidence, and a summary of the same is as follows:

<i>Fill Date</i>	<i>Written Date</i>	<i>Drug Name/Strength</i>	<i>Quantity</i>	<i>R Number</i>	<i>Pharmacy Location</i>
4/6/2010	4/6/2010	Lortab 10/500 mg	60	443354	Picayune, MS
4/6/2010	4/6/2010	Soma 350 mg	120	443355	Picayune, MS
4/6/2010	4/6/2010	Xanax 2 mg	60	443356	Picayune, MS
4/6/2010	4/6/2010	Oxycodone HCL 30 mg	120	443353	Picayune, MS
4/28/2010	4/28/2010	Oxycodone HCL 30 mg	120	444636	Picayune, MS
4/28/2010	4/28/2010	Lortab 10/500 mg	60	444637	Picayune, MS

Fill Date	Written Date	Drug Name/Strength	Quantity	R Number	Pharmacy Location
4/28/2010	4/28/2010	Soma 350 mg	120	444638	Picayune, MS
4/28/2010	4/28/2010	Xanax 2 mg	60	444639	Picayune, MS
5/24/2010	5/24/2010	Xanax 2 mg	60	273753	Bogalusa, LA (1)*
5/24/2010	5/24/2010	Oxycodone HCL 30 mg	120	273624	Bogalusa, LA (1)
5/24/2010	5/24/2010	Lortab 10/500 mg	60	273625	Bogalusa, LA (1)
5/24/2010	5/24/2010	Soma 350 mg	120	273626	Bogalusa, LA (1)
6/11/2010	6/11/2010	Soma 350 mg	120	447229	Picayune, MS
6/11/2010	6/11/2010	Xanax 2 mg	60	447230	Picayune, MS
6/11/2010	6/11/2010	Lortab 10/500 mg	60	447228	Picayune, MS
6/11/2010	6/11/2010	Oxycodone HCL	120	447199	Picayune, MS
7/13/2010	7/13/2010	Oxycodone HCL 30 mg	120	448749	Picayune, MS
7/13/2010	7/13/2010	Soma 350 mg	120	448750	Picayune, MS
7/13/2010	7/13/2010	Xanax 2 mg	90	448747	Picayune, MS
7/13/2010	7/13/2010	Lortab 10/500 mg	60	448748	Picayune, MS
8/9/2010	8/9/2010	Lortab 10/500 mg	52	4006802	Bogalusa, LA (2)
8/9/2010	8/9/2010	Xanax 2 mg	88	4006803	Bogalusa, LA (2)
8/9/2010	8/9/2010	Soma 350 mg	104	4006804	Bogalusa, LA (2)

Fill Date	Written Date	Drug Name/Strength	Quantity	R Number	Pharmacy Location
8/9/2010	8/9/2010	Oxycodone HCL 30 mg	104	2003827	Bogalusa, LA (2)

* Each number indicates a different pharmacy within the same city.

An analysis of the medical file maintained by Licensee on Patient #2 indicates the patient is a 46 year old Caucasian male. The medical file indicates the patient was initially seen by Licensee on April 28, 2010. The patient presented with complaints of low back pain, left leg pain and gout. Patient #2 states he was injured in a forklift accident in 1992 and again in 2009.

During the course of treatment of Patient #2, Licensee failed to adhere to the minimum principles or guidelines enumerated by the Board for the treatment of chronic (non-terminal) pain, including, but not limited to the following, to-wit:

- (a) The chart shows very little physical exam conclusions and hardly any pathology by Licensee which would indicate the therapeutic nature for prescribing the particular controlled substances in the quantities and strengths so noted.
- (b) On May 24, 2010, Licensee made the notation, "*See Ortho Specialist Recommended.*" There is no documentation or further mention of whether a referral was made or if Patient #2 saw an orthopedist.
- (c) Patient #2 was issued prescriptions again on June 11, 2010, only 18 days after the visit on May 24. The date indicated within the chart for the patient visit is June 21, 2010. There is no explanation noted in the chart for the early issuance of prescriptions on June 11, nor are there any significant changes in the verbal pain

scale which would indicate an increased consumption of the prior issued medications.

(d) Licensee continued to prescribe controlled substances for pain without any analysis regarding the effectiveness of the medications prescribed, no documentation of other treatment modalities (other than recommending warm baths and heating pads), and only a couple of short notes regarding outside consultation, including August 9, 2010, when Licensee again mentions the patient should, “*see ortho for eval.*”

(e) Licensee allowed Patient #2 to dictate his care by simply continuing previous prescriptions for controlled substances, failing to followup on his own recommendations regarding referral to an orthopedist, and, at a minimum, failing to recognize non-compliance by the patient.

(f) The file maintained by Licensee contained indicators or ‘red flags’ suggesting possible drug abuse by Patient #2. Based on the following entries, Licensee knew or should have known of a possible problem with controlled substances with this Patient #2:

- (i) Patient #2 is a former patient of a pain management physician who noted in the chart on a April 22, 2009, “*Send pt. a letter indicating I will continue to treat his medical illnesses and refill his prescription for hypertension, etc. BUT I WILL NO LONGER GIVE ANY PRESCRIPTIONS FOR NARCOTICS!!!!!! THIS IS FOR NONCOMPLIANCE WITH TREATMENT PLAN. CFBERGMD*”;
- (ii) Patient #2 was visiting multiple physicians and receiving the same

medications, which is a clear violation of the pain contract. Within the chart, there is a printout from Pearl River Pharmacy in Columbia which indicates doctor shopping behavior; and

- (iii) Despite the above history of noncompliance and the fact that Patient #2 signed a pain contract with Licensee and Access Medical Clinic, Licensee continued to write new prescriptions for controlled substances at a time when the previous prescription for the same medication would not have been completed had the patient followed Licensee's prescription directions.

Licensee issued to Patient #2 prescriptions at times when said patient should not have finished taking the same medication from a previous prescription had the prescription directions been properly followed or the correct dosage was taken.

6. That during the prescription profile period April 7, 2010, through August 2, 2010, Licensee issued to Patient #3 twenty-three (23) prescriptions totaling approximately 2,515 dosage units of controlled substances, or other drugs having addiction forming or addiction sustaining liability, to wit: five (5) prescriptions for approximately 880 Norco 10/325 mg tablets; five (5) prescriptions for approximately 600 Soma 350 mg tablets; one (1) prescription for approximately 10 Oxycodone 15 mg tablets; two (2) prescriptions for approximately 35 Oxycodone 30 mg tablets; five (5) prescriptions for approximately 540 Xanax 2 mg tablets; and five (5) prescriptions for approximately 450 Fiorinal #3 capsules. A summary of said prescriptions is as follows:

Fill Date	Written Date	Drug Name/Strength	Quantity	R Number	Pharmacy Location
4/7/2010	4/7/2010	Norco 10/325 mg	180	443503	Picayune, MS
4/7/2010	4/7/2010	Xanax 2 mg	90	443505	Picayune, MS
4/7/2010	4/7/2010	Soma 350 mg	120	443504	Picayune, MS
4/8/2010	4/7/2010	Fiorinal #3	90	3171665	Kenner, LA
5/6/2010	5/5/2010	Norco 10/325 mg	180	3173283	Kenner, LA
5/6/2010	5/5/2010	Xanax 2 mg	90	3173284	Kenner, LA
5/6/2010	5/5/2010	Soma 350 mg	120	3173285	Kenner, LA
5/6/2010	5/5/2010	Fiorinal #3	90	3173282	Kenner, LA
6/2/2010	6/2/2010	Norco 10/325 mg	180	3174860	Kenner, LA
6/2/2010	6/2/2010	Xanax 2 mg	90	3174862	Kenner, LA
6/2/2010	6/2/2010	Soma 350 mg	120	3174861	Kenner, LA
6/2/2010	6/2/2010	Oxycodone 15 mg	10	1138583	Kenner, LA
6/2/2010	6/2/2010	Fiorinal #3	90	3174863	Kenner, LA
7/2/2010	6/24/2010	Norco 10/325 mg	170	3176707	Kenner, LA
7/2/2010	6/24/2010	Soma 350 mg	120	3176711	Kenner, LA
7/2/2010	6/24/2010	Oxycodone 30 mg	15	1139236	Kenner, LA
7/2/2010	6/24/2010	Fiorinal #3	90	3176705	Kenner, LA
7/2/2010	6/24/2010	Xanax 2 mg	180	3176712	Kenner, LA
8/2/2010	8/2/2010	Norco 10/325 mg	170	3178506	Kenner, LA
8/2/2010	8/2/2010	Soma 350 mg	120	3178504	Kenner, LA
8/3/2010	8/2/2010	Oxycodone 30 mg	20	1139863	Kenner, LA
8/3/2010	8/2/2010	Fiorinal #3	90	3178505	Kenner, LA
8/2/2010	8/2/2010	Xanax 2 mg	90	3178507	Kenner, LA

An analysis of the medical file maintained by Licensee on Patient #3 indicates the patient is a 43 year old Caucasian female. The medical file indicates the patient was initially seen by Licensee on April 7, 2010. The patient presented with complaints of back pain, decreased range of motion and right ankle pain. Licensee also notes that the straight leg test causes back pain. The patient later complains of a car accident in 2003 in which she injured her neck and right shoulder. Other complaints also noted were right foot pain and migraines. The patient chart contains reference to a previous claim presented to a physician on June 19, 2009, indicating a complaint of, *"Alers [SIC] danlos Syndrome (Degeneration of the joints) Fibromyalgia."*

During the course of treatment of Patient #3, Licensee failed to adhere to the minimum principles or guidelines enumerated by the Board for the treatment of chronic (non-terminal) pain, including, but not limited to the following, to-wit:

- (a) The most recent MRI in the chart was taken in 2005 which indicates degenerative disc and hypertrophy issues along with prolapse of L5-S1. Notwithstanding, there is no mention of consultation or referrals to a specialist to attempt other modalities of treatment or, at a minimum, a discussion of obtaining a more up-to-date MRI.
- (b) Licensee determined that the best course of treatment was to continue the prescriptions previously issued to Patient #3 by prior physicians, along with warm baths and use of heating pads. There is no indication or justification as to why the

patient needed this particular combination of medications in these particular quantities and strengths.

(c) Notwithstanding the issuance of prescriptions for Soma 350 mg tablets and Xanax 2 mg tablets, the patient record contained no psychiatric analysis to determine the necessity for the use of Xanax. If the Xanax was prescribed for the purpose of muscle relaxation, then there is no indication to include Soma in the medication regimen.

(d) The file maintained by Licensee contained indicators or 'red flags' suggesting possible drug abuse by Patient #3. Based on the following entries, Licensee knew or should have known of a possible problem with controlled substances by the patient, to-wit:

- (i) Patient #3 provided a home address in Kenner, LA, which would require the patient to drive through New Orleans to get to Picayune;
- (ii) Although Patient #3 made several claims regarding visiting the emergency room for pain related reasons, there is no indication in the record that Licensee attempted to verify any of these claims and there is no documentation within the chart which verifies the claims made by the patient. One such claim is made on June 2, 2010, and Licensee decided to add Oxycodone 15mg to the patient's medications. Licensee decided two visits later on August 2, 2010, to increase the dosage of Oxycodone from 15mg to

30mg, despite the patient showing significant pain reduction and improvement based on the verbal pain scale over that period.

Licensee issued to Patient #3 prescriptions at times when said patient should not have finished taking the same medication from a previous prescription had the prescription directions been properly followed or the correct dosage was taken.

7. That during the prescription profile period May 19, 2010, through August 10, 2010, Licensee issued to Patient #4 twelve (12) prescriptions totaling approximately 1,290 dosage units of controlled substances, or other drugs having addiction forming or addiction sustaining liability, to wit: four (4) prescriptions for approximately 570 Lorcet 10/650 mg tablets; four (4) prescriptions for approximately 480 Soma 350 mg tablets; and four (4) prescriptions for approximately 240 Xanax 2 mg tablets. A summary of said prescriptions is as follows:

<i>Fill Date</i>	<i>Written Date</i>	<i>Drug Name/Strength</i>	<i>Quantity</i>	<i>R Number</i>	<i>Pharmacy Location</i>
5/19/2010	5/19/2010	Lorcet 10/650 mg	120	445897	Picayune, MS (1)*
5/19/2010	5/19/2010	Soma 350 mg	120	445898	Picayune, MS (1)
5/19/2010	5/19/2010	Xanax 2 mg	60	445899	Picayune, MS (1)
6/16/2010	6/16/2010	Lorcet 10/650 mg	150	741491	Picayune, MS (2)
6/16/2010	6/16/2010	Soma 350 mg	120	741492	Picayune, MS (2)
6/16/2010	6/16/2010	Xanax 2 mg	60	741490	Picayune, MS (2)
7/12/2010	7/12/2010	Lorcet 10/650 mg	150	743533	Picayune, MS (2)

Fill Date	Written Date	Drug Name/Strength	Quantity	R Number	Pharmacy Location
7/12/2010	7/12/2010	Soma 350 mg	120	743532	Picayune, MS (2)
7/12/2010	7/12/2010	Xanax 2 mg	60	743534	Picayune, MS (2)
8/10/2010	8/10/2010	Lorcet 10/650 mg	150	745684	Picayune, MS (2)
8/10/2010	8/10/2010	Soma 350 mg	120	745685	Picayune, MS (2)
8/10/2010	8/10/2010	Xanax 2 mg	60	745683	Picayune, MS (2)

** Each number indicates a different pharmacy within the same city.*

An analysis of the medical file maintained by Licensee on Patient #4 indicates the patient is a 46 year old Caucasian female. The patient was initially seen by Licensee on May 19, 2010. The patient presented with complaints of falling and hurting her back in 2009 with an accompanying complaint of neck pain. The blue intake form also notes that Patient #4 was injured working on a pipeline in 2007.

During the course of treatment of Patient #4, Licensee failed to adhere to the minimum principles or guidelines enumerated by the Board for the treatment of chronic (non-terminal) pain, including, but not limited to the following, to-wit:

- (a) The verbal pain scale, indicating the patient's level of pain, stayed throughout treatment around 8 or 9 out of 10, a very high level of pain according to the patient. Based on such entries, there was no real analgesic response to the medication or improvement in general; and the continued prescribing of opiates and other controlled medications for pain was not supported.
- (b) The MRI contained within the file is unremarkable but does show some mild

degenerative changes. Based solely on the MRI, there is no support for the amount of pain the patient was reporting to Licensee and there is no outside consultation to determine the etiology of the patient's severe pain.

(c) There is also no psychiatric evaluation to indicate the necessity of Xanax. If the Xanax was being prescribed for muscle relaxation, then there is no justification for the additional prescribing of Soma.

(d) The patient record reflects only one urine drug screen administered to the patient, and this was on the initial visit of May 19, 2010. Due to the history of Patient #4, it was not appropriate to test the patient once at the beginning of treatment and not test during the treatment.

(e) Licensee continued the prescriptions previously issued to Patient #4 by previous physicians and there seems to be no indication or justification as to why the patient needs this particular combination of medications in these particular quantities and strengths. Other than controlled substances, warm baths and heating pads were suggested as other modalities of treatment.

(f) The file maintained by Licensee contained indicators or 'red flags' suggesting possible drug abuse by Patient #4. Based on the following entries, Licensee knew or should have known of a possible problem with controlled substances with this patient:

- (i) The patient was ultimately discharged from a prior pain clinic in Louisiana due to testing positive on multiple occasions for medications not prescribed. While under the care of a previous

pain physician, Patient #4 tested positive for Oxycodone on January 18, 2010, when Oxycodone was not prescribed to the patient by the previous treating physician. The patient indicated she consumed Percocet that was prescribed to her husband by another physician.

- (ii) On another occasion, February 23, 2010, a patient file entry states, “. . . *inappropriate UDS, positive methadone*”, *“patient came in yesterday and gave us someone else’s urine and took too long to provide a new specimen.”*
- (iii) On March 22, 2010, Patient #4 again attempted to produce somebody else’s urine for the drug screen at the previous pain clinic. These records appear to have been received by Licensee on May 18, 2010, yet there is no indication in the record that Licensee attempted to discuss with the patient the information evidencing multiple inappropriate drug screens that resulted in Patient #4's discharge from the previous pain clinic.
- (iv) During the time Patient #4 was treated by Licensee, the patient continued to come earlier and earlier, always complaining of running out of medication early due to the pain.

Licensee issued to Patient #4 prescriptions at times when said patient should not have finished taking the same medication from a previous prescription had the prescription directions been properly followed or the correct dosage taken.

CONCLUSIONS OF LAW

Licensee is guilty of Counts One, Seven, Thirteen and Nineteen of the June 8, 2012, Affidavit of Jonathan Dalton by virtue of Licensee administering, dispensing, or prescribing of narcotic drugs, or other drugs having addiction-forming or addiction-sustaining liability otherwise than in the course of legitimate professional practice, all in violation of Miss. Code Ann., § 73-25-29(3).

Licensee is guilty of Counts Six, Twelve, Eighteen and Twenty-Four of the June 8, 2012, Affidavit of Jonathan Dalton by virtue of conduct deemed unprofessional, which includes, but is not limited to being guilty of any dishonorable or unethical conduct likely to deceive, defraud or harm the public, all in violation of Miss. Code Ann., § 73-25-29(8)(d) and § 73-25-83(a).

Licensee is guilty of Counts Two, Eight, Fourteen and Twenty of the June 8, 2012 Affidavit of Jonathan Dalton by virtue of Licensee violating Chapter 25, paragraph 602(1), "Pertaining to Prescribing, Administering and Dispensing of Medication," as a result of Licensee failing to conduct an appropriate risk/benefit analysis by review of previous medical history which was provided by another treating physician, which indicates there is a need for long-term controlled substance therapy. Licensee failed to clearly enter into the record the analysis and a consultation/referral report which determines the underlying pathology or cause of the chronic pain, all in violation of Miss. Code Ann., § 73-25-29(13).

Licensee is guilty of Counts Three, Nine, Fifteen and Twenty-One of the June 8, 2012, Affidavit of Jonathan Dalton by virtue of Licensee violating Chapter 25, paragraph 602(3), "Pertaining to Prescribing, Administering and Dispensing of Medication," as a result

of Licensee failing to document a written treatment plan which contains stated objectives as a measure of successful treatment and planned diagnostic evaluations, e.g., psychiatric evaluation or other treatments, all in violation of Miss. Code Ann., § 73-25-29(13).

Licensee is guilty of Counts Five, Ten, Sixteen and Twenty-Two of the June 8, 2012 Affidavit of Jonathan Dalton by virtue of Licensee violating Chapter 25, paragraph 603, "Pertaining to Prescribing, Administering and Dispensing of Medication," as a result of Licensee prescribing controlled substances or other drugs having addiction-forming or addiction-sustaining liability for chronic pain in a non-therapeutic manner, all in violation of Miss. Code Ann., § 73-25-29(13).

Licensee is guilty of Counts Four, Eleven, Seventeen and Twenty-Three of the June 8, 2012, Affidavit of Jonathan Dalton by virtue of Licensee violating Chapter 25, paragraph 604, "Pertaining to Prescribing, Administering and Dispensing of Medication," as a result of Licensee prescribing controlled substances for the treatment of chronic pain to a patient who has consumed or disposed of controlled substances and other drugs having addiction forming or addiction sustaining liability other than in strict compliance with Licensee's directions, all in violation of Miss. Code Ann., § 73-25-29(13).

The Board further finds that during his testimony, Licensee expressed very little understanding of the disease of addiction and possible drug abuse. This combined with clear evidence that Licensee failed to comply with the Board's Rules and Regulations "Pertaining to Prescribing, Administering and Dispensing of Medication," increased the risk of harm to the public. Further, Licensee either failed to identify or chose to ignore clear evidence of drug seeking behavior by the very patients he has an obligation to treat, heal

and protect. Finally, Licensee willingly participated in a medical clinic, which by virtue of the evidence presented, had as its primary purpose to hand-out controlled substances.

ORDER

IT IS THEREFORE, ORDERED that based upon the Findings of Fact and Conclusions of Law enumerated above, that Mississippi Medical License No. 20022, duly issued to Zizhuang Li, M.D., is hereby suspended pursuant to Miss. Code Ann., Section 73-25-29, as amended. Licensee shall have the right, but not the obligation, to petition the Board for reinstatement of his license after expiration of twelve (12) months from the date of this order. Notwithstanding the twelve (12) month period enumerated above, Licensee shall not practice medicine in any manner or form, until such time as he appears before this Board, submits proof of compliance with all requirements set forth in this order, as well as Miss. Code Ann., Section 73-25-32. In the event of reinstatement, the Board reserves the right, in its sole and absolute discretion, to place restrictions on Licensee's practice of medicine.

IT IS FURTHER ORDERED, that during the twelve month suspension of license, Licensee shall enroll and successfully complete AMA Category 1 CME (Continuing Medical Education) courses in the areas of (1) Prescribing of Controlled Substances; (2) Proper Record Keeping; and (3) Medical Ethics. All CME courses shall be approved in advance by the Executive Director of the Board. Following completion of each course, Licensee shall submit to the Board documentary proof of successful completion. This is in addition

to the forty (40) hours of Category 1 CME requirements as cited in Title 30, Part 2610, Chapter 2 of the Board's Rules and Regulations.

IT IS FURTHER ORDERED, that Licensee shall reimburse the Board for all costs incurred in relation to the pending matter pursuant to Miss. Code Ann. § 73-25-30, with said amount not to exceed \$10,000. Licensee shall be advised of the total assessment by separate notification, and shall tender to the Board a certified check or money order on or before forty (40) days from the date the assessment is mailed to Licensee via U. S. mail at the address shown above.

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 Zizhuang Li, M.D., or his Counsel, Honorable Doug Mercier. Because Dr. Li was informed of this decision following Board deliberations, the Order shall be given immediate effect.

SO ORDERED, this the 27th day of September, 2012.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY:



**S. RANDALL EASTERLING, M.D.
PRESIDENT**

FINDINGS OF FACT - DR. ZIZHUANG LI

The Board makes the following Findings of Fact:


1. Based upon the evidence presented, Licensee is guilty of administering, dispensing or prescribing narcotic or addiction-susceptible drugs otherwise than in the course of legitimate professional practice, in violation of MS Code Section 73-25-29 (3), as set out in Count I as to patient 1, Count VII as to patient 2, Count XIII as to patient 3, and Count XIX as to patient 4;
2. Based upon the evidence presented, Licensee is guilty of failing to conduct an appropriate risk/benefit analysis by reviewing prior medical history to determine a need for long-term controlled substance therapy, in violation of Regulation 601 (1), as set out in Count II for patient 1, Count VIII for patient 2, Count XIV for patient 3, and Count XX for patient 4;
3. Based on the evidence presented, Licensee is guilty of failing to document a written treatment plan containing stated objectives and planned diagnostic evaluations, in violation of Regulation 602 (3), as set out in Count III for patient 1, Count XI for patient 2, Count XV for patient 3, and Count XXI for patient 4;
4. Based on the evidence presented, Licensee is guilty of prescribing controlled substances to treat chronic pain to a patient who has not strictly complied with licensee's directions in consuming or disposing of controlled substances or addiction-susceptible drugs, in violation of Regulation 604, as set out in Count IV as to patient 1, Count XI as to patient 2, Count XVII as to patient 3, Count XXIII as to patient 4;
5. Based on the evidence presented, Licensee is guilty of prescribing controlled substances or addiction-susceptible drugs for chronic pain in a non-therapeutic manner, in violation of Regulation 603, as set out in Count V for patient 1, Count X for patient 2, Count XVI for patient 3, and Count XXII for patient 4;
6. Based on the evidence presented, Licensee is guilty of unprofessional conduct including, but not limited to, any dishonorable or unethical conduct likely to harm the public in violation of MS code Section 73-25-29 (8) (d), as set out in Count VI for patient 1, Count XII for patient 2, Count XVIII for patient 3, and Count XXIV for patient 4.

**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
SEPTEMBER 27, 2012**

AGENDA ITEM: XVI. Hearing in the case of Zizhuang Li, M.D.

In a motion made by Dr. Mayo, seconded by Dr. Miles, the Board voted to adopt Findings of Fact #1,2,3,4 and 6, as set out in the attached.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.	X			
Claude D. Brunson, M.D.	X			
Rickey L. Chance, D.O.	X			
Virginia M. Crawford, M.D.				X
S. Randall Easterling, M.D.	X			
William B. Jones, M.D.	X			
William S. Mayo, D.O.	X			
Philip T. Merideth, M.D., J.D.				X
Charles D. Miles, M.D.	X			



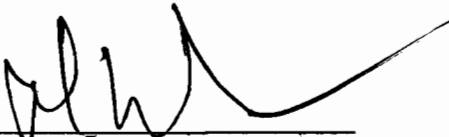
S. Randall Easterling, M.D.
President

**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
SEPTEMBER 27, 2012**

AGENDA ITEM: XVI. Hearing in the case of Zizhuang Li, M.D.

In a motion made by Dr. Brunson, seconded by Dr. Jones, the Board voted to adopt Findings of Fact # 5 as set out in the attached.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.		X		
Claude D. Brunson, M.D.	X			
Rickey L. Chance, D.O.	X			
Virginia M. Crawford, M.D.				X
S. Randall Easterling, M.D.	X			
William B. Jones, M.D.	X			
William S. Mayo, D.O.	X			
Philip T. Merideth, M.D., J.D.				X
Charles D. Miles, M.D.		X		



S. Randall Easterling, M.D.
President

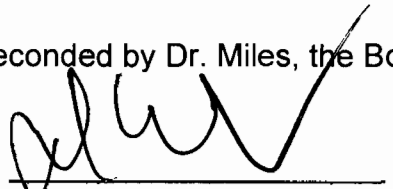
**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
SEPTEMBER 27, 2012**

AGENDA ITEM: XVI. Hearing in the case of Zizhuang Li, M.D.

In a motion made by Dr. Mayo, seconded by Dr. Miles, the Board voted to suspend Dr. Li's medical license for one (1) year. During this year, Dr. Li must attend approved courses in Medical Ethics and Prescribing of Controlled Substances. Dr. Li must also submit to an evaluation of competency at a Board approved facility. Dr. Li may petition the Medical Licensure Board for reinstatement after completion of the requirements but no sooner than one (1) year.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.		X		
Claude D. Brunson, M.D.	X			
Rickey L. Chance, D.O.	X			
Virginia M. Crawford, M.D.				X
S. Randall Easterling, M.D.	X			
William B. Jones, M.D.	X			
William S. Mayo, D.O.	X			
Philip T. Merideth, M.D., J.D.				X
Charles D. Miles, M.D.	X			

With a motion by Dr. Mayo, seconded by Dr. Miles, the Board came out of Executive Session.



S. Randall Easterling, M.D.
President

NOVEMBER 2012

**MINUTES
EXECUTIVE COMMITTEE MEETING
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
NOVEMBER 14, 2012**

MEMBERS PRESENT:

S. Randall Easterling, M.D., Vicksburg, President
Virginia M. Crawford, M.D., Hattiesburg, Vice President
Larry B. Aycock, M.D., McComb, 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 Carrillo, Special Projects Officer, Investigative Division
Mickey Boyette, Investigator, Investigative Division
Jonathan Dalton, Investigator, Investigative Division
Ruby Litton, RN, Compliance Nurse
Sherry H. Pilgrim, Staff Officer

NOT PRESENT:

Thomas Washington, Bureau Director, Investigations

The Executive Committee of the Mississippi State Board of Medical Licensure met on Wednesday, November 14, 2012, at 1:00 p.m. in the Board Room of the Office of the Board located at 1867 Crane Ridge Drive, Jackson, Mississippi.

**PRESENTATION BY RALPH H. DIDLAKE, M.D., DIRECTOR, CENTER FOR
BIOETHICS AND MEDICAL HUMANITIES AT UMC CONCERNING THEIR
HEALTHCARE WORKFORCE PROJECT**

Dr. Craig introduced Dr. Didlake and advised that he had invited him to make a presentation to the Executive Committee concerning his request for information he had requested for the development of a computer model of Mississippi's healthcare workforce.

Dr. Didlake thanked the Executive Committee for allowing him time to explain his request and provide information concerning their project. Dr. Didlake advised that the

EXECUTIVE COMMITTEE MINUTES

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work is two-fold. The first is to allow data-supported scholarly analysis of workforce issues in our state. The second is to provide educators and policymakers with a functional tool with which to test proposed changes in healthcare education and policy.

Dr. Didlake requested five (5) years of retrospective data, as well as annual data going forward, comprised of the following data fields for licensed physicians moving into and out of the state: Status, Race, Gender, Age, County, Specialty, School of Graduation, and Year of Graduation, and explained their need for aggregate data only.

For a brief discussion concerning the concept and the overhead it would cost the Board, Dr. Easterling suggested that the Board and Dr. Didlake meet and work out the details. Motion was made by Dr. Aycock, and seconded by Dr. Crawford, and carried unanimously to work with UMC and Dr. Didlake to provide the requested data.

PERSONAL APPEARANCE BY VICTOR ZUCKERMAN, M.D., WEST MONROE, LA, APPLICANT

Dr. Craig advised that the issuance of Dr. Zuckerman's license was delayed since his specialty is pediatrics and he had requested to practice outside his specialty.

Mr. Ingram, Complaint Counsel for the Board, introduced Dr. Zuckerman when he joined the meeting and advised that he had executed a written agreement for this informal meeting, a copy of which is attached and incorporated by reference. Mr. Ingram advised that Dr. Zuckerman was here today without counsel.

After the introductions, Dr. Zuckerman addressed the Executive Committee and advised that he is a licensed pediatrician practicing anti-aging, Botox, lasers, hormone replacement and is certified to operate a machine that alleviates toenail fungus.

Following a brief discussion concerning the Board's Rules and Regulations as it relates to advertising and the truth in advertising law passed earlier this year, the Executive Committee advised Dr. Zuckerman that they would take his request under consideration and advise him later as to the outcome.

After a brief discussion, motion was made by Dr. Aycock, seconded by Dr. Crawford, and carried unanimously that Dr. Zuckerman be issued a license, but remind him of the Board's Rules and Regulations concerning advertising and instruct him that he must strictly abide by them.

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PERSONAL APPEARANCE BY STEVEN ROSS PARRIS, M.D., HOMEWOOD, AL, APPLICANT

Dr. Craig advised that Dr. Parris had been requested to appear before the Executive Committee to discuss several liability cases in which he had been involved, as well as a Letter of Concern issued by the Alabama Medical Board.

After checking, it was determined that Dr. Parris was not in the building and had not signed in with the receptionist. The Executive Committee unanimously agreed that Dr. Parris be invited to the January 2013, Executive Committee to discuss the liability cases prior to issuing him a Mississippi medical license.

PERSONAL APPEARANCE BY ROBERTO H. LOPEZ-SANTINI, M.D., PICAYUNE, MISSISSIPPI MEDICAL LICENSE NUMBER 12062

Dr. Craig briefly discussed that Dr. Lopez-Santini had been invited to appear before the Executive Committee to discuss his relationship with Albert Sanders, FNP. Dr. Craig advised that the Board 's investigation revealed that Dr. Lopez-Santini was letting the APRN select the charts to be reviewed instead of him selecting them, which is not acceptable by the Board. Also, Dr. Craig advised that Dr. Lopez-Santini has never personally visited Mr. Sanders' practice location.

Mr. Ingram, Complaint Counsel for the Board, introduced Dr. Lopez-Santini when he joined the meeting and advised that he had executed a written agreement for this informal meeting, a copy of which is attached and incorporated by reference. Mr. Ingram advised that Dr. Lopez-Santini was here today without counsel.

After the introductions, Dr. Lopez-Santini addressed the Executive Committee and stated that the clinic where Mr. Sanders worked is about 2 miles away from him. When questioned by the Executive Committee concerning his allowing Mr. Sanders to select the charts for review, Dr. Lopez-Santini advised that he was not aware of the Board's regulation. Following several questions concerning the prescriptions issued by Mr. Sanders, the Executive Committee advised Dr. Lopez-Santini to request that Mr. Sanders have a printout of his prescriptions run by the Prescription Monitoring Program (PMP) and provide him a copy so that he could be aware of possible prescribing issues under investigation by the Board of Nursing.

Motion was made by Dr. Easterling, seconded by Dr. Aycock, and carried unanimously that Dr. Lopez-Santini be sent a letter advising that he must select the 10% or 20 charts to be reviewed, not Mr. Sanders. Also, Dr. Lopez-Santini is to request that Mr.

EXECUTIVE COMMITTEE MINUTES

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Sanders periodically request that a PMP report be run and provide him a copy to discuss during their Quality Assurance meetings.

PERSONAL APPEARANCE BY TIMOTHY L. NOYES, M.D., CORINTH, MISSISSIPPI MEDICAL LICENSE NUMBER 16083

Dr. Craig advised that Dr. Noyes had been invited to appear before the Executive Committee to discuss his former relationship with APRN, Randy McDuffy. Dr. Craig advised that Mr. McDuffy has been investigated by the Board of Nursing over prescriptive issues. Also, Dr. Craig advised that he had concerns with their collaborative relationship and the fact that they were operating a free standing clinic without prior Board approval.

Mr. Ingram, Complaint Counsel for the Board, introduced Dr. Noyes when he joined the meeting and advised that he had executed a written agreement for this informal meeting, a copy of which is attached and incorporated by reference. Mr. Ingram advised that Dr. Noyes was here today without counsel.

After the introductions, Dr. Noyes addressed the Executive Committee and advised that his relationship with Mr. McDuffy began in July 2010. Dr. Noyes stated that he did not allow the APRN to prescribe controlled medications for chronic pain treatment, but stated he was not monitoring his prescribing including Suboxone in violation of federal law. Dr. Noyes stated that they were utilizing electronic medical records, but could not provide any documentation of chart reviews or Quarterly Assurance meetings as is required by the Board's rules and regulations.

Following several questions from the Executive Committee, Dr. Noyes was thanked for appearing and advised that the Committee would discuss the matter further and advise him of their decision.

Following a brief discussion, motion was made by Dr. Crawford, seconded by Dr. Aycock, and carried unanimously to issue Dr. Noyes a Non-Public Letter of Concern recapping the issues discussed with him.

PERSONAL APPEARANCE BY PARVESH KUMAR GOEL, M.D., CANTON, MISSISSIPPI MEDICAL LICENSE NUMBER 15405

Dr. Craig advised that Dr. Goel had been invited to appear before the Executive Committee to discuss his allowing a registered nurse to work as an APRN in his clinic. Dr. Craig advised that the RN had been disciplined by the Board of Nursing. Also, Dr. Craig advised that Dr. Goel already operates his clinic and three (3) free standing clinics and has requested to be allowed to have the fourth free standing clinic approved.

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Mr. Ingram, Complaint Counsel for the Board, introduced Dr. Goel when he joined the meeting and advised that he had executed a written agreement for this informal meeting, a copy of which is attached and incorporated by reference. Mr. Ingram advised that Dr. Goel was here today with counsel and introduced Richard Conrad.

Dr. Goel addressed the Executive Committee and discussed the three (3) free standing clinics and briefly discussed how he covers them. When questioned by the Executive Committee concerning the RN, Sojourner, Dr. Goel stated that his office manager had verified the credentials and he did not know that she was only an RN that had not completed the required courses to become an APRN. Ms. Sojourner had advised him that she needed 720 hours collaborating with a physician and that he saw patients behind her. Dr. Goel stated that when he was made aware of the issue with the Board of Nursing that he fired her.

Following several questions from the Executive Committee, Dr. Goel was advised of his responsibilities as a collaborating physician. Also, the Executive Committee had concerns with areas of the collaborative agreements and Dr. Goel advised that his office manager had gotten them online.

The Executive Committee advised Dr. Goel that they would discuss the matter and advise him of their decision concerning the fourth free standing clinic later. Following a brief discussion, motion was made by Dr. Aycock, seconded by Dr. Crawford, and carried unanimously that the Board will not approve the fourth free standing clinic until he demonstrates his ability to properly manage the three (3) free standing clinics he currently has by performing chart reviews and Quarterly Assurance meetings as is required by the Board's rules and regulations. Also, Dr. Goel will be issued a Non-Public Letter of Concern due to his failure to verify the credentials of the RN and allow her to work in the capacity of an APRN.

THE EXECUTIVE COMMITTEE RECESSED AT 2:35 P.M. AND RETURNED AT 2:45 P.M.

PERSONAL APPEARANCE BY MUFEEED ASHRAF, M.D., LAFAYETTE, LA, APPLICANT

Dr. Craig advised that Dr. Ashraf had been invited to appear before the Executive Committee to request a waiver due to the fact that it took him ten (10) years and nine (9) months to complete all steps of the USMLE.

Mr. Ingram, Complaint Counsel for the Board, introduced Dr. Ashraf when he joined

EXECUTIVE COMMITTEE MINUTES

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the meeting and advised that he had executed a written agreement for this informal meeting, a copy of which is attached and incorporated by reference. Mr. Ingram advised that Dr. Ashraf was here today without counsel.

Dr. Ashraf addressed the Executive Committee and explained that he is a Foreign Medical Graduate and had his training in Turkey. Dr. Ashraf said that instead of completing the program in four (4) years, it took him five (5) years to complete. Dr. Ashraf advised that he currently has an unrestricted license in Louisiana and that he has been offered a position at the University of Mississippi Medical Center in the neonatal department.

Following several questions from the Executive Committee, motion was made by Dr. Aycock, seconded by Dr. Crawford, and carried unanimously that based on the information provided that sufficient documentation was presented that provides extenuating circumstances for a waiver to be granted.

PERSONAL APPEARANCE BY MYLEME O. HARRISON, RALEIGH, NC, APPLICANT

Dr. Craig advised that Dr. Harrison had been invited to appear before the Executive Committee to discuss his application and the fact that his residency program was not approved by the ACGME.

Mr. Ingram, Complaint Counsel for the Board, introduced Dr. Harrison when he joined the meeting and advised that he had executed a written agreement for this informal meeting, a copy of which is attached and incorporated by reference. Mr. Ingram advised that Dr. Harrison was here today without counsel.

Dr. Harrison addressed the Executive Committee and advised that both he and his wife were from Mississippi and wanted the option to move back. There was a brief discussion about the residency program at Duke, and Dr. Harrison advised that he did not know that it was not accredited. Dr. Harrison advised that he is Board certified in psychiatry. The Executive Committee thanked Dr. Harrison and advised that they would discuss the request and advise him of their decision.

Following a brief discussion, motion was made by Dr. Aycock, seconded by Dr. Crawford, and carried unanimously that based on the information provided that sufficient documentation was presented that provides extenuating circumstances for a waiver to be granted.

ELLEN O'NEAL EXITED THE MEETING AT 2:45 P.M.

EXECUTIVE COMMITTEE MINUTES

November 14, 2012

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**PERSONAL APPEARANCE BY MUHAMMED MALIK, GERMANTOWN, TN,
APPLICANT**

Dr. Craig advised that Dr. Malik had been invited to the Executive Committee meeting to discuss his application and why it took him seven (7) years and eight (8) months to complete all steps of the USMLE.

Mr. Ingram, Complaint Counsel for the Board, introduced Dr. Malik when he joined the meeting and advised that he had executed a written agreement for this informal meeting, a copy of which is attached and incorporated by reference. Mr. Ingram advised that Dr. Malik was here today without counsel.

Dr. Malik addressed the Executive Committee and advised that he never knew about the seven (7) year rule. Dr. Malik advised that he is certified in Family Medicine and currently resides in Germantown, TN.

Following several questions from the Executive Committee, Dr. Easterling thanked Dr. Malik and advised that the Committee would discuss the matter and advise him of their decision at a later date.

Motion was made by Dr. Aycok, seconded by Dr. Crawford, and carried unanimously that based on the information provided that sufficient documentation was presented that provides extenuating circumstances for a waiver to be granted.

**PERSONAL APPEARANCE BY ELIZABETH DIMITRI, D.O., BAY ST LOUIS,
MISSISSIPPI MEDICAL LICENSE NUMBER 21866**

**PERSONAL APPEARANCE BY STEVEN C. SHAPIRO, M.D., HATTIESBURG,
MISSISSIPPI MEDICAL LICENSE NUMBER 15101**

Dr. Craig briefly discussed that Dr. Dimitri and Dr. Shapiro had been invited to appear before the Executive Committee to discuss their potential collaborative relationship as well as concerns with advertising by Dr. Dimitri.

Mr. Ingram, Complaint Counsel for the Board, introduced Dr. Dimitri and Dr. Shapiro when they joined the meeting and advised that they had executed a written agreement for this informal meeting, a copy of which is attached and incorporated by reference. Mr. Ingram advised that Dr. Dimitri was here today with counsel, Barry Cokerell, but stated that Dr. Shapiro was here today without counsel.

EXECUTIVE COMMITTEE MINUTES

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Dr. Craig briefly discussed the false advertising law and explained to Dr. Dimitri why the Executive Committee had invited her to appear today. Dr. Craig stated that the Board is aware of the name change of her clinic and appreciates the efforts that she has made to conform to the Board's rules and regulations. There was a brief discussion concerning the fact that Dr. Dimitri had attempted to associate with Dr. Shapiro in order to circumvent the new law. Also, Dr. Shapiro had sought approval to collaborate with an APRN to assist Dr. Dimitri when Dr. Craig advised that Dr. Shapiro had informed him that he had no intention of moving to the coast from his practice in Hattiesburg.

After responding to questions from the Executive Committee, Dr. Easterling thanked both doctors for appearing and advised them that the Executive Committee would discuss the matter and make a recommendation to the full Board on Thursday and advise them of the outcome.

Following a brief discussion, motion was made by Dr. Crawford, seconded by Dr. Aycock, and carried unanimously to issue both doctors a Non-Public Letter of Concern addressing their appearance before the Executive Committee.

PERSONAL APPEARANCE BY SANDRA F. BURFORD, M.D., VICKSBURG, MISSISSIPPI MEDICAL LICENSE NUMBER 11009

Dr. Craig advised that he had received a call earlier today from Dr. Burford advising she was ill and was unable to make the meeting today. Dr. Craig suggested that she be invited to the January Executive Committee meeting due to information that APRNs that she is in collaborative relationships with are prescribing to each other and family members. Also, Dr. Craig stated that Dr. Burford has not practiced medicine in over 15-16 years and that neither APRN has backup physicians, but work when Dr. Burford is out of town.

The Executive Committee agreed that Dr. Burford should be invited to the January Executive Committee meeting to discuss her collaborative practices.

PERSONAL APPEARANCE BY KIMBERLI TAYLOR, M.D., NASHVILLE, TN, APPLICANT

Dr. Craig advised that Dr. Taylor had called him yesterday and stated that she was a single mom and was unable to come from Nashville to meet with the Executive Committee. Dr. Craig stated that it took Dr. Taylor nine (9) years to complete all steps of the USMLE, and provided the Executive Committee with Dr. Taylor's explanation.

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Motion was made by Dr. Crawford, seconded by Dr. Aycock, and carried unanimously that based on the information provided that sufficient documentation was presented that provides extenuating circumstances for a waiver to be granted.

PERSONAL APPEARANCE BY F. LEE NEAL, M.D., PICAYUNE, MISSISSIPPI MEDICAL LICENSE NUMBER 13550, DISCUSS PAIN MANAGEMENT CERTIFICATION FOR AXCESS MEDICAL CLINIC

Dr. Craig advised that Dr. Neal had been invited to appear but that he nor his attorney were present for today's meeting. Dr. Craig discussed the pain clinic registration and that it had been denied due to Dr. Neal's failing to provide the requested documentation. Dr. Easterling advised that he had talked with both Dr. Neal and his attorney and that the Board is still awaiting the requested information.

Ms. Ross, Board Investigator, advised that the clinic is open and there was a discussion concerning the Board performing an audit of patient records and whether over 50% of the patients being seen are for pain management. If so, under the current regulation, they are not in compliance.

Following further discussion, motion was made by Dr. Aycock, seconded by Dr. Crawford, and carried unanimously to issue Dr. Neal a Letter of Concern advising him that he is not permitted to operate Axxess Medical Clinic as a pain management clinic.

PERSONAL APPEARANCE BY XUEHUI (SUSAN) LIU, M.D., JACKSON, APPLICANT

Dr. Craig discussed Dr. Liu and advised that she had requested to appear before the Executive Committee to discuss her application for licensure and explain why it took her approximately ten (10) years to complete all steps of the USMLE.

Mr. Ingram, Complaint Counsel for the Board, introduced Dr. Liu when she joined the meeting and advised that she had executed a written agreement for this informal meeting, a copy of which is attached and incorporated by reference. Mr. Ingram advised that Dr. Liu was here today without counsel.

Dr. Liu addressed the Executive Committee and explained her education and the attempts to pass the USMLE. Dr. Liu stated that she was here today requesting a one (1) year Limited Institutional License (LIL) so that she could do her fellowship in pathology.

Following several questions from the Executive Committee, motion was made by Dr. Aycock, seconded by Dr. Crawford, and carried unanimously to grant Dr. Liu the LIL so

EXECUTIVE COMMITTEE MINUTES

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that she could enter the fellowship at UMC.

DISCUSS APPLICATION FOR JON BURAS, M.D., KAILUA, HI, APPLICANT

Dr. Craig advised that Dr. Buras lives in Hawaii and that he has advised Dr. Buras that he would discuss his application and the fact that it took him eight (8) years to complete all the steps of the USMLE.

Following a brief discussion, motion was made by Dr. Aycock, seconded by Dr. Crawford, and carried unanimously that based on the information provided that sufficient documentation was presented that provides extenuating circumstances for a waiver to be granted.

APPROVAL OF RECOMMENDATIONS FROM EXAMINING COMMITTEE ON JOSEPH JOHN RUBELOWSKY, M.D., HATTIESBURG, MISSISSIPPI MEDICAL LICENSE NUMBER 20957

Dr. Craig briefly discussed the letter from the Examining Committee on Dr. Rubelowsky. Motion was made by Dr. Crawford, seconded by Dr. Aycock, and carried unanimously to accept the Examining Committee's recommendation.

APPROVAL OF RECOMMENDATIONS FROM EXAMINING COMMITTEE ON WILLIAM BRUICK LARKIN, JR., M.D., MEADVILLE, MISSISSIPPI MEDICAL LICENSE NUMBER 06000

Dr. Craig briefly discussed the letter from the Examining Committee on Dr. Larkin. Motion was made by Dr. Crawford, seconded by Dr. Aycock, and carried unanimously to accept the Examining Committee's recommendation.

OTHER BUSINESS

REQUEST FROM MOEEN PANNI, M.D., CONCERNING APPLICATION FOR DR. MAPOSA

Dr. Panni addressed the Executive Committee and discussed the training and request for a waiver on the one (1) year fellowship in Canada so that Dr. Maposa could be granted a license to practice at UMC. Dr. Panni stated that Dr. Maposa has a full Texas medical license and that UMC is recruiting him as a pediatric cardiac anesthesiologist.

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Following a brief discussion concerning Dr. Maposa's qualifications, motion was made by Dr. Easterling, seconded by Dr. Aycock, and carried unanimously that the Board grant a waiver in order for Dr. Maposa to join the staff at UMC.

REVIEW OF NOVEMBER 15, 2012, BOARD AGENDA

Dr. Easterling briefly discussed the Board Agenda for Thursday's meeting.

ADJOURNMENT

There being no further business, the meeting adjourned at 4:40 p.m.



**S. RANDALL EASTERLING, M.D.
PRESIDENT**

Minutes taken and transcribed
by Sherry H. Pilgrim
Staff Officer
November 14, 2012

**AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE
BY APPLICANT FOR LICENSURE**

I, Victor Zuckerman, 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 my pending application for a Mississippi medical license, the current investigation being conducted by the Board, possible grounds for denial, and possible resolution of the matter. 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:

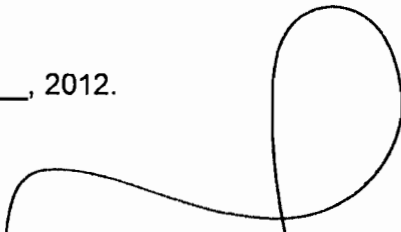
1. During the meeting, the Executive Committee may or may not be represented by legal counsel. Notwithstanding, I understand that I have a right, if I so choose, to employ legal counsel and have counsel present during the informal meeting.
2. I authorize the Committee Members to review and examine any statements, documentary evidence, or materials concerning the possible grounds for denial of licensure 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 show cause 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 14th day of Nov, 2012.

Witness: Sherry Pilgrum


APPLICANT
Victor Zuckerman
NAME PRINTED

**AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE
BY CURRENT LICENSEE**

I, Roberto H. Lopez-Smith, 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 the pending investigation of my license by the Board, the grounds if any for disciplinary action, and possible resolution of the same. It is the purpose of the informal meeting to discuss the facts of the case, to give me an opportunity to ask questions of the Committee or its staff, and to give the Committee or its staff an opportunity to ask questions of me. Because the meeting is informal, no disciplinary action will be taken without my express written consent. In so doing, I have been advised and understand the following:

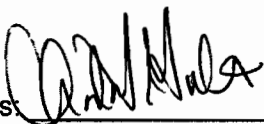
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3. Because the purpose of my appearance is to avoid a hearing before the Board, I agree that presentation to and consideration by the Committee of any facts, matters, and documents pertaining to my case shall not unfairly or illegally prejudice the Committee members from further participation or consideration in the event a formal 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.
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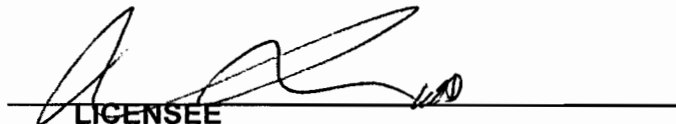
___ with legal counsel present (name of counsel: _____)

without legal counsel present

EXECUTED, this the 14 day of November, 2012.

Witness





LICENSEE

Roberto H. Lopez-Smith

NAME PRINTED

**AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE
BY CURRENT LICENSEE**

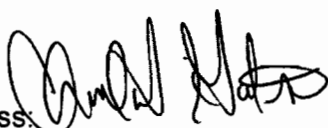
I, Timothy L. Noyes, M.D., have requested an opportunity to appear informally before the Executive Committee of the Mississippi State Board of Medical Licensure (hereinafter "Board") to discuss the pending investigation of my license by the Board, the grounds if any for disciplinary action, and possible resolution of the same. It is the purpose of the informal meeting to discuss the facts of the case, to give me an opportunity to ask questions of the Committee or its staff, and to give the Committee or its staff an opportunity to ask questions of me. Because the meeting is informal, no disciplinary action will be taken without my express written consent. In so doing, I have been advised and understand the following:


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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 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 14th day of November, 2012.

Witness: 


LICENSEE

Timothy L. Noyes
NAME PRINTED

**AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE
BY CURRENT LICENSEE**

I, Parvesh Kumar Goel, 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 the pending investigation of my license by the Board, the grounds if any for disciplinary action, and possible resolution of the same. It is the purpose of the informal meeting to discuss the facts of the case, to give me an opportunity to ask questions of the Committee or its staff, and to give the Committee or its staff an opportunity to ask questions of me. Because the meeting is informal, no disciplinary action will be taken without my express written consent. In so doing, I have been advised and understand the following:

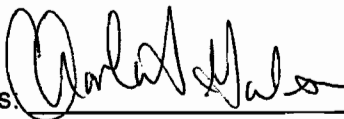
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4. By signing my name in the space provided below, I hereby authorize the Executive Committee to proceed with the informal appearance, subject to the stipulations and understandings as noted above. I have elected to proceed:

with legal counsel present (name of counsel: Richard T Conrad)

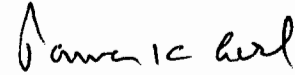
without legal counsel present

EXECUTED, this the 14 day of NOVEMBER, 2012.

Witness: _____



LICENSEE


PARVESH K GOEL

NAME PRINTED

**AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE
BY APPLICANT FOR LICENSURE**

I, Mufeed Ashraf, 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 my pending application for a Mississippi medical license, the current investigation being conducted by the Board, possible grounds for denial, and possible resolution of the matter. It is the purpose of the informal meeting to discuss the facts of the case, to give me an opportunity to ask questions of the Committee or its staff, and to give the Committee or its staff an opportunity to ask questions of me. Because the meeting is informal, no disciplinary action will be taken without my express written consent. In so doing, I have been advised and understand the following:

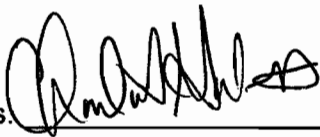
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3. Because the purpose of my appearance is to avoid a hearing before the Board, I agree that presentation to and consideration by the Committee of any facts, matters, and documents pertaining to my case shall not unfairly or illegally prejudice the Committee members from further participation or consideration in the event a formal show cause 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 14th day of 1704, 2012.

Witness. _____



APPLICANT

MUFEEED ASHRAF

NAME PRINTED

**AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE
BY APPLICANT FOR LICENSURE**

I, Myleme O. Harrison, 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 my pending application for a Mississippi medical license, the current investigation being conducted by the Board, possible grounds for denial, and possible resolution of the matter. It is the purpose of the informal meeting to discuss the facts of the case, to give me an opportunity to ask questions of the Committee or its staff, and to give the Committee or its staff an opportunity to ask questions of me. Because the meeting is informal, no disciplinary action will be taken without my express written consent. In so doing, I have been advised and understand the following:

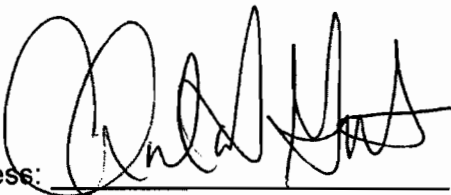
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4. By signing my name in the space provided below, I hereby authorize the Executive Committee to proceed with the informal appearance, subject to the stipulations and understandings as noted above. I have elected to proceed:

with legal counsel present (name of counsel: _____)

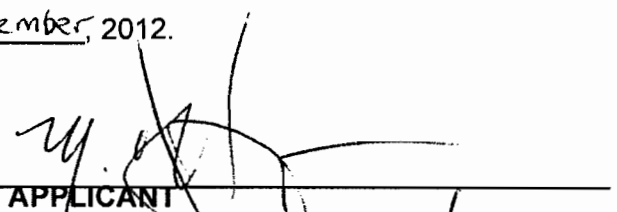
without legal counsel present

EXECUTED, this the 14 day of November, 2012.

Witness: _____



APPLICANT


Myleme Ojinya Harrison
NAME PRINTED

**AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE
BY APPLICANT FOR LICENSURE**

I, Muhammed Malik, 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 my pending application for a Mississippi medical license, the current investigation being conducted by the Board, possible grounds for denial, and possible resolution of the matter. It is the purpose of the informal meeting to discuss the facts of the case, to give me an opportunity to ask questions of the Committee or its staff, and to give the Committee or its staff an opportunity to ask questions of me. Because the meeting is informal, no disciplinary action will be taken without my express written consent. In so doing, I have been advised and understand the following:


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2. I authorize the Committee Members to review and examine any statements, documentary evidence, or materials concerning the possible grounds for denial of licensure during my informal appearance.
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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 NOV, 2012.

Witness:





APPLICANT

Muhammed Malik, M.D.

NAME PRINTED

**AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE
BY CURRENT LICENSEE**

I, Elizabeth Dimitri, 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 the pending investigation of my license by the Board, the grounds if any for disciplinary action, and possible resolution of the same. It is the purpose of the informal meeting to discuss the facts of the case, to give me an opportunity to ask questions of the Committee or its staff, and to give the Committee or its staff an opportunity to ask questions of me. Because the meeting is informal, no disciplinary action will be taken without my express written consent. In so doing, I have been advised and understand the following:

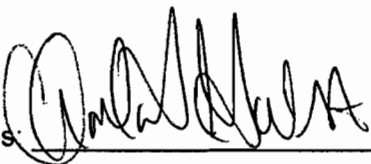
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4. By signing my name in the space provided below, I hereby authorize the Executive Committee to proceed with the informal appearance, subject to the stipulations and understandings as noted above. I have elected to proceed:

with legal counsel present (name of counsel: Barry Cokerell)

without legal counsel present

EXECUTED, this the 14 day of November, 2012.

Witness:





LICENSEE

ELIZABETH Dimitri D.O.
NAME PRINTED

**AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE
BY CURRENT LICENSEE**

I, Steven C. Shapiro, 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 the pending investigation of my license by the Board, the grounds if any for disciplinary action, and possible resolution of the same. It is the purpose of the informal meeting to discuss the facts of the case, to give me an opportunity to ask questions of the Committee or its staff, and to give the Committee or its staff an opportunity to ask questions of me. Because the meeting is informal, no disciplinary action will be taken without my express written consent. In so doing, I have been advised and understand the following:

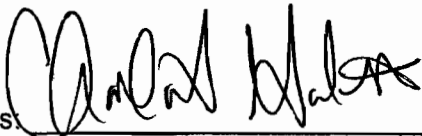
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___ with legal counsel present (name of counsel: _____)

without legal counsel present

EXECUTED, this the 14 day of NOV, 2012.

Witness:





LICENSEE

STEVEN C. SHAPIRO M.D.
NAME PRINTED

**AGREEMENT TO APPEAR INFORMALLY BEFORE EXECUTIVE COMMITTEE
BY APPLICANT FOR LICENSURE**

I, Xuehui (Susan) Liu, 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 my pending application for a Mississippi medical license, the current investigation being conducted by the Board, possible grounds for denial, and possible resolution of the matter. It is the purpose of the informal meeting to discuss the facts of the case, to give me an opportunity to ask questions of the Committee or its staff, and to give the Committee or its staff an opportunity to ask questions of me. Because the meeting is informal, no disciplinary action will be taken without my express written consent. In so doing, I have been advised and understand the following:

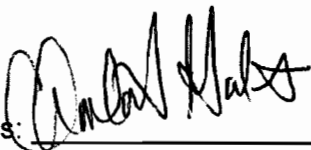
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___ with legal counsel present (name of counsel: _____)

without legal counsel present

EXECUTED, this the 14 day of Nov., 2012.

Witness: _____



APPLICANT

Xuehui Liu

NAME PRINTED



BOARD

MEETING

MINUTES

**BOARD MINUTES
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
NOVEMBER 15, 2012**

The regularly scheduled meeting of the Mississippi State Board of Medical Licensure was held on Thursday, November 15, 2012, in the Board Room of the Office of the Board located at 1867 Crane Ridge Drive, Jackson, Mississippi.

The following members were present:

S. Randall Easterling, M.D., Vicksburg, President
Virginia M. Crawford, M.D., Hattiesburg, Vice President
Larry B. Aycock, M.D., McComb, Secretary
Claude D. Brunson, M.D., Jackson
Rickey L. Chance, D.O., Ocean Springs
William B. Jones, M.D., Greenwood
William S. Mayo, D.O., Oxford
Philip T. Merideth, M.D., J.D., Jackson
Charles D. Miles, M.D., West Point

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 Carrillo, Special Projects Officer, Investigative Division
Sherry H. Pilgrim, Staff Officer
Wesley Breland, Hattiesburg, Consumer Health Committee

Not present:

Cecil R. Burnham, Jackson, Consumer Health Committee
Charles Thomas, Yazoo City, Consumer Health Committee

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

Dr. Easterling opened the floor for public comments but there were none. Dr. Easterling advised that the Board would conduct Board business before starting the oral hearing at 1:30 p.m.

BOARD MINUTES
November 15, 2012
Page 2

APPROVAL OF CERTIFICATION OF MISSISSIPPI LICENSES TO OTHER ENTITIES FOR THE PERIOD SEPTEMBER 01, 2012, THROUGH OCTOBER 31, 2012

Two hundred four (204) licenses were certified to other entities for the period September 01, 2012, through October 31, 2012. Motion was made by Dr. Crawford, seconded by Dr. Mayo, and carried unanimously to approve the certifications.

APPROVAL OF LICENSES ISSUED FOR THE PERIOD SEPTEMBER 01, 2012, THROUGH OCTOBER 31, 2012

Eighty-four (84) licenses were issued for the period of September 01, 2012, through October 31, 2012. Motion was made by Dr. Mayo, seconded by Dr. Brunson, and carried unanimously to approve these licenses.

REVIEW OF MINUTES OF THE EXECUTIVE COMMITTEE MEETING DATED SEPTEMBER 26, 2012, AND MINUTES OF THE BOARD MEETING DATED SEPTEMBER 26 AND 27, 2012

Minutes of the Executive Committee meeting dated September 26, 2012, were reviewed. Motion was made by Dr. Mayo, seconded by Dr. Brunson, and carried unanimously to approve the minutes as submitted. Minutes of the Board meeting dated September 26 and 27, 2012, were reviewed. Dr. Mayo moved for approval of the minutes as submitted. Dr. Miles seconded the motion and it carried unanimously.

REPORT OF NOVEMBER 14, 2012, EXECUTIVE COMMITTEE MEETING

Dr. Craig briefly covered a number of appearances and issues that were discussed by the Executive Committee on November 14, 2012. Information pertaining to the Executive Committee decisions is included in the Executive Committee minutes dated November 14, 2012.

Following a brief discussion and several questions concerning Dr. Harrison and a request from UMC for a waiver on the one (1) year fellowship for Dr. Maposa, motion was made by Dr. Miles, seconded by Dr. Chance, and carried unanimously to ratify the actions/decisions of the Executive Committee with the exception of Dr. Maposa that will be discussed and voted on separately.

Dr. Brunson advised that Dr. Maposa is a pediatric cardiac anesthesiologist that UMC was trying to recruit. Dr. Brunson discussed Dr. Maposa's credentials and advised that he currently has an unrestricted medical license in Texas. Dr. Brunson advised that Dr. Maposa brings talents and skills that are highly sought after in the medical field and UMC is requesting the waiver in order to offer him the position.

BOARD MINUTES
November 15, 2012
Page 3

Following a brief discussion, motion was made by Dr. Aycock, seconded by Dr. Crawford, and carried unanimously to grant the waiver and advise UMC to move forward with the recruiting of Dr. Maposa.

Scope of Practice - Dr. Brunson (Chair), Dr. Easterling, Dr. Jones, Dr. Chance, Dr. Miles, Mr. Burnham, Mr. Thomas

Dr. Brunson stated the Committee met this morning and provided a brief overview.

Professionals Health Program - Dr. Chance (Chair), Dr. Crawford, Dr. Aycock

Dr. Chance advised that the Committee is still in the process of revising the Memorandum of Understanding.

Rules, Regulation & Legislative - Dr. Mayo (Chair), Dr. Easterling, Dr. Jones, Dr. Miles, Mr. Breland

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

Ethics - Dr. Crawford (Chair), Dr. Merideth, Dr. Aycock

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

Telemedicine / EHR - Dr. Aycock (Chair), Dr. Merideth, Dr. Brunson

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

Licensure Process - Dr. Brunson (Chair), Dr. Craig, Ms. Freeman

Dr. Brunson advised that the Committee has met and are still gathering information.

HEARING IN THE CASE OF ROBERT L. BRUNSTON, JR., M.D., OCEAN SPRINGS, MISSISSIPPI MEDICAL LICENSE NUMBER 17394, REQUEST FOR REINSTATEMENT

Stan Ingram, Complaint Counsel for the Board, introduced Dr. Brunston and advised that he was here today without counsel. Mr. Ingram advised that Dr. Brunston is requesting that his Mississippi medical license be reinstated from the Consent Order dated November 2011.

BOARD MINUTES
November 15, 2012
Page 4

Ellen O'Neal, Assistant Attorney General, questioned Dr. Brunston regarding legal representation and he stated that he wanted to waive his right to an attorney and proceed without legal counsel.

Mr. Ingram provided a brief history leading up to the 2011 Consent Order and entered several exhibits into the record. Mr. Ingram advised that Dr. Brunston was released on probation with one (1) year of supervision as required.

Dr. Brunston was called to the witness stand and sworn in by the court reporter. Dr. Brunston advised that the last year was a learning experience and advised that he will comply with the monthly reports and supervision.

Motion was made by Dr. Mayo, seconded by Dr. Chance, and carried unanimously to lift the current restrictions on Dr. Brunston's medical license effective November 27, 2012. A copy of the Order of Licensure Reinstatement is attached hereto and incorporated by reference.

A verbatim account of this proceeding was recorded by Cathy White, Court Reporter.

**HEARING IN THE CASE OF ROBERT B. WARR, M.D., COLORADO SPRINGS, CO,
MISSISSIPPI MEDICAL LICENSE NUMBER 07852, REQUEST FOR
REINSTATEMENT**

An inspection of the office by Mr. Washington, Bureau Director of Investigations, revealed that Dr. Warr was not present. Mr. Ingram suggested that the matter be moved further down the docket and revisited later since Dr. Warr was coming from Colorado for today's appearance.

**HEARING IN THE CASE OF CASSANDRA FAYE THOMAS, M.D., RIDGELAND,
MISSISSIPPI MEDICAL LICENSE NUMBER 13653**

Mr. Ingram addressed the Board and advised that Dr. Thomas, nor her attorney, Robert Gibbs were here today. Mr. Ingram advised that Dr. Thomas had been found guilty of obtaining money or goods under false pretenses relating to Medicare/Medicaid claims. Mr. Ingram advised that Dr. Thomas pled not guilty and was issued a Summons and Affidavit when the Indictment was filed in the U.S. District Court. Mr. Ingram advised that Mississippi Code Ann. Section 99-19-35 prohibits Dr. Thomas from practicing medicine. Mr. Ingram handed out a letter that had been sent to Mr. Gibbs and stated that he recommends that the Board dismiss the Summons and Affidavit without prejudice and enforce Mississippi Code Ann. Section 99-19-35 as is written.

BOARD MINUTES
November 15, 2012
Page 5

Following a brief discussion, motion was made by Dr. Mayo, seconded by Dr. Miles, and carried unanimously to withdraw the Summons and Affidavit and invoke MS Code Ann. Section 99-19-35. Also, motion was made by Dr. Brunson, seconded by Dr. Miles, and carried unanimously to issue an Order acknowledging the existence of MS Code Ann. Section 99-19-35. A copy of the Order is attached hereto and incorporated by reference.

A verbatim account of this proceeding was recorded by Cathy White, Court Reporter.

**HEARING IN THE CASE OF ROBERT B. WARR, M.D., COLORADO SPRINGS, CO,
MISSISSIPPI MEDICAL LICENSE NUMBER 07852, REQUEST FOR
REINSTATEMENT**

Stan Ingram, Complaint Counsel for the Board, advised that Dr. Warr had arrived and that he was here today without counsel. Mr. Ingram advised that Dr. Warr is requesting that his Mississippi medical license be reinstated.

Ellen O'Neal, Assistant Attorney General, questioned Dr. Warr regarding legal representation and he stated that he wanted to waive his right to an attorney and proceed without legal counsel.

Mr. Ingram provided a brief history leading up to the September 2006 Consent Order. Mr. Ingram entered several exhibits and covered the Order that Dr. Warr is currently under in Texas.

Dr. Warr was called to the witness stand and sworn in by the court reporter. Dr. Warr advised that the Texas Order only applies if he practices in Texas and advised that he is no longer residing there. Dr. Warr responded to several questions from the Board and stated that he wants to provide interviews for healthcare patients and that the Texas Order does not consider that the practice of medicine. Dr. Warr advised that he let his Mississippi medical license lapse in 2006 and does not intend on practicing in Mississippi, but that the restrictions that were placed on his license are prohibiting him from working.

Following additional questions, motion was made by Mayo, seconded by Dr. Brunson, and carried unanimously that the Board enter into Executive Session to discuss a matter that could adversely affect Dr. Warr's Mississippi medical license.

Motion was made by Dr. Mayo, seconded by Dr. Crawford, and carried unanimously that the Board come out of Executive Session at which time Dr. Easterling asked Dr. Aycock to report on the Board's decision. Dr. Aycock advised that the Board

BOARD MINUTES
November 15, 2012
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voted to lift the restrictions that were placed on Dr. Warr's lapsed license imposed by the November 2006 Order. A copy of the Order of Licensure Reinstatement is attached hereto and incorporated by reference.

A verbatim account of this proceeding was recorded by Cathy White, Court Reporter.

**PERSONAL APPEARANCE BY KENT COMO KYZAR, M.D., RUTH, MISSISSIPPI
MEDICAL LICENSE NUMBER 10709, PROPOSED CONSENT ORDER**

Stan Ingram, Complaint Counsel for the Board, introduced Dr. Kyzar and his attorney Bill Boerner. Mr. Ingram reminded the Board that Dr. Kyzar was at the September 2012 Board meeting and had requested a Continuance after it was determined that placing restrictions on his license would not allow him to collaborate with mid-level providers. The Continuance was to provide Dr. Kyzar time to find coverage for these individuals.

Mr. Ingram advised that Dr. Kyzar has executed the Consent Order and is here today to request that the proposed Consent Order be approved with the request for additional time to pay the Board the assessment fees. After discussion, motion was made by Dr. Brunson, seconded by Dr. Miles, and carried unanimously that Dr. Kyzar consult with the Executive Director to arrange payment of monies owed the Board.

Following discussion, motion was made by Dr. Jones, seconded by Dr. Mayo, and carried unanimously to accept the proposed Consent Order. A copy of the Consent Order is attached hereto and incorporated by reference.

A verbatim account of this proceeding was recorded by Cathy White, Court Reporter.

**HEARING IN THE CASE OF SANTANU SOM, D.O., NATCHEZ, APPLICANT FOR
REINSTATEMENT**

Mr. Ingram advised that Dr. Som has retained counsel out of state and due to scheduling conflicts his attorney had requested a Continuance. Dr. Craig advised that Dr. Som currently does not have a Mississippi medical license but has applied for reinstatement, however, Dr. Som has not complied with the Board's request for additional information. Therefore, he was issued a Summons and Affidavit to appear for a Show Cause Hearing.

Motion was made by Dr. Crawford, seconded by Dr. Mayo, and carried unanimously to grant the Continuance until the January 2013, Board meeting. A copy

BOARD MINUTES
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of the Continuance is attached hereto and incorporated by reference.

A verbatim account of this proceeding was recorded by Cathy White, Court Reporter.

**HEARING IN THE CASE OF EARNEST LEE RANKIN, M.D., JACKSON, MISSISSIPPI
MEDICAL LICENSE NUMBER 07703**

Stan Ingram, Complaint Counsel for the Board, introduced Dr. Rankin and his attorney, Terris Harris. Mr. Ingram advised that Dr. Rankin had been issued a Summons and Affidavit to appear due to his guilty plea before the U.S. District Court on Conspiracy to Steal Funds from Medicare. Mr. Ingram advised that Dr. Rankin had filed a response to the Summons and Affidavit.

Mr. Ingram addressed the Board and entered several exhibits into the record.

Mr. Harris addressed the Board and discussed the charges against Dr. Rankin. Mr. Harris advised that Dr. Rankin had been sentenced to probation by the judge. Mr. Harris also entered several exhibits into the record and briefly discussed the other individuals involved and how the relationship occurred. Mr. Harris stated that Dr. Rankin was a pawn in the scheme.

Dr. Rankin was called to the witness stand and sworn in by the court reporter. Mr. Harris questioned Dr. Rankin concerning the guilty plea and the fact that he did not have the funds to fight the charges.

Mr. Ingram questioned Dr. Rankin and covered the indictment and charges against him. Dr. Rankin stated that he is paying back the \$997,225.52 that he owes and that he pled guilty on his attorney's advice.

DR. MERIDETH EXITED THE MEETING AT 10:55 A.M.

Dr. Rankin responded to several questions from Board members concerning the sentencing and repayment.

Following closing arguments by both sides, motion was made by Dr. Chance, seconded by Dr. Aycock, and carried unanimously that the Board enter into Executive Session to discuss a matter that could adversely affect Dr. Rankin's Mississippi medical license.

Motion was made by Dr. Mayo, seconded by Dr. Jones, and carried that the Board come out of Executive Session at which time Dr. Easterling asked Dr. Aycock to

BOARD MINUTES
November 15, 2012
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report on the Board's decision. Dr. Aycock stated that the Board agreed that Dr. Rankin is guilty of Counts I and II based on his plea. Also, the Board suspends Dr. Rankin's license for five (5) years, with the suspension automatically stayed, subject to Dr. Rankin completing a Continuing Medical Education course within the next twelve (12) months in the area of Medical Ethics and submit documentary proof of successful completion, as well as serve at least eight (8) hours of community medical service per month as approved in advance by the Executive Director. A copy of the Order is attached hereto and incorporated by reference.

A verbatim account of this proceeding was recorded by Cathy White, Court Reporter.

**HEARING IN THE CASE OF TORY Z. WESTBROOK, M.D., GLASTONBURY, CT,
MISSISSIPPI MEDICAL LICENSE NUMBER 20732**

Mr. Ingram addressed the Board and advised that Dr. Westbrook is currently in hearings with the Connecticut Board and that his attorney had requested a Continuance. Mr. Ingram advised that Dr. Westbrook is currently under a Temporary Order of Prohibition and had been issued a Summons and Affidavit to appear today.

Following a brief discussion, motion was made by Dr. Crawford, seconded by Dr. Mayo, and carried unanimously to grant the Continuance until such time as an order is rendered by the Connecticut Department of Public Health, Healthcare Quality and Safety Branch in response to charges now pending. A copy of the Order of Continuance is attached hereto and incorporated by reference.

A verbatim account of this proceeding was recorded by Cathy White, Court Reporter.

OTHER BUSINESS

**ROBERT STEPHEN CORKERN, M.D., MISSISSIPPI MEDICAL LICENSE NUMBER
12101, BATESVILLE**

Dr. Craig stated that the Board has been informed that Dr. Corkern has pled guilty to bribery in the U. S. District Court. Mr. Ingram advised that under Miss Code Ann. Section 99-19-35, that Dr. Corkern is not authorized to practice medicine due to the plea.

Following discussion, motion was made by Dr. Mayo, seconded by Dr. Crawford, and carried unanimously to serve Dr. Corkern with an Order stating that he is no longer allowed to practice medicine in the state of Mississippi. A copy of the Order is attached

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hereto and incorporated by reference.

FINAL ADOPTION OF AMENDMENT CONCERNING CME REQUIREMENTS / COMMENT

FINAL ADOPTION OF AMENDMENT OF RULES PERTAINING TO PRESCRIBING, ADMINISTERING AND DISPENSING OF MEDICATION - MISSISSIPPI PRESCRIPTION PROGRAM MONITORING REGISTRATION / COMMENT

Dr. Mayo made a motion to final adopt the amendment concerning CME requirements as posted, as well as final adopting the amended rules pertaining to Prescribing, Administering and Dispensing of Medication. Dr. Chance seconded the motion.

Following a brief discussion of whether everyone with a DEA number would have to register with the Prescription Monitoring Program, the Board agreed to give all physicians until December 31, 2013, to be in compliance. Mr. Washington recommended that Deborah Brown of the Pharmacy Board be invited to the next meeting to demonstrate the program. Also, the issue of whether physicians that only prescribe IV's and V's would need to register was discussed. It was determined that individuals that only prescribe IV's and V's could alleviate the problem of not registering by not requesting a DEA number.

Motion was made by Dr. Mayo, seconded by Dr. Miles, with Dr. Chance and Dr. Aycock opposing, of the Board's intent to final adopt the amendment concerning CME Requirements, as well as final adopting the amendments to the rules to Prescribing, administering and Dispensing of Medication. A copy of the amended regulations is attached hereto and incorporated by reference. The amended regulations will be filed with the Secretary of State under the Administrative Procedures Act.

JANUARY MEETING DATE

The January 2013 meeting has tentatively been scheduled for January 17th. If this date is changed due to a telemedicine meeting that will be held in Fort Worth, an email will be sent to all.

ISSUE OF APPLICANTS APPEARING DUE TO NOT MEETING BOARD'S REQUIREMENTS IN COMPLETING ALL STEPS OF USMLE IN 7 YEARS

Dr. Easterling discussed how many applicants were having to travel long distances to discuss and request a waiver from the Executive Committee concerning why it took them longer than 7 years to complete all steps of the USMLE. After a brief

BOARD MINUTES
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discussion, the Board agreed to advise Dr. Craig to determine if the individual needs to personally appear or approve the waiver based on their response.

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

DR. MERIDETH RETURNED TO THE MEETING AFTER LUNCH

ORAL HEARING CONCERNING THE BOARD'S PROPOSED RULES AND REGULATIONS REGARDING COLLABORATION/CONSULTATION WITH NURSE PRACTITIONERS / COMMENTS

Dr. Easterling called the Oral Hearing to order and welcomed the guests. Dr. Easterling advised the format of the hearing and that each individual would be offered the opportunity to address the Board. Dr. Easterling advised that the Board would take all comments and suggestions and send the regulation back to the Scope of Practice Committee for their discussion and possible revision in the next couple of months.

Dr. Easterling 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 **proposed amendments to Mississippi Administrative Code, Title 30, Part 2630, Chapter 1: Collaborative/Consultation with Nurse Practitioners**. This rule has been rewritten to address issues regarding the collaboration of a physician with a nurse practitioner. The Notice of Proposed Rule Adoption was filed with the Secretary of State pursuant to the Administrative Procedures Act on October 03, 2012. 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. Easterling asked if there were any questions before beginning the hearing. Dr. Easterling advised that the floor was open for visitors to address their comments

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and requested that they come to a table facing the Board members. The following individuals addressed the Board.

- 1) Melinda Rush, DSN, FNP - Board of Nursing - advised that the BON had submitted suggestions to the Board. Dr. Rush explained why the BON requested that each physician be allowed to collaborate with 8 APRN's instead of 4 as proposed.
- 2) Rebecca Loveless, PA-C - MS Academy of Physician Assistants - advised that the PA Association had submitted suggestions and requested clarification and requested that the PA's be allowed the same ratios in terms of collaboration.
- 3) Gayle Harrell, President of MNA - discussed the negative impacts that the proposed regulation will cause to healthcare, especially in rural areas of the state.
- 4) Representative from MSMA - Bill Grantham, MD - spoke on behalf of MSMA and stated that they support the Board's efforts to pass the regulation as submitted to ensure patient safety.
- 5) Robert M. Pugh, MPH, Exec Director - MS Primary Healthcare Association and Joe Ward, MD - provided an overview of the federally qualified healthcare centers and discussed how their centers work and the federal requirements they must meet. Dr. Ward addressed the federally funded clinics and the requirements they must meet and requested that the regulation not apply to the federally funded health centers.
- 6) Mr. George Murphy, RN, MSN, FNP - discussed the impact on rural hospitals.
- 7) Dr. Teresa Stanford, RN, DNP, FNP - discussed the impact to meeting the demands for access to care in rural communities and patients in nursing homes.
- 8) Mr. Dave Ware, CRNA - discussed the impact on services provided by CRNAs and discussed the mileage and how technology has assisted in that area.
- 9) Mr. Gavin Gist, RN, MSN, ACNP - discussed the impact on emergency room services and no data to support numbers and distances were causing problems.
- 10) Ms. K. C. Arnold, RN, FNP - discussed the impact on specialty clinics and access to care in communities.
- 11) Mr. O. Stephen Montagnet, III, Attorney - addressed the legal issues and implications and feels the Board is overstepping its boundaries in trying to regulate the nurses. Also discussed the Economic Impact Statement and issues with calculations submitted with the regulation.
- 12) Dr. Charles Sherwood - retired from VA - discussed the importance of a collaborative agreement.
- 13) Dr. Hugh Gamble - feels the Board is taking steps in the right direction.
- 14) Dr. Susan Chiarito - President of MS Academy of Family Physicians - spoke in support of the Board's regulations and efforts and feels they will make for safer medicine.
- 15) Linda M. Watkins - APRN - feels the proposed regulations will restrict healthcare.
- 16) Barry K. Cockrell - Attorney for Hattiesburg Clinic - feels the proposed regulations will restrict healthcare to citizens of the state and discussed compatibility issues.
- 17) J. Robert Jefcoat - Chief Operating Officer at Hattiesburg Clinic - requested more

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specific definitions and addressed concerns over mileage with today's technology.

18) T. Richard Roberson, Jr., - Attorney for Rush Health Systems -spoke of concerns with nurse midwives and the number being limited to 4 APRN's per physician. Also, he addressed concerns with the Economic Impact Statement and how the Board determined the numbers used.

19) Maj Gen (Retired) Erik Hearon - discussed issues and problems at the VA and the number of APRNs under one physician.

20) Dr. David Temple with Newborn Associates - discussed coverage and the problems that the proposed regulation would cause by limiting them to 4 APRNs per physician and discussed how they work coverage.

21) Dawn DeAromd, NP - lead NP with Newborn Associates - reiterated Dr. Temple's comments and how closely the APRNs work with all the physicians in their group.

22) Fred Lucas - stated that Mr. Hearon addressed his concerns.

23) Roger Weiner, M.D. - addressed acute care needs of APRNs and how technology addressed many of the issues in the proposed regulation.

24) Douglas A. Jones - Chief Operating Officer - Forrest Health - provided the Board with a statement detailing significant operational and financial impacts to his organization.

25) Jackson Pulmonary Associates - Brian Hudson - stated the regulation would limit patient's access to services and hinder ability to recruit within their specialty.

26) Jimmy Blessitt - Administrator, South Sunflower County Hospital, Indianola - provided the Board with a handout and discussed Medicare/Medicaid regulations they must follow and how the proposed regulation would affect their care.

27) Greg Oden, MD, Chief Medical Officer for Pioneer Health Services - addressed issues concerning NP's in ER and the cost involved for small healthcare facilities.

28) Samuel Richardson, M.D. - stated he has over 45 years in practice and addressed concerns he has with APRNs and not being properly supervised.

29) Victoria Burslem, MSN - President of American College of Nurse Midwives - discussed nurse mid-wives and how the proposed regulation would affect them and the care they provide.

30) Debbie Hoover, DNP FNP - Vicksburg Special Care Clinic - discussed how the regulation would affect them and how they care for patients that are being turned away at other clinics.

31) Christina Hossley, FNPC - Vicksburg Special Care Clinic - discussed the problems with the mileage proposal, how technology has assisted in that area, and how hard it is to get physicians to collaborate in certain areas.

Dr. Easterling thanked each individual speaking and attending the oral hearing and stated that on the Board's behalf how they wish to have good, healthy, relationships with collaborating mid-level providers. Dr. Easterling stated that regulations are designed to police individuals that do not follow the rule and that the Committee will take all of the comments into consideration and provide their proposal

BOARD MINUTES
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within the next several months.

A verbatim account of this proceeding was recorded by Cathy White, Court Reporter.

ADJOURNMENT

There being no further business, the meeting adjourned at 3:35 p.m., with the next meeting scheduled for Thursday, January 17, 2013.



S. RANDALL EASTERLING, M.D.
PRESIDENT

Minutes taken and transcribed
by Sherry H. Pilgrim
Staff Officer
November 17, 2012

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

ROBERT L. BRUNSTON, JR., M.D.

ORDER OF LICENSURE REINSTATEMENT

THIS MATTER came on regularly for consideration on November 15, 2012, before the Mississippi State Board of Medical Licensure, in response to the petition of Robert L. Brunston, Jr., M.D. (hereinafter "Licensee"), seeking authorization to return to the practice medicine in the State of Mississippi. By virtue of that certain Consent Order dated November 10, 2011, Licensee was prohibited from practicing medicine in the State of Mississippi. Licensee had the right to petition for return to practice upon release from incarceration, subject to certain conditions as hereinafter specified. Evidence has now been submitted establishing that Licensee plead guilty to Failure to File Tax Return and was sentenced to serve twelve (12) months imprisonment incarcerated at an institution of the Bureau of Prisons. Licensee is to be released from incarceration effective November 27, 2012. Licensee shall comply with all probationary terms and conditions imposed during the one (1) year of supervised release. And, Licensee has one year within which to secure all continuing medical education required by the November 10, 2011, Consent Order. After hearing all testimony and considering all evidence, the Board finds Licensee's request to be well taken.

IT IS HEREBY ORDERED, that Licensee's certificate to practice medicine in the state of Mississippi is hereby reinstated effective November 27, 2012.

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 Robert L. Brunston, Jr., M.D. Because Dr. Brunston was informed of this decision following Board deliberations, the Order shall be given immediate effect.

SO ORDERED, this the 15th day of November, 2012.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY: _____


**S. RANDALL EASTERLING, M.D.
PRESIDENT**

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

Of

CASSANDRA FAYE THOMAS, M.D.

ORDER

WHEREAS, the Mississippi State Board Licensure is advised that Cassandra Faye Thomas, M.D., hereinafter "Licensee," was indicted before the U. S. District Court for the Southern District of Mississippi, Jackson Division in Case 3:08-cr-00170-DPJ-FKB, styled, *United States of America vs. Cassandra Faye Thomas*; said indictment charging Licensee with violation of 18 U.S.C Section 371 Conspiracy (Count 1); 18 U.S.C. Section 1347, Health Care Fraud (Count 2-3); 18 U.S.C. Code, Section 1035, False Statements Relating to Health Care Matters (Count 4-5); 18 U.S.C. Section 641, Theft of Government Funds (Count 6); and 18 U.S.C. Section 1343, Wire Fraud (Count 7-10);

WHEREAS, on or about April 8, 2011, Licensee was found guilty by jury on all ten (10) counts of the indictment in the aforementioned criminal cause;

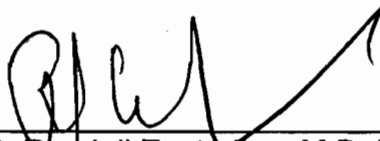
WHEREAS, the U.S. District Court has entered a conviction order and sentence in response to the jury findings of guilt;

WHEREAS, by virtue of the aforementioned jury findings of guilt and conviction, Licensee is prohibited from the practice of medicine in the State of Mississippi pursuant to Miss. Code Ann. § 99-19-35, without any further action(s) by this Board.

NOW THEREFORE, the Board Staff is hereby directed to notify Licensee, and all appropriate State and Federal agencies, including but not limited to the National

Practitioner Data Bank, of Licensee's conviction and the resulting application of Miss. Code Ann. § 99-19-35.

THIS, the 15th day of November, 2012.

A handwritten signature in black ink, appearing to read 'S. Randall Easterling', written over a horizontal line.

S. Randall Easterling, M.D. President
Mississippi State Board of Medical Licensure

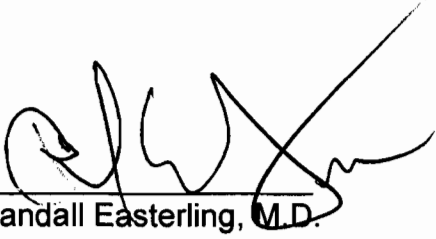
**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
NOVEMBER 15, 2012**

AGENDA ITEM: XI. Hearing in the case of Robert B. Warr, M.D.

In a motion made by Dr. Mayo, seconded by Dr. Miles, and carried, the Board voted to lift the order of suspension on Dr. Warr's lapsed license.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.				X
Claude D. Brunson, M.D.	X			
Rickey L. Chance, D.O.	X			
Virginia M. Crawford, M.D.	X			
S. Randall Easterling, M.D.	X			
William B. Jones, M.D.	X			
William S. Mayo, D.O.	X			
Philip T. Merideth, M.D., J.D.	X			
Charles D. Miles, M.D.	X			

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



S. Randall Easterling, M.D.
President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
IN THE MATTER OF THE PHYSICIAN'S LICENSE
OF
ROBERT BOYCE WARR, M.D.
ORDER OF LICENSURE REINSTATEMENT

THIS MATTER came on regularly for consideration on November 15, 2012, before the Mississippi State Board of Medical Licensure, in response to the petition of Robert Boyce Warr, M.D. (hereinafter "Licensee"), seeking reinstatement of his Mississippi Medical License. By virtue of that certain Consent Order dated November 8, 2006, Licensee's certificate to practice medicine in the State of Mississippi was indefinitely suspended. At the hearing, it was determined that Licensee has permitted his Mississippi license to lapse. Licensee wishes for the restrictions imposed by the November 8, 2006, Order to be removed. After hearing all testimony and considering all evidence, the Board finds Licensee's request to be well taken, subject to those stipulations noted below.

IT IS HEREBY ORDERED, that those restrictions imposed by that certain Consent Order dated November 8, 2006, are hereby removed. In the event that Licensee ever seeks reinstatement of his lapsed license, the Board reserves the right to utilize any and all information from other Licensure agencies including Texas when considering his application for reinstatement.

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 Robert Boyce Warr, M.D. Because Dr. Warr was informed of this decision following Board deliberations, the Order shall be given immediate effect.

SO ORDERED, this the 15th day of November, 2012.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY: _____


S. RANDALL EASTERLING, M.D.
PRESIDENT

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

KENT COMO KYZAR, M.D.

CONSENT ORDER

WHEREAS, Kent Como Kyzar, M.D., hereinafter referred to as "Licensee," having an address of 2740 Mallalieu Drive SE, Ruth, Mississippi 39662, is the current holder of License No.10709 for the practice of medicine in the State of Mississippi.

WHEREAS, the investigative staff of the Mississippi State Board of Medical Licensure, hereinafter referred to as "Board," has conducted a compressive investigation into the medical practice of Licensee and has documented evidence indicating that Licensee has failed to comply with all terms and conditions of his Recover Contract Agreement with the Board and Mississippi Professionals Health Program (hereinafter "MPHP");

WHEREAS, such conduct, if established before the Board, constitutes violation of the Mississippi Medical Practice Act and specifically, Subsections (8)(d) and (13) of the Miss. Code Ann. § 73-25-29, and § 73-25-83(a), for which the Board may revoke the medical license of Licensee, suspend it for a time deemed proper by the Board, or take any other action as the Board may deem proper under the circumstances;

WHEREAS, Licensee wishes to avoid a hearing before the Board and in lieu thereof has agreed to execute this Consent Order, subject to the terms, conditions, and restrictions as specified below;

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, but with the suspension automatically stayed, provided Licensee adheres to the following terms and conditions, to-wit:

1. Licensee shall take immediate steps to seek and receive advocacy with the MPHP and fully comply with each and every term and condition imposed by that certain five (5) year Recovery Contract Agreement, dated August 8, 2011, with the MPHP, or any amendments or extensions thereof, including but not limited to, total abstinence from alcohol and mood altering substances, mandatory attendance at 12-Step and Caduceus meetings, submission of calendars documenting his attendance at said meetings, call-ins for random drug screens and notifying the Board of his monthly work schedules.
2. In the event Licensee suffers a relapse and/or fails to comply with any or all of the conditions imposed by this Consent Order, the stay of suspension shall be immediately removed and Licensee shall be prohibited from practicing medicine until such time as the Board determines that Licensee is able to return to the practice of medicine. Further, the Board may, in its sole discretion, may require Licensee to undergo further evaluation for chemical dependency.
3. Licensee shall disclose his recovery and participation in the MPHP, including the details of this Consent Order and the aforementioned Recovery Contract Agreement, to all employers, clinics or hospital medical staffs wherein he may practice medicine.
4. Within six (6) months from the date of acceptance of this order by the Board, Licensee shall enroll and successfully complete an AMA Category 1 CME (Continuing Medical

Education) course in the area of Medical Ethics; said CME course to be approved in advance by the Executive Director of the Board. Following completion of the course, Licensee shall submit to the Board documentary proof of successful completion. This is in addition to the forty (40) hours of Category 1 CME requirements as cited in Title 30, Part 2610, Chapter 2 of the Board's rules and Regulations.

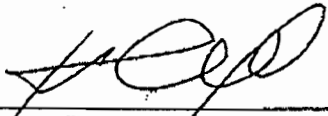
5. Licensee shall reimburse the Board for all costs incurred in relation to the pending matter pursuant to Miss. Code Ann. § 73-25-30, with said amount not to exceed \$10,000. Licensee shall be advised of the total assessment by separate notification, and shall tender to the Board a certified check or money order on or before forty (40) days from the date the assessment is mailed to Licensee via U. S. mail at the address shown above.
6. In the event Licensee should leave Mississippi to reside outside the state, Licensee shall, within ten (10) days prior to departing, notify the Board in writing of the dates of departure and return. Periods of residency outside Mississippi will not apply to the reduction of time restrictions enumerated in this Order, or lessen the duration of said restrictions.

Licensee understands and expressly acknowledges that this Consent Order shall constitute a public record of the State of Mississippi. Licensee further understands and acknowledges that the Board shall provide a copy of this Order to, among others, the National Practitioners Data Bank, and the U. S. Drug Enforcement Administration (DEA), and the Board makes no representation as to actions, if any, which the DEA may take in response to this Order.

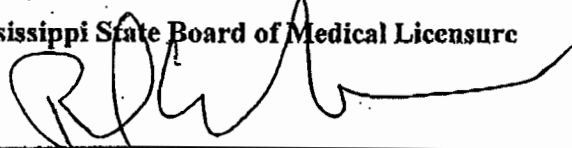
Recognizing his right to notice of charges specified against him, to have such charges adjudicated pursuant to Miss. Code Ann. § 73-25-1 et set., to be represented therein by legal

counsel of his choice, and a final decision based on written findings of fact and conclusions of law, KENT COMO KYZAR, M.D., nonetheless hereby waives his right to notice and formal adjudication of charges, thereby placing the above enumerated terms, conditions, and restrictions on his license to practice medicine in the State of Mississippi.

EXECUTED, this the 15th day of Nov., 2012.

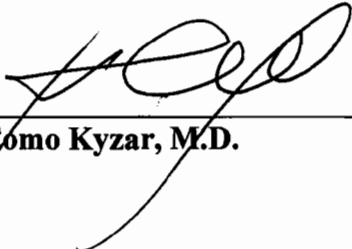
By: 
Kent Como Kyzar, M.D.

EXECUTED ACCEPTED, this the 15th day of November, 2012.

Mississippi State Board of Medical Licensure
By: 
S. Randall Easterling, M.D., President


counsel of his choice, and a final decision based on written findings of fact and conclusions of law, KENT COMO KYZAR, M.D., nonetheless hereby waives his right to notice and formal adjudication of charges, thereby placing the above enumerated terms, conditions, and restrictions on his license to practice medicine in the State of Mississippi.

EXECUTED, this the 15th day of Nov., 2012.

By: 
Kent Como Kyzar, M.D.

EXECUTED ACCEPTED, this the 15th day of November, 2012.

Mississippi State Board of Medical Licensure

By: 
S. Randall Easterling, M.D., President

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

OF

SANTANU SOM, D.O.

ORDER OF CONTINUANCE

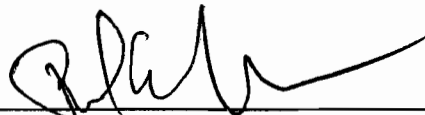
THIS MATTER came on regularly for hearing on November 15, 2012, before the Mississippi State Board of Medical Licensure in response to a request for continuance of the hearing set for this date filed by Santanu Som, D.O., (hereinafter "Licensee"). After consideration of the matter, the Board finds Licensee's motion to be well taken.

IT IS, THEREFORE, ORDERED, that this matter is continued until January, 17, 2013.

SO ORDERED, this the 15th day of November, 2012.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY:



**S. RANDALL EASTERLING, M.D.
PRESIDENT**

**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
NOVEMBER 15, 2012**

AGENDA ITEM: XV. Hearing in the case of Earnest Lee Rankin, M.D.

In a motion made by Dr. Mayo, seconded by Dr. Jones, and carried, the Board agreed that Dr. Rankin is guilty of Counts I and II based on his plea of guilty and conviction in the Federal Court. The Board voted to suspend Dr. Rankin's license for 5 years, with the suspension stayed, as long as he meets the following Board requirements: 1) Complete a board approved course in medical ethics within the next 12 months, and 2) serve at least 8 hours per month of medical community service at board approved facility.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Larry B. Aycock, M.D.	X			
Claude D. Brunson, M.D.	X			
Rickey L. Chance, D.O.	X			
Virginia M. Crawford, M.D.	X			
S. Randall Easterling, M.D.	X			
William B. Jones, M.D.	X			
William S. Mayo, D.O.	X			
Philip T. Merideth, M.D., J.D.				X
Charles D. Miles, M.D.	X			

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



S. Randall Easterling, M.D.
President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

EARNEST LEE RANKIN, M.D.

ORDER

THIS MATTER came on regularly for hearing on November 15, 2012, before the Mississippi State Board of Medical Licensure (hereinafter "Board"), pursuant to Title 73, Chapter 25 of Mississippi Code (1972) Annotated. The Board initiated these proceedings on October 10, 2012, by issuance of a Summons and Affidavit against Earnest Lee Rankin, M.D., (hereinafter "Licensee") setting forth two (2) counts of violation of Miss. Code Ann. Sections 73-25-29 and 73-25-83.

Licensee was present, represented by Honorable Terris C. Harris. 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. Board members present for all proceedings were, S. Randall Easterling, M.D., President; Virginia M. Crawford, M.D., William S. Mayo, D.O.; Larry B. Aycock, M.D.; Claude D. Brunson, M.D.; Rickey L. Chance, D.O.; Charles D. Miles, M.D. and William B. Jones, M.D.

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. 07703. Said license is current until June 30, 2013.

2. On or about April 13, 2010, Licensee was indicted in the United States District Court for the Southern District of Mississippi, Jackson Division, in Case 3:10-cr-00041-TSL-LRA, styled *United States of America vs. Earnest Rankin Sylvia Reed*, said indictment charging Licensee with violation of 18 United States Code, Section 371 Conspiracy To Violate the Anti-Kickback Statute and Conspiracy to Steal Funds from Medicare (Count 1)

3. That on June 23, 2011, Licensee entered a plea of guilty to count one of the indictment which charged him with violating the anti-kickback statute (Title 18, United State Code, Section 371). Before the Honorable Judge Tom S. Lee, United States District Court, Southern District of Mississippi, Licensee stipulated that he and a co-conspirator conspired with each other to receive kickbacks from Longwind Products and Services, a supplier of wheelchairs, in the following manner: Medicare Beneficiaries were recruited to receive Certificates of Medical Necessity from Licensee. Licensee would then refer the beneficiaries to Longwind for a power wheelchair. Licensee issued these Certificates when, in fact, the beneficiaries were not medically eligible to receive a Medicare-funded power wheelchair. Licensee received a kickback for each Longwind wheelchair and has agreed to make full restitution to Medicare.

4. That on April 27, 2012, a Judgment was entered in the aforementioned criminal matter, wherein U.S. District Court Judge Tom S. Lee, sentenced Licensee to supervised probation for a term of five (5) years. Licensee, along with the other co-defendants, were directed to pay \$997,225.52 in total restitution.

CONCLUSIONS OF LAW

Licensee is guilty of Count One of the October 10, 2012 Affidavit of Thomas Washington by virtue of Licensee having been convicted of a felony or misdemeanor involving moral turpitude, a certified copy of the conviction order or judgment rendered by the trial court being prima facie evidence thereof, all in violation of Miss. Code Ann., ' 73-25-29(6).

Licensee is guilty of Count Two of the October 10, 2012, Affidavit of Thomas Washington by virtue of conduct deemed unprofessional, which includes, but is not limited to being guilty of any dishonorable or unethical conduct likely to deceive, defraud or harm the public, all in violation of Miss. Code Ann., ' 73-25-29(8)(d) and ' 73-25-83(a).

ORDER

IT IS THEREFORE, ORDERED that based upon the Findings of Fact and Conclusions of Law enumerated above, that Mississippi Medical License No. 07703, duly issued to Earnest Lee Rankin, M.D., is hereby suspended for a period of five (5) years, provided, however, the suspension shall be automatically stayed subject to Licensee's strict adherence to the following requirements, to-wit:

1. Within twelve (12) months of issuance of this order, Licensee shall enroll and successfully complete an AMA Category 1 CME (Continuing Medical Education) course in the area of Medical Ethics. The CME course shall be approved in advance by the Executive Director of the Board. Following completion of said course, Licensee shall submit to the Board documentary proof of successful completion. This is in addition to the forty (40) hours of Category 1 CME

requirements as cited in Title 30, Part 2610, Chapter 2 of the Board's Rules and Regulations.

2. During the five (5) year stay of suspension, Licensee shall serve at least eight (8) hours of community medical service per month as approved in advance by the Executive Director of the Board.

IT IS FURTHER ORDERED, that Licensee shall reimburse the Board for all costs incurred in relation to this matter pursuant to Miss. Code Ann. § 73-25-30, with said amount not to exceed \$10,000. Licensee shall be advised of the total assessment by separate notification, and shall tender to the Board a certified check or money order on or before forty (40) days from the date the assessment is mailed to Licensee or his counsel via U. S. mail.

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 Earnest Lee Rankin, M.D., or his Counsel, Honorable Terris Harris.

SO ORDERED, this the 15th day of November, 2012.

**MISSISSIPPI STATE BOARD
OF MEDICAL LICENSURE**

BY:



**S. RANDALL EASTERLING, M.D.
PRESIDENT**

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

OF

TORY Z. WESTBROOK, M.D.

ORDER OF CONTINUANCE

THIS MATTER came on regularly for hearing on November 15, 2012, before the Mississippi State Board of Medical Licensure in response to a request for continuance of the hearing set for this date filed by Tory Z. Westbrook, M.D., (hereinafter "Licensee"). After consideration of the matter, the Board finds Licensee's motion to be well taken.

IT IS, THEREFORE, ORDERED, that Licensee is granted a continuance until such time as a hearing before this Board is conducted following entry of an order rendered by the Connecticut Department of Public Health, Healthcare Quality and Safety Branch in response to charges now pending;

IT IS FURTHER ORDERED, that in view of the nature of the pending charges, Licensee shall be prohibited from practicing medicine in the State of Mississippi until such time as the Mississippi State Board of Medical Licensure has rendered its order and determination following the hearing as scheduled;

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 Licensee.

SO ORDERED, this the 15th day of November, 2012.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY: _____


**S. RANDALL EASTERLING, M.D.
PRESIDENT**

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

Of

ROBERT S. CORKERN, M.D.

ORDER

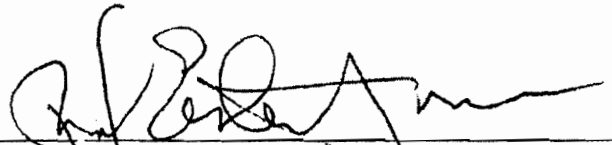
WHEREAS, the Mississippi State Board of Medical Licensure is advised that ROBERT S. CORKERN, M.D., entered a plea of guilty before the United States District Court for the Northern District of Mississippi in Criminal Case NO. 2: 11 CR38, to knowingly, and corruptly give, offer, or agree to give a bribe in violation of 18 U.S.C. § 666;

WHEREAS, the U. S. District Court entered a conviction order and sentence in response to Licensee's plea of guilty;

WHEREAS, by virtue of the aforementioned guilty plea and conviction of bribery, Licensee is prohibited from the practice of medicine in the State of Mississippi pursuant to Miss. Code Ann., § 99-19-35, without any further action(s) by this Board.

NOW THEREFORE, the Board Staff is hereby directed to notify Licensee, and all appropriate State and Federal agencies, including but not limited to the National Practitioner Data Bank, of Licensee's conviction and the resulting application of Miss. Code Ann. § 99-19-35,

THIS the 15 day of November, 2012.



S. Randall Easterling, M.D., President
Mississippi State Board of Medical Licensure

TELEPHONE: (601) 987-3079



FAX: (601) 987-8822

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

November 15, 2012

Robert S. Corkern, M.D.
1400 East Union Street
Greenville, MS 38703

RE: Before the Mississippi State Board of Medical Licensure
In the matter of the Physician's License of Robert S. Corkern, M.D.

Dear Dr. Corkern:

The Mississippi State Board of Medical Licensure is cognizant of your recent sentencing in U. S. District Court for the Northern District of Mississippi related to a Criminal case styled 2:11CR38.

It is the Board's understanding that you entered a Guilty Plea to Count Thirteen of the Superseding Indictment, which charged that you did, knowingly, and corruptly offer and give a bribe of \$25,000.00 to David Chandler, an agent of a local government, that is, being the County Administrator for Panola County, Mississippi, which received federal program benefits in excess of \$10,000.00 during the one calendar period of 2007, in an effort to obtain \$400,000.00 in funds under the ownership of Panola County, Mississippi.

It is also the Board's understanding that on November 13, 2012, you were sentenced in open court by Senior District Judge Neal Biggers, Jr, related to the charge against you in the above noted matter.

Based on your Guilty Plea and the Sentence imposed upon you by the Court, it is my duty to inform you of the language specifically stated in Miss. Code Ann. §99-19-35, as follows:

"A person convicted of bribery, burglary, theft, arson, obtaining money or goods under false pretenses, perjury, forgery, embezzlement or bigamy shall not be allowed to practice medicine or dentistry or be appointed to hold or perform the duties of any office of profit, trust or honor, unless after full pardon for the same, (emphasis added)."

In view of the actions and conviction noted above, it is my duty to inform you that you must cease and desist from the practice of medicine in the State of Mississippi, effective



immediately. Further, you must not practice medicine in this State under any circumstances. Based on the Board's directions, I am also instructing you to immediately surrender the wall certificate and wallet card issued to you by this agency identifying you as a duly licensed medical doctor in this State.

Sincerely,

A handwritten signature in cursive script that reads "H. Vann Craig".

H. Vann Craig, M.D.
Executive Director
Mississippi State Board of Medical Licensure

HCV/mb

cc: Stan Ingram

Mississippi Secretary of State
 700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Board of Medical Licensure		CONTACT PERSON Rhonda Freeman	TELEPHONE NUMBER (601) 987-0223	
ADDRESS 1867 Crane Ridge Drive, Suite 200-B		CITY Jackson	STATE MS	ZIP 39216
EMAIL rhonda@msbml.ms.gov	SUBMIT DATE 11/20/12	Name or number of rule(s): 30 Miss. Admin Code Pt. 26-10, R. 1.3		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Rule 1.3 was modified to require every physician who prescribes, administers or dispenses controlled substances to register with the Mississippi Prescription Monitoring Program.

Specific legal authority authorizing the promulgation of rule: 73-43-11

List all rules repealed, amended, or suspended by the proposed rule: N/A

ORAL PROCEEDING:

- An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____
- Presently, an oral proceeding is not scheduled on this rule.

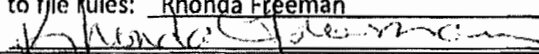
If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

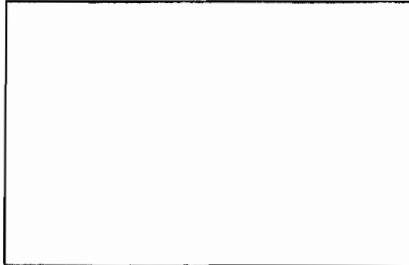
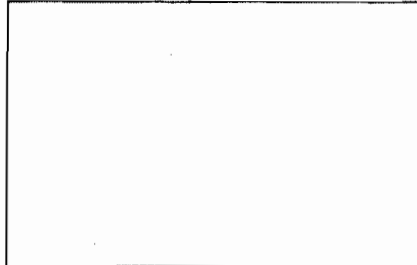
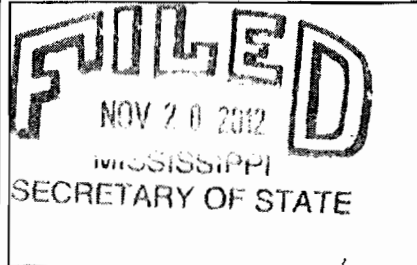
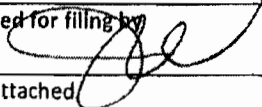
ECONOMIC IMPACT STATEMENT:

- Economic Impact statement not required for this rule. Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	Action proposed: _____ New rule(s) _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed final effective date: _____ 30 days after filing _____ Other (specify): _____	Date Proposed Rule Filed: <u>10/3/12</u> Action taken: _____ Adopted with no changes in text <input checked="" type="checkbox"/> Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: <input checked="" type="checkbox"/> 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Rhonda Freeman

Signature of person authorized to file rules: 

OFFICIAL FILING STAMP 	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP 	OFFICIAL FILING STAMP 
Accepted for filing by _____	Accepted for filing by _____	Accepted for filing by 

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

Title 30: Professions and Occupations

Part 2640: Prescribing, Administering and Dispensing

Part 2640 Chapter 1: Rules Pertaining to Prescribing, Administering and Dispensing of Medication

Rule 1.1 Scope. These rules apply to all individuals licensed to practice medicine, osteopathic medicine or podiatric medicine in the state of Mississippi.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended).*

Rule 1.2 Definitions. For the purpose of Part 2640, Chapter 1 only, the following terms have the meanings indicated:

- A. “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.
- B. “Physician” means any person licensed to practice medicine, osteopathic medicine or podiatric medicine in the state of Mississippi.
- C. “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.
- D. “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.
- E. For the purpose of enforcement of the labeling requirements set forth in this chapter, Part 2640, Rule 1.6.B, “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.
- F. “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.
- G. “Pain Management Clinic” means a public or privately owned facility for which the majority (50% or more) of the patients are issued, on a monthly basis, a prescription for opioids, barbiturates, benzodiazepines, carisoprodol, butalbital compounds, or tramadol.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended).*

Rule 1.3 Registration for Controlled Substances Certificate. 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. In addition that physician must be registered with the Mississippi Prescription Monitoring Program (MPMP) by December 31, 2013.

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 the above paragraph. 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.

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 rules and in conformity with provisions of the Mississippi Uniform Controlled Substances Law, Mississippi Code, Sections 41-29-101 et seq.

The registration requirement set forth in these rules 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).

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Mississippi Secretary of State
 700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Board of Medical Licensure		CONTACT PERSON Rhonda Freeman	TELEPHONE NUMBER (601) 987-0223	
ADDRESS 1867 Crane Ridge Drive, Suite 200-B		CITY Jackson	STATE MS	ZIP 39216
EMAIL rhonda@msbml.ms.gov	SUBMIT DATE 11/20/12	Name or number of rule(s): 30 Miss. Admin Code Pt. 2610, R. 2. I.		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Rule 2.1 was modified to require 5 hours of the 40 hours of CME to be related to the prescribing of medications with an emphasis on controlled substances.

Specific legal authority authorizing the promulgation of rule: 73-43-11

List all rules repealed, amended, or suspended by the proposed rule: N/A

ORAL PROCEEDING:

- An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____
- Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more 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, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

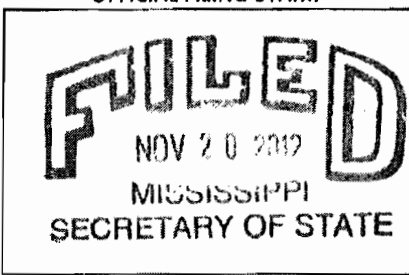
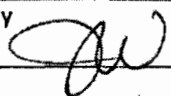
ECONOMIC IMPACT STATEMENT:

- Economic impact statement not required for this rule. Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect in _____ days Effective date: <input type="checkbox"/> Immediately upon filing <input type="checkbox"/> Other (specify): _____	Action proposed: <input type="checkbox"/> New rule(s) <input type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed final effective date: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____	Date Proposed Rule Filed: <u>10/3/12</u> Action taken: <input checked="" type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed Effective date: <input checked="" type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____

Printed name and Title of person authorized to file rules: Rhonda Freeman

Signature of person authorized to file rules: 

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Accepted for filing by	Accepted for filing by	Accepted for filing by 

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

Part 2610 Chapter 2: CME Requirements

Rule 2.1 Basic Requirement. Every Mississippi licensee must earn or receive not less than forty (40) hours of Category 1 continuing medical education in a two-year cycle as a condition precedent to renewing his or her license for the next fiscal year. Five hours must be related to the prescribing of medications with an emphasis on controlled substances. 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, 2000, and every two years thereafter.*

- A. Category 1 continuing medical education shall mean those programs of continuing medical education designated as Category 1 which are sponsored or conducted by those organizations approved by the Mississippi State Medical Association, American Medical Association or by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor or conduct Category 1 continuing medical education programs.
- B. Programs of continuing medical education designated as Category 1-A which are sponsored or conducted by organizations or entities accredited by the American Osteopathic Association to sponsor or conduct Category 1-A continuing medical education for osteopathic physicians.
- C. Programs of continuing medical education designated as a "prescribed hour" which are sponsored or conducted by organizations or entities accredited by the American Academy of Family Physicians to sponsor or conduct "prescribed hours" of continuing medical education.
- D. Programs of continuing medical education designated as "cognates" which are sponsored or conducted by organizations or entities which are accredited by the American College of Obstetrics and Gynecology to sponsor or conduct approved cognates on obstetrical and gynecological related subjects.
- E. Programs of continuing medical education designated as Category 1-A which are sponsored or conducted by organizations or entities accredited by the Council on Podiatric Medical Education to sponsor or conduct Category 1-A continuing medical education for podiatrists.

Source: *Miss. Code Ann. §73-25-14 (1972, as amended).*

Rule 2.2 Persons Affected. Every Mississippi licensee is required to comply with the minimum requirement for continuing medical education established by these rules.

Source: *Miss. Code Ann. §73-25-14 (1972, as amended).*

Rule 2.3 Exemption for Initial Licenses. Physicians receiving their initial license to practice medicine in Mississippi after June 30, or receiving their initial board certification by a specialty board recognized by the American Board of Medical Specialties or the American Osteopathic Association after June 30, are exempt from the minimum continuing medical education requirement for the two-year period following their receiving a license or board certification. The forty (40) hour continuing education certification will be due within the next two-year cycle.

- A. July 1, 2000 through June 30, 2002 (1st cycle)
- B. July 1, 2002 through June 30, 2004 (2nd cycle)
- C. July 1, 2004 through June 30, 2006 (3rd cycle)
- D. July 1, 2006 through June 30, 2008 (4th cycle)

For instance, a physician receiving an initial license August 3, 2001, will not have to complete forty (40) hours of CME until July 1, 2002, through June 30, 2004. All CME's must be acquired within the two-year cycle.

Source: *Miss. Code Ann. §73-25-14 (1972, as amended).*

Rule 2.4 Effective Date. The first time for reporting continuing medical education activity will be the renewal period for the fiscal year beginning July 1, 2002, when reporting on continuing medical education work earned during the two-year period of July 1, 2000, to June 30, 2002.

Source: *Miss. Code Ann. §73-25-14 (1972, as amended).*

Rule 2.5 Record Keeping Requirement. Every licensee shall maintain records of attendance or certificates of completion demonstrating compliance with the minimum continuing medical education requirement. Documentation adequate to demonstrate compliance with the minimum continuing medical education requirements of this regulation shall consist of certificates of attendance, completion certificates, proof of registration, or similar documentation issued by the organization or entity sponsoring or conducting the continuing medical education program. These records must be maintained by the physician for a period of three (3) years following the year in which the continuing medical education credits were earned and are subject to examination by representatives of the State Board of Medical Licensure upon request. If a physician is on a hospital medical staff, it is recommended these certificates and hours be recorded with the primary hospital medical staff records.

With his or her annual renewal application, every licensee must certify the completion of the minimum continuing medical education requirement established under these rules. Failure to maintain records documenting that a physician has met the minimum continuing medical education requirement, and/or failure to provide such records upon request to the Mississippi State Board of Medical Licensure, is hereby declared to be unprofessional conduct and may constitute grounds, within the discretion of the Mississippi State Board of Medical Licensure, for the suspension of the physician's license to practice medicine.

Source: *Miss. Code Ann. §73-25-14 (1972, as amended).*

Rule 2.6 Annual Renewal. As a condition for annual renewal of license, beginning with the fiscal year July 1, 2002, through June 30, 2003, every physician will be required to biennially certify on his or her annual renewal form that he or she has earned the required 40 hours of approved Category 1 continuing medical education requirement. The Board will randomly select physicians to ensure complete compliance with this requirement. If deficiencies are identified, licensee must complete deficiencies within six (6) months of date of notification. Failure to comply may result in the suspension of licensee's license.

Any physician practicing during the time of a suspended license shall be considered an illegal practitioner and shall be subject to penalties provided for violation of the Medical Practice Act, and for costs incurred in the enforcement of this regulation.

Source: *Miss. Code Ann. §73-25-14 (1972, as amended)*.

Rule 2.7 Waiver. A physician who is unable to meet the minimum continuing medical education requirement for legitimate cause may apply to the Mississippi State Board of Medical Licensure for a waiver of the requirement prior to April 1 of the last year of the two-year cycle. Such waiver may be granted or denied within the sole discretion of the Mississippi State Board of Medical Licensure.

Source: *Miss. Code Ann. §73-25-14 (1972, as amended)*.

Rule 2.8 Compliance Review. It shall be the responsibility of the Mississippi State Board of Medical Licensure to enforce the provisions of this regulation by review of the records maintained by physicians subject to this rule which demonstrate compliance with the program for continuing medical education. This compliance review may be conducted by the Board by random or designated sample, by mail or in person, or otherwise at the discretion of the Board. Non-compliance may result in the suspension of the physician's license to practice medicine under the Medical Practice Act.

Source: *Miss. Code Ann. §73-25-14 (1972, as amended)*.

Rule 2.9 Effective Date of Regulation. The above rules pertaining to continuing medical education shall become effective February 16, 2000.

Amended May 17, 2007; Amended January 24, 2008; and Amended November 15, 2012.

Source: *Miss. Code Ann. §73-25-14 (1972, as amended)*.