BOARD MINUTES
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
SEPTEMBER 20, 2018

The regularly scheduled meeting of the Mississippi State Board of Medical Licensure was held on Thursday, September 20, in the Board Room of the Office of the Board located at 1867 Crane Ridge Drive, Jackson, Mississippi.

THE FOLLOWING MEMBERS WERE PRESENT:

Claude D. Brunson, M.D., Jackson, President
J. Ann Rea, M.D., Columbus, Vice President
David W. McClendon, Jr., M.D., Ocean Springs, Secretary
Charles D. Miles, M.D., West Point
C. Kenneth Lippincott, M.D., Tupelo
Kirk L. Kinard, D.O., Oxford
H. Allen Gersh, M.D., Hattiesburg

ALSO PRESENT:

Stan T. Ingram, Complaint Counsel for the Board
Heather P. Wagner, Special Assistant Attorney General
Kenneth Cleveland, Executive Director
Mike Lucius, Deputy Director
Rhonda Freeman, Director, Licensure Division
Anna Boone, Licensure Division
Leslie Ross, Director of Investigations
Jonathan Dalton, Investigations Supervisor
Frances Carrillo, Staff Officer
Major General (Ret.) Erik Hearon, Consumer Health Committee
Wesley Breland, Hattiesburg, Consumer Health Committee
Shoba Gaymes, Jackson, Consumer Health Committee

NOT PRESENT:

Michelle Y. Owens, M.D., Jackson

The meeting was called to order at 9:00 a.m., by Dr. Brunson, President. The invocation was given by Dr. Miles and the pledge was led by Maj. Gen. Hearon. Dr. Brunson welcomed Ms. Shoba Gaymes as the new Consumer Member.

Dr. Brunson recognized Rhonda Freeman, Licensure Division Director, in her Retirement and Twenty-five years of service with the Mississippi State Board of Medical Licensure. Dr. Brunson read and presented to Ms. Freeman a Resolution of Appreciation with a gift from the Board.

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

Dr. Brunson welcomed and recognized Amy Key, Court Reporter.

PUBLIC COMMENTS

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

APPROVAL OF EXPIRED LICENSES TO BE PROVIDED TO THE MISSISSIPPI ATTORNEY GENERAL'S OFFICE

Motion was made by Dr. Miles, seconded by Dr. Rea, and carried unanimously to approve.

EXECUTIVE DIRECTOR REPORT

Dr. Cleveland provided a summary of the Licensure Division operations in regards to licenses issued for the months of July and August. He provided a summary of the Investigative Division operations in regards to Investigations for the June and July 2018.

Dr. Cleveland provided a brief update in upgrading the Board's Software system.

REVIEW OF MINUTES OF THE EXECUTIVE COMMITTEE MEETING DATED JULY 18, 2018

Upon review of the minutes of the Executive Committee meeting dated July 18, 2018, Dr. Kinard moved for approval of the minutes as submitted. Dr. Rea seconded the motion and it carried unanimously.

REVIEW OF MINUTES OF THE BOARD MEETING DATED JULY 19, 2018

Upon review of the minutes of the Board meeting dated July 19, 2018, Dr. Lippincott moved for approval of the minutes as submitted. Dr. Rea seconded the motion and it carried unanimously.

REPORT OF JULY 18, 2018, EXECUTIVE COMMITTEE MEETING

Dr. McClendon reported on the matters discussed by the Executive Committee on July 18, 2018, and recommendations made. Information pertaining to the Executive Committee's recommendations is included in the Executive Committee minutes, which are attached hereto and incorporated by reference.

Dr. Brunson called for a vote to accept the recommendations of the Executive Committee, and the Board unanimously voted to accept and ratify the recommendations of the Executive Committee.

REPORTS FROM COMMITEES

Scope of Practice - Dr. Rea (Chair), Dr. Owens, Dr. Miles, Dr. Kinard, Dr. Gersh, Dr. McClendon, Mr. Breland

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

Professionals Health Program - Dr. Lippincott (Chair), Dr. Gersh, Dr. Rea, Dr. Miles, Dr. Owens, Maj Gen (Retired) Hearon

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

Telemedicine & Interstate Medical Licensure Compact (IMLCC) - Dr. McClendon (Chair), Dr. Miles, Dr. Kinard, Dr. Lippincott, Gen. Hearon, Ms. Freeman

Dr. McClendon advised of the IMLCC Commissioner Meeting in Denver, Colorado scheduled for November 15-16, 2018, that he and Dr. Brunson will attend.

Licensee Education and Communication - Dr. Owens (Chair), Dr. McClendon, Dr. Gersh, Dr. Kinard, Dr. Rea, Mr. Breland, Ms. Freeman

Dr. Owens is not present there was no new information to report.

Physician Assistant Advisory Task Force - Dr. McClendon (Chair), Dr. Kinard, Robert Philpot, Jr., PhD, PA-C, Joanna Mason, PA-C, Lauren English, Phyllis Johnson, Board of Nursing, Ms. Freeman, PA-C Leah Calder, PA-C Gavin Nowell, Mr. Jonathan Dalton

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

Rules, Regulation & Legislative - Dr. Miles (Chair), Dr. Gersh, Dr. Rea, Dr. Owens, Dr. Lippincott, Ms. Freeman, Mr. Breland, Ms. Hope Ladner

TITLE 30: PART 2605, CHAPTER 3: TEMPORARY LICENSURE

Dr. Miles brought forward the proposed changes that provide Residents eligibility to apply for a DEA Certificate to prescribe controlled substances. Dr. Miles advised the Committee had approved to final adopt the proposed changes.

Dr. Brunson called for a vote to accept the recommendations of the Committee, and the Board unanimously voted to accept the final adoption of Title 30: Part 2605, Chapter 3: Temporary Licensure

TELEMEDICINE POLICY

Dr. Miles brought forward the proposed Telemedicine Policy which provides for telemedicine services in a hospital setting.

Dr. Brunson called for a vote to accept the recommendations of the Committee, and the Board unanimously voted to accept the Telemedicine Policy.

TITLE 30, PART 2615: THE PRACTICE OF PHYSICIAN ASSISTANTS

Dr. Miles brought forward the proposed Part 2615: The Practice Of Physician Assistants for final adoption.

Dr. Brunson called for a vote to accept the recommendations of the Committee, and the Board unanimously voted to accept the final adoption of Title 30, Part 2615: The Practice of Physician Assistants.

TITLE 30: PART 2640, PRESCRIBING, ADMINISTERING AND DISPENSING OF MEDICATION

Dr. Miles brought forward Title 30: Part 2640, Prescribing, Administering and Dispensing of Medication for final adoption.

After discussion, Dr. Brunson called for a vote to accept the recommendations of the Committee, and the Board unanimously voted to accept the final adoption of Title 30: Part 2640, Prescribing, Administering and Dispensing of Medication.

MEDICAL PRACTICE ACT

Dr. Brunson reported a work in process to revise and update the Medical Practice Act. As revisions are made recommendations will be reported to the Board for review and approval before presenting to the Legislature.

After discussion, Dr. Brunson called for a vote to accept the recommendations of the Committee, and the Board unanimously voted to accept this process and plan to revise the Medical Practice Act.

OTHER BUSINESS

a. Licensure Fees - Dr. Cleveland advised fees had not changed since 2004 and listed the justification to cover the operating costs of the agency and additional staff necessary. Dr. Brunson recommended for plans to have new fees in place and appropriate notification to Licensees by the November Board meeting. Dr. Brunson recommended Dr. Cleveland to enjoin Chair, Dr. Owens with the Licensee Education and Communication Committee in providing Licensees notification of the new licensure fees.

b. Psychiatric questions on Licensure applications and renewals - Dr. Cleveland recommended that until better phrasing or rewording of the questions is proposed, he requested approval from the Board to remove the questions from the initial licensure application and renewal. Dr. Brunson requested Dr. Cleveland to collaborate with Dr. Scott Hambleton, Medical Director with the Mississippi Professionals Health Program to rephrase these questions.

After discussion, motion was made by Dr. Rea, seconded by Dr. Miles, and carried to authorize the Executive Director in consultation with Dr. Hambleton tor recommend modification of the question regarding Psychiatric treatment on licensure application and renewal.

APPROVAL OF CONSENT ORDER FOR JATINDER SINGH M.D., WAYNESBORO, MS, MEDICAL LICENSE NUMBER 10791

Mr. Ingram briefly summarized the Consent Order that Dr. Singh had executed on August 10, 2018, following an investigation that indicated he was prescribing controlled substances outside the course of legitimate professional practice. Mr. Ingram summarized the terms of the consent order Dr. Singh is presenting to the Board for approval.

After discussion, a motion was made by Dr. McClendon, seconded by Dr. Miles, and carried unanimously to approve the Consent Order.

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

APPROVAL OF CONSENT ORDER FOR JOHN P. PAYNE, M.D., JACKSON, MS, MEDICAL LICENSE NUMBER 17690

Dr. Cleveland briefly summarized the Consent Order executed by Dr. Payne.

Following questions, a motion was made by Dr. Rea, seconded by Dr. McClendon and carried to close the meeting to consider whether to enter into executive session on this matter.

A motion was made by Dr. Miles, seconded by Dr. McClendon and carried that the Board enter into executive session to discuss investigative proceedings regarding allegations of misconduct or violations of law by Licensee.

Upon a motion by Dr. Rea seconded by Dr. Brunson and carried the Board came out of executive session at which time Dr. McClendon reported the Board approved the Consent Order after removal of item # 3.

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

HEARING IN THE CASE OF CHADLEY VEGA, M.D., NEW ALBANY, MS, MISSISSIPPI MEDICAL LICENSE NUMBER 16878

Mr. Ingram introduced Dr. Vega. Mr. Ingram advised that this is a petition to remove restrictions imposed on Dr. Vega by virtue of a March 24, 2017, Consent Order.

Mr. Ingram entered numerous exhibits into the record and provided the Board with a brief background. Mr. Ingram summarized the Consent Order that Dr. Vega is currently under and advised that he has met all of the Board's requirements.

Following questions from Board members, motion was made by Dr. Rea, seconded by Dr. Miles and carried unanimously to remove all restrictions currently on Dr. Vega's medical license.

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

The official account of this proceeding was recorded by Amy Key, Court Reporter, Cite Transcription Services.

HEARING IN THE CASE OF MARK H. FLETCHER, M.D., TUPELO, MS, MISSISSIPPI MEDICAL LICENSE NUMBER 13932

Dr. Miles briefly summarized the request of Dr. Fletcher to remove the practice monitoring requirement by Affiliated Monitoring in his January 12, 2017, Consent Order.

Following discussion from Board members, motion was made by Dr. Miles, seconded by Dr. Rea and carried unanimously to remove the practice monitoring by Affiliated Monitoring all other requirements of the January 12, 2017, Consent Order remains in full force and effect.

A copy of the Order removing Affiliated Monitoring is attached hereto and incorporated by reference.

The official account of this proceeding was recorded by Amy Key, Court Reporter, Cite Transcription Services.

HEARING IN THE CASE OF AKWASI A. AMPONSAH, M.D., HATTIESBURG, MS MISSISSIPPI MEDICAL LICENSE NUMBER 17488

Dr. Amponsah was served with an Order of Temporary Suspension prohibiting independent practice of medicine pending the outcome of a hearing. Mr. Ingram advised Dr. Amponsah has executed an agreement not to practice and is requesting an abeyance in this matter until completion of an assessment.

A motion was made by Dr. Miles, seconded by Dr. McClendon with Dr. Gersh abstaining and carried unanimously to grant an abeyance in this matter.

The official account of this proceeding was recorded by Amy Key, Court Reporter, Cite Transcription Services.

HEARING IN THE CASE OF IKECHUKWU OKORIE, M.D., HATTIESBURG, MS, MISSISSIPPI MEDICAL LICENSE NUMBER 19875

DR. GERSH AND DR. KINARD RECUSED THEMSELVES AND EXITED THE MEETING

Mr. Ingram introduced Dr. Okorie and advised that a Determination and Order dated March 22, 2018, was issued by the Board suspending his license for a period of one year with suspension stayed after expiration of six months. Mr. Ingram entered numerous exhibits into the record and provided the Board with a brief background. Mr. Ingram advised that this is Dr. Okorie's petition to reinstate his medical license.

Dr. Okorie was called to the witness stand and sworn in by the court reporter. Dr. Okorie addresses the Board and answered questions by the Board members and Mr. Ingram before he exited the witness stand.

Following questions, a motion was made by Dr. Rea, seconded by Dr. McClendon and carried to close the meeting to consider whether to enter into executive session on this matter.

A motion was made by Dr. Miles, seconded by Dr. McClendon and carried that the Board enter into executive session to discuss investigative proceedings regarding allegations of misconduct or violations of law by Licensee.

Upon a motion by Dr. Brunson seconded by Dr. Rea, with Dr. Gersh and Dr. Kinard abstaining, the Board came out of executive session at which time Dr. McClendon reported the decision to reinstate Dr. Okorie's medical license, provided said license shall be restricted from treating or managing patients for chronic pain and / or addiction.

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

The official account of this proceeding was recorded by Amy Key, Court Reporter, Cite Transcription Services.

HEARING IN THE CASE OF TIMOTHY SUMMERS, M.D., MERIDIAN, MS, MISSISSIPPI MEDICAL LICENSE NUMBER 07197

Mr. Ingram introduced Dr. Summers' attorney, Mr. Ed Blackmon. Mr. Ingram advised Dr. Summers' request is to resolve this matter with a proposed Consent Order for the Board's approval.

Mr. Blackmon addressed the Board, stating that Licensee wished to resolve this matter with a proposed Consent Order suspending his license for one year with the suspension stayed upon expiration of six months subject to terms and conditions. Mr. Blackmon presented a copy of the Consent Order to the Board.

Dr. Summers answered questions by the Board regarding the proposed Consent Order.

A motion was made by Dr. McClendon, seconded by Dr. Rea, and carried unanimously to accept the Consent Order.

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

The official account of this proceeding was recorded by Amy Key, Court Reporter, Cite Transcription Services.

ADJOURNMENT

The November meetings have been rescheduled for Executive Committee meeting for Wednesday, November 28, 2018, and Board Meeting for Thursday, November 29, 2018.

Dr. Cleveland requested a Special Hearing to be scheduled for Monday, October 8, 2018. Dr. Brunson agreed to set this date for the Special Hearing at 8:00 am.

There being no further business, the meeting adjourned at 12:07 p.m.

Claude Brunson, M.D.
President

Minutes taken and transcribed
By Frances Carrillo
Staff Officer
September 20, 2018

Resolution of Appreciation

WHEREAS, Rhonda Freeman, faithfully and conscientiously served the Mississippi State Board of Medical Licensure as the Director of Licensure for twenty-five years; and

WHEREAS, Mrs. Freeman discharged her duties with firmness, dignity and compassion, always striving to implement both the spirit and letter of the Mississippi Medical Practice Act, thereby working for the greater benefit of the Board and citizens of the State of Mississippi; and

WHEREAS, during her years of service Mrs. Freeman continually and graciously gave her efforts, time and abilities toward fulfilling her responsibilities as the Director of Licensure for the Board, always respecting the rights of licensees, patients and others, while performing her duties;

THEREFORE, BE IT RESOLVED, that the Mississippi State Board of Medical Licensure, on behalf of the Board and the people of the State of Mississippi, by means of this resolution, express to Mrs. Freeman its gratitude and appreciation for her services during the years she devoted to the Board and the State of Mississippi; and

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

DATED, this the **nineteenth** day of **September, 2018**.

Claude D. Brunson, M.D.
President

Ann Rea, M.D.
Vice President

William D. McClendon, Jr., M.D.
Secretary

Charles D. Miles, M.D.
Board Member

C. Ken Lippincott, M.D.
Board Member

Michelle Y. Owens, M.D.
Board Member

Kirk L. Kinard, D.O.
Board Member

Allen Gersh, M.D.
Board Member

Wesley Breland
Consumer Member

Maj Gen Erik Hearon
Consumer Member

Shoba Gaymes
Consumer Member

Attest:
Kenneth Cleveland, M.D.
Executive Director

Mike Lucius
Deputy Director

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 who have prescriptive authority and are licensed by the Mississippi State Board of Medical Licensure.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

Part 2640: Prescribing, Administering and Dispensing

Part 2640 Chapter 1: Rules Pertaining to Prescribing, Administering and Dispensing of Medication

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. "Board" means the Mississippi State Board of Medical Licensure.
C. "Physician" means any person licensed to practice medicine, osteopathic medicine or podiatric medicine in the state of Mississippi.
D. "Physician Assistant" means any person meeting the requirements of licensure in the state of Mississippi as required by Part 2617, Chapter 1.
E. "Licensee" means any person licensed by this Board who has prescriptive authority.
F. "Prescriptive Authority" means the legal authority of a professional licensed to practice in the state of Mississippi who prescribes controlled substances and is registered with the U. S. Drug Enforcement Administration in compliance with Title 21 CFR, Part 1301 Food and Drugs.
G. "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.
H. "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.
I. For the purpose of enforcement of the labeling requirements set forth in this chapter, Part 2640, Rule 1.7.B, "Dispensing Physician" means any physician who dispenses 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. As stated in Part ~~2617~~ 2615, it is understood that Physician Assistants may not dispense medications.
J. "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 licensees only.
K. "Pain Management Practice" means a public or privately owned practice for which 50% or more of the patients are issued, on a regular or recurring basis, a prescription for opioids, barbiturates, benzodiazepines, carisoprodol, butalbital compounds, or tramadol for the treatment of chronic non-cancerous/non-terminal pain. Included in this definition is any practice that advertises and/or holds itself out to provide pain management services. Patients who are treated for pain resulting from a terminal illness do not count against the percentage stated herein.
L. "Inpatient" means a patient in a hospital, nursing home, long term care facility, inpatient (not home-bound) hospice, or any other facility wherein medications are dispensed to a patient by a third party who is duly licensed and/or certified to dispense medications in a healthcare or related facility.

M. "Bariatric Medicine, Medical Weight Loss, or Weight Management Practice" means a public or privately owned practice

1. for which 30% or more of the patients are provided a comprehensive weight management treatment program or;
2. 30% or more of the patients receive any controlled substance approved by the FDA for the pharmacologic management of weight loss or;
3. any licensee who ~~which~~ advertises weight loss by any means.

Excluded from this definition is any practice in which a licensee advertises the use of nonpharmacological products as part of the licensee's overall practice of medicine. In order to be excluded from this definition, the licensee's practice must have nonpharmacological weight loss and/or weight loss management as a component of the overall management of the patient's total health care. If the use of nonpharmacological products for weight loss and/or weight management exceeds 30% of the total outpatient clinic visits for any single 90-day consecutive period, the practice will be considered a bariatric medicine/medical weight loss practice and will be subject to all the rules and regulations pertaining to bariatric medicine/medical weight loss practice.

Bariatric surgeons whose primary practice is surgical weight loss and not long-term management of weight loss through medical, pharmaceutical, and/or behavioral management are also excluded from this definition.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

Part 2640: Prescribing, Administering and Dispensing

Part 2640 Chapter 1: Rules Pertaining to Prescribing, Administering and Dispensing of Medication

Rule 1.3 Registration for Controlled Substances Certificate. Every licensee 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.

Each individual who is licensed by the Mississippi State Board of Medical Licensure and has prescriptive authority must be registered with the Mississippi Prescription Monitoring Program (MPMP). Every licensee who provides medical care in a pain management practice as defined in Rule 1.2 (K) must review the MPMP at each patient encounter in which a prescription for a controlled substance is issued. Every licensee, regardless of practice specialty, must review the MPMP at each patient encounter in which an opioid is prescribed for acute and/or chronic non-cancerous/non-terminal pain. Those licensees whose practice is not a pain management practice as defined previously must actively utilize the MPMP upon initial contact with new patients and at least every three (3) months thereafter on any and all patients who are prescribed, administered, or dispensed controlled substances other than opioids. Licensees who issue a prescription for Lomotil, Lyrica, Testosterone, Pseudoephedrine, or Amphetamines prescribed to pediatric patients under the age of sixteen (16) for the treatment of ADHD, are not required in that instance to utilize the MPMP as stated herein.

Reports generated on such patients should span the length of time from the previous review of the MPMP so that adequate information is obtained to determine patient compliance with treatment. Documentation, such as a copy of the report itself and/or reflection in the chart dictation and/or notes, must be kept within the patient's record and made available for inspection upon request. As allowed by the Mississippi Board of Pharmacy and the MPMP, properly registered designees of the licensee may run/obtain the report for the licensee's review as required herein.

Utilization of the MPMP as stated herein is not required when treating inpatient; however, upon discharge from said inpatient setting with a prescription for a controlled substance, the MPMP must be reviewed as required herein.

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 licensee has had limitations or other restrictions placed upon his or her license wherein he or she is prohibited from ordering, dispensing, or prescribing controlled substances in any schedule, said licensee 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 Section 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 licensee who engages in the manufacture or distribution of controlled substances or legend drugs must register with the Mississippi State Board of Pharmacy pursuant to Mississippi Code, Section 73-21-105 and will be subject to all applicable federal statutes and regulations controlling such practices. For the purposes herein, "distribute" means the delivery of a drug other than by administering, prescribing or dispensing. The word "manufacture" has the same meaning as set forth in Mississippi Code, Section 41-29-105(q).

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

Part 2640: Prescribing, Administering and Dispensing

Part 2640 Chapter 1: Rules Pertaining to Prescribing, Administering and Dispensing of Medication

Rule 1.4 Maintenance of Records and Inventories. Every licensee shall maintain inventories, logs, and records prescribed in this rule.

A. Controlled substances inventory record. All controlled substances classified under Schedules II, IIN, III, IIIN, IV and V which are purchased by the licensee 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 must 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 inventory must also meet all applicable federal statutes and regulations.

B. Controlled substances dispensation/administration record. Every licensee who dispenses or administers, Schedules II, IIN, III, IIIN, IV and V controlled substances must maintain a separate readily retrievable record of all such substances dispensed or administered. This requirement does not apply to Schedules III, IIIN, IV and V prepackaged samples and starter packs. All dispensation/administration records for controlled substances in Schedules II and IIN must be maintained separately from the dispensation/administration records for Schedules III, IIIN, IV and V controlled substances. The record must contain the following information:
    1. The date the controlled substance was dispensed or administered.
    2. The name, quantity and strength/dose of the controlled substance dispensed or administered.
    3. The method of administration of the controlled substance, i.e. oral, IV or subcutaneous.
    4. The name and address of the patient to whom the controlled substance was dispensed or administered.
    5. For all Schedules II and III amphetamines, amphetamine-like anorectic drugs, or sympathomimetic amine drugs dispensed in the treatment of narcolepsy, hyperkinesis, brain dysfunction, epilepsy, or depression, the dispensing or administration records must include the diagnosis and the reason for use of the Schedules II and III controlled substances.

Controlled substances dispensation/administration records must also meet all applicable federal statutes and regulations.

Patient Record - A licensee who prescribes, dispenses or administers a legend drug or controlled substance must 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 legend drug or controlled substance; the name, dose, strength, quantity of the legend drug or controlled substance and the date that the legend drug or controlled substance was prescribed, dispensed or administered. The record required by this rule

must be maintained in the patient's medical records. If medical records are maintained at the office of the licensee, the records must be available for inspection by the representatives of the Mississippi State Board of Medical Licensure.

Licensees must not prescribe, administer or dispense any legend drug; any controlled substance; or any drug having addiction-forming or addiction-sustaining liability without a good faith prior examination and medical indication. A determination as to whether a "good faith prior examination and medical indication" 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 licensee to achieve a reasonable diagnosis and treatment plan, a history and physical examination consistent with the nature of the 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 licensee 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 is an integral component of the "course of legitimate professional practice."

Some of the factors used in determining the presence or absence of "good faith" may include, but are not limited to:

1. the quality and extent of the documented history and physical exam, which may also be accomplished through appropriate telemedicine as defined in Part 2635 Rule 5.5;
2. the extent to which the prescribed therapy is supported by documented history and physical exam;
3. the licensee's permitting the patient to name the drug desired;
4. a licensee dispensing or prescribing drugs to patients having no medical need, when the licensee knew or should have known that the patients were addicts or abusing/misusing substances;
5. 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;
6. general remarks of the licensee indicating his or her experience with non-therapeutic uses of the drug;
7. a licensee prescribing contraindicated medication such as amphetamines and depressants in a manner which results in therapeutic conflicts.

The aforementioned is of particular importance in cases in which controlled substances are to play a part in the course of treatment. It is the responsibility of the licensee to dispense, prescribe or administer all therapies 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" requires examination of the nature of the therapy and all circumstances surrounding its implementation. Use of any therapy should be supported by standards of medical practice, reasonable scientific evidence or consensus and documented in the medical record. 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 licensee must 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 must be maintained in the office of the licensee 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 must 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. Record retention for Controlled Substances Inventory, Controlled Substance Dispensation/Administration Record, and Patient Record must also meet all applicable federal statutes and regulations.

A licensee 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 licensee

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 must be made at regular intervals, not to exceed seven (7) days. Such hard-copy printouts must be maintained for a period of five (5) years and must 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).

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Rule 1.5 Use of Diet Medication. Pursuant to Mississippi Code, Section 41-29-139(e), it is unlawful for any licensee to prescribe, dispense or administer any medication classified as Schedule II, pursuant to Section 41-29-115, for the exclusive treatment of obesity, weight control, or weight loss.

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 must be in compliance with applicable state and federal laws.

The licensee providing comprehensive treatment of obesity must be present at the facility when he or she prescribes or dispenses[1] controlled substances for the purpose of weight reduction or the treatment of obesity. A licensee may administer, order, dispense or prescribe controlled substances for the purpose of weight loss or the treatment of obesity only as an adjunct to a clearly documented comprehensive program of behavior modification, comprehensive nutritional education, and exercise or physical therapy intervention. The licensee must comply with all of the following conditions:

A. An initial comprehensive evaluation is to be conducted by and thoroughly recorded by the prescribing licensee 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 history, review of systems, allergies and medications.
    2. A physical exam to include height; weight; blood pressure; pulse; % body fat or waist circumference/weight hip ratio; lungs; heart; abdomen; and 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 licensee must determine and record the patient's Body Mass Index ("BMI"). No patient should receive anorexic medications unless the patient has (i) a BMI of ≥ 30.0 in a normal otherwise healthy patient, or (ii) a BMI ≥ 27.0 in an individual with at least one associated co-morbidity, or (iii) current body weight ≥ 120 percent of a well-documented, long standing healthy weight that the patient maintained after the age of 18, or (iv) body fat $\geq 30\%$ in females, or body fat $\geq 25\%$ in males, or (v) 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

[1] Part 2640, Rule 1.9, controls in all cases. Physician assistants are not permitted to dispense medication.

excessive adiposity. The indication for anorexic therapy must be documented in the record and re-evaluated at each visit or with each prescription refill.

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 licensee prior to starting weight loss medications. Schedule III and IV anorectics can be used in conjunction with any other medications deemed safe by the licensee.

B. The licensee must 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. A licensee is not permitted to prescribe, order, or dispense controlled substances for the purpose of weight reduction or treatment of obesity greater than a 30 day supply. Exempted from this requirement are those licensees defined in Rule 1.2(M) and those licensees treating patients resulting from a referral to those licensees defined in Rule 1.2(M).

D. A patient continued on a controlled substance for the purpose of weight reduction or the treatment of obesity must undergo an in-person re-evaluation once every 30 days; however, those licensees defined in Rule 1.2(M) may re-evaluate patients once every 90 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, the need for ongoing medication should be re-evaluated and documented in the record.

E. Continuation of the prescribing, ordering, dispensing, or administering of controlled substances 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.

F. A licensee must not utilize a schedule 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.

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 if administered solely for the purpose of weight loss. 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 this manner. This prohibition does not apply to FDA categories of nutritional supplements sold without prescription.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

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Rule 1.6 Bariatric Medicine,/Medical Weight Loss, or Weight Management Practice

A. No bariatric medicine, medical weight loss, or weight management practice shall operate in Mississippi unless the owner, or operator, or medical director of the facility is a Mississippi licensed physician. This licensee must meet all requirements below at all times while the facility is in operation. For the purposes of this rule, physicians who collaborate with mid-level providers will be considered an operator of the practice in the context of that collaborative arrangement.

B. The physician owner/operator of the bariatric medicine, medical weight loss, weight management practice must register with the MSBML using a form prescribed by the board. Certificates of registration once issued are not transferable or assignable. Only the primary physician is required to register with the Board. All licensees associated with the practice, whether in the capacity as the owner or as a practitioner, must be listed on the application and must also meet all regulations governing the treatment of obesity/medical weight loss. Physicians who are added to the registration once a certificate is issued must be reported to the MSBML for approval prior to beginning practice. Physicians who are removed from the registration must be reported to the board within 30 days of removal. Each practice location requires a separate registration certificate.

C. A bariatric medicine, medical weight loss, or weight management practice may not operate in the state of Mississippi without obtaining a registration 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.

   If a physician's practice is a bariatric medicine, medical weight loss, or weight management practice as defined above or the physician collaborates, manages, oversees, or employs any licensed professional providing comprehensive treatment of obesity, the licensee must have 100 AMA or AOA Category 1 CME in the core-content of bariatric medicine or be currently certified by a board in bariatric medicine. A licensee currently practicing bariatric medicine, medical weight loss or weight management has 24 months from effective date of this regulation to comply with the initial CME requirement. All CME must be obtained within the 24 month period. Reference is made to exclusions noted in Rule 1.2, H.

   Licensee must biennially obtain 60 AMA or AOA Category 1 CME in core-content of bariatric medicine before certification can be renewed with the MSBML.

E. A Medical Spa practice, Wellness practice, or other practice that meets the definition of Bariatric Medicine, Medical Weight Loss, or Weight Management Practice will be subject to all rules pertaining to Bariatric Medicine, Medical Weight Loss, or Weight Management Practice if the facility has a Mississippi licensee affiliated in any manner.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

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Rule 1.7 Use of Controlled Substances for Chronic (Non-Cancer/Non-Terminal) Pain.
The following rules are not intended to supersede or exempt licensees from the requirements heretofore stated in Rule 1.4 *Maintenance of Records and Inventories.*

A. Definitions

For the purpose of Part 2640, Rule 1.7 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 licensee and one or more licensee 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 three 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."
2. "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.
3. "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. Acute pain is generally self-limited and is responsive to therapies, including controlled substances.
4. "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.
5. "Physical Dependence" is a physiological state of neuroadaptation to 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. .
6. "Substance Abuse" is the use of any substance for non-therapeutic purposes; or use of medication for purposes other than those for which it is prescribed.
7. "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.

B. A licensee may order, prescribe, administer, or dispense controlled substances, or other drugs having addiction-forming and addiction-sustaining liability to a person for the treatment of chronic pain.

C. The ordering, prescribing, administration, or dispensation of controlled substances, or other drugs having addiction-forming or addiction-sustaining liability for the treatment of chronic pain should be done with caution. A licensee may order, administer, dispense or

prescribe said medications for the purpose of relieving chronic pain, provided that the following conditions are met:

1. Before initiating treatment with a controlled substance, or any other drug having addiction-forming or addiction-sustaining liability, the licensee must conduct a risk/benefit analysis by reviewing records of prior treatment. The risk/benefit analysis should weigh in favor of treatment and indicate the need for controlled substance therapy. Such a determination must take into account the specifics of each patient's diagnosis, past treatments, suitability for long-term controlled substance, with the need for other treatment modalities. The results of this analysis must be clearly entered into the patient medical record and must include supporting documentation such as consultation or referral reports and efforts to determine the underlying etiology of the chronic pain.
2. Documentation in the patient record must include a complete medical history and physical examination and supporting studies and reports of consultation.
3. The diagnosis must demonstrate the presence of one or more recognized medical indications for the use of controlled substances.
4. Documentation of a written treatment plan which must contain stated objectives as a measure of successful treatment and planned diagnostic evaluations, e.g., psychiatric evaluation or other treatments. The plan must contain an informed consent agreement for treatment that details relative risks and benefits of the treatment course. The consent must also include specific requirements of the patient, such as using one licensee and pharmacy, urine/serum medication level monitoring when requested, pill counts, and the grounds for which the treatment may be terminated (e.g., 'doctor shopping' behavior, adverse urine/serum screens, etc.).
5. Periodic review and documentation of the treatment course is conducted no less frequently than every 3 months. The licensee's evaluation of progress toward the stated treatment objectives must support all changes in therapy. This should include referrals and consultations as necessary to achieve those objectives.

D. No licensee shall order, 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.

E. No licensee shall order, 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 licensee's directions. These circumstances include those patients obtaining controlled substances or other drugs having addiction-forming and addiction-sustaining liability from more than one licensee or healthcare provider and those patients who have obtained or attempted to obtain new prescriptions for controlled substances or other drug having addiction-forming and addiction-sustaining liability before a prior prescription should have been consumed according to the treating licensee's directions. This requirement will not be enforced in cases where a patient has legitimately temporarily escalated a dose due to an acute exacerbation if the treating licensee documents that the escalation 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 must be undertaken by the licensee.

F. No licensee shall order, prescribe, administer, or dispense any controlled substance or other drug having addiction-forming or addiction-sustaining liability for the purpose of "detoxification treatment" or "maintenance treatment" and no licensee shall order, prescribe, administer, or dispense any narcotic controlled substance for the purpose of "detoxification treatment" or "maintenance treatment" unless the licensee is registered in accordance with Section 21 U.S.C. 823(g). Nothing in this paragraph shall prohibit a licensee 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. Nothing in this paragraph shall prohibit a licensee from ordering, prescribing, administering, or dispensing controlled substances in a hospital to maintain or detoxify a person as an incidental adjunct to medical or surgical treatment of conditions other than addiction.

G. When initiating opioid therapy for chronic pain, the licensee must first run a MPMP on the patient. The licensee must prescribe the lowest effective dosage. While there is no single dosage threshold identified below which the risk of overdose is eliminated, licensees must strive to keep daily opioid doses less than or equal to 50 mg of morphine equivalence (mEq), as dosages larger than 50 mEq per day increases risk without adding benefits for pain control or function. Licensees must avoid dosages greater than or equal to 90 mg of morphine equivalence per day and must provide significant justification for exceeding the 90 mg ceiling stated herein. If the licensee determines that a patient requires greater than 100 mg of morphine equivalence per day, the licensee must refer the patient to a pain specialist for further treatment.

H. When opioids are prescribed for acute pain, the licensee must prescribe the lowest effective dose of immediate release opioids, as the use of long acting opioids for acute non-cancer/non-terminal pain is prohibited. Licensees must prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. Licensees are discouraged from prescribing or dispensing more than a three (3) day supply of opioids for acute non-cancer/non-terminal pain, and must not provide greater than a ten (10) day supply for acute non-cancer/non-terminal pain. Licensees may issue an additional ten (10) day supply if clinically necessary, but said supply must be issued in accordance with Title 21 CFR § 1306.12 *Refilling prescriptions; issuance of multiple prescriptions* (i.e., the prescription must be dated on the date of issuance with 'do not fill until' noting the date the prescription may be filled), and such need for an additional ten (10) day supply must be documented in the chart to evidence that no other alternative was appropriate or sufficient to abate the acute pain associated with that medical condition. Additional ten (10) day supplies, with one (1) refill, may be issued if deemed medically necessary and only if supported by additional clinical evaluation.

I. As stated in Rule 1.3, every licensee must review an MPMP report at each patient encounter in which a Schedule II medication is prescribed for acute pain or chronic non-cancer/non-terminal pain. MPMP reports may be obtained by designees of the licensee as allowed by the MPMP program.

J. When prescribing opioids for either chronic or acute pain, it is a relative contraindication (black box warning) to prescribe opioids concurrently with Benzodiazepines and/or Soma. However, opioids and benzodiazepines may be prescribed concurrently on a very

short term basis, and in accordance with section H of this rule, when an acute injury requiring opioids occurs. The need for such concurrent prescribing must be documented appropriately in the chart. Patients who are currently on an established regimen of concomitant opioids and benzodiazepines may be allotted a reasonable period of time to withdraw from one or both substances. Caution and care should be taken to prescribe the lowest effective dose of each medication if unable to discontinue one or the other completely. Clinicians involved in managing a patient's care should document communication regarding the patient's needs, goals, risks and coordination of care. Prescribing of opioids concurrently with benzodiazepines and/or Soma may be allowed only under very limited circumstances in which the combination is used to treat very specific chronic medical conditions for which there is no other treatment modality available.

K. When a licensee treats chronic non-cancerous/non-terminal pain and/or psychiatric conditions outside the definition of a pain management practice (Rule 1.2) (K) the licensee must actively utilize the MPMP upon initial contact with a new patient and every 3 months thereafter on any and all patients who are prescribed, administered, or dispensed controlled substances. Reports generated on patients must span the length of time from the previous review of the MPMP so that adequate information is obtained to determine the patient's compliance for and with treatment. Documentation, such as a copy of the report itself and/or reflections in the charts dictation and/or notes must be kept within the patient's record and made available for inspection upon request.

L. Point of service drug testing must be done at least three (3) times per calendar year when Schedule II medication is written for the treatment of chronic non-cancer/non-terminal pain. Point of service drug testing and MPMP review, as described in Rule 1.7 (K), must be done at least three (3) times per calendar year for patients prescribed benzodiazepines for chronic medical and/or psychiatric conditions which are non-cancer/non-terminal. Point of service drug testing must test, at a minimum, for opioids, benzodiazepines, amphetamines, cocaine, and cannabis. Inpatient treatment, as defined in Rule 1.2(L), is exempt from this requirement. Further, all hospice treatment is exempt from point of service drug testing requirements stated herein.

M. The use of Methadone to treat acute non-cancer/non-terminal pain is prohibited. The use of Methadone for the treatment of chronic non-cancer/non-terminal pain is permissible within a registered Pain Management Practice, as defined in Rule 1.2(K), or when resulting from a referral to a certified pain specialist. If Methadone is prescribed to treat chronic non-cancer/non-terminal pain, it must be prescribed only by a physician.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

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Rule 1.8 Drug Maintenance Requirements. All medications maintained or stored in licensee's office must be maintained or stored in the manufacturer's or re-packager'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 that are pre-counted and prepackaged for purposes of dispensing must be identifiable as to expiration date and manufacturer's control lot number. The containers in which drug products are maintained must not be labeled in any false or misleading manner. The labeling requirements of this rule are in addition to all other applicable state and federal statutes and regulations.

A physician must not dispense out-of-date medications. Out-of-date medications must be promptly removed from current stock and stored separately until proper disposal. A physician, when dispensing a product in a manufacturer's original package or container must dispense the product with this information intact.

The medication storage and dispensing areas must be maintained in a sanitary fashion. All medications must be maintained, stored and dispensed in such a manner as to maintain the integrity of the product.

A licensee must 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 licensee.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

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Rule 1.9 Labeling Requirements for Dispensing Physicians. For the purposes of this rule, a "dispensing physician" means any physician who dispenses 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 dispenses a controlled substance, legend drug or any other medication must 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 must be written in legible handwriting or typed and must be permanently affixed to the package or container in which the medication is dispensed. Prepackaged samples or starter packs in their original packages or containers need only have the patient name, date distributed, and physician's name if the manufacturer's packaging meets other requirements.

No physician may delegate dispensing authority to another person. A physician must personally dispense the medication. For the purpose of this regulation, "personally dispense" means 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).

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Rule 1.10 Prescription Guidelines–Controlled Substances. It is the responsibility of the licensee to determine the type, dosage, form, frequency of application and number of refills of any controlled substances prescribed to a patient. The following requirements apply to all prescriptions for controlled substances written by a licensee with controlled substance prescriptive authority:

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, licensees must indicate the appropriate refills, not to exceed five (5), or mark "none."

C. Each licensee must insure that the complete name and address of the patient to whom the licensee is prescribing the controlled substance appears on the prescription.

D. A licensee must not permit any prescription for controlled substances to be signed by anyone in the place of or on behalf of the licensee.

E. A licensee must not pre-sign prescription pads or order forms.

F. A licensee must not utilize prescription pads or order forms upon which the signature of the licensee has been affixed by any means other than manual signature. 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 unless: (i) the prescription is printed on security paper that ensures it is not subject to copying or alteration, and (ii) an electronic or digital signature is affixed. Electronic transmission of Schedule III-V controlled substance prescription information is limited to computer to facsimile (fax) transmissions or traditional fax to fax transmissions. Electronic transmission of Schedule II controlled substance prescription information is permitted under limited circumstances. Requirements for fax prescription orders and systems utilized for faxing prescriptions are as follows:

   1. The prescription order must contain the date, time, telephone number and location of the transmitting device. Prescription blanks utilized in this manner must 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. 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 licensee or the licensee's agent to a pharmacy of the patient's choice by facsimile. All original hardcopy faxed prescriptions must 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) must be retained in the licensee'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.

In addition to filing the original prescription (or copy) in the patient file, a perpetual, chronological logbook of fax transactions must be established and maintained. Such a logbook would serve to protect the prescribing licensee in the event the original prescription is somehow lost or misfiled. The information contained in such a logbook must 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 a personal identifier of the person faxing the prescription. Such logs must be maintained in the licensee'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 documentation required in Part 2640, Rule 1.4.

2. When prescribing 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 licensee or the licensee's agent to the dispensing pharmacy by facsimile. The licensee or the licensee's agent must 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 1.10.F.1.
3. When prescribing 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 licensee or the licensee's agent to the dispensing pharmacy by facsimile. The licensee or the licensee's agent must 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 1.10.F.1.

G. No more than one (1) controlled substance shall be issued on a single prescription blank.
H. Prescriptions for Benzodiazepines must be limited to a one (1) month supply, with no more than two (2) refills, or a ninety (90) day supply with no refills. The MPMP must be checked each time a prescription for benzodiazepines is authorized and evidence of such check must be noted within the patient file.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

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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. Prescriptions may not be written outside of a valid licensee-patient relationship. While not all of the elements in subsection A are necessary each time a prescription is authorized (e.g., via appropriate telemedicine as defined in Rule 5.5 of Part 2635, calling in refills, taking call for a practice partner for short term care, etc.), all initial encounters, and at reasonable intervals thereafter, should conform to this rule and be done pursuant to a valid licensee-patient relationship. The elements of this valid relationship are:
   1. verify that the person requesting the medical treatment is in fact who they claim to be;
   2. conducting an appropriate history and physical examination of the patient that meets the applicable standard of care, which as previously stated may also be accomplished through appropriate telemedicine as defined in Part 2635 Rule 5.5;
   3. establishing a diagnosis through the use of accepted medical practices, i.e., a patient history, mental status exam, physical exam and appropriate diagnostic and laboratory testing;
   4. discussing with the patient the diagnosis, risks and benefits of various treatment options to obtain informed consent;
   5. insuring the availability of appropriate follow-up care; and
   6. maintaining a complete medical record available to patient and other treating health care providers.

B. Electronic prescription transmission is permitted provided the transmission meets applicable state and federal standards for transmission. E-prescribing is the electronic entry of a prescription by a licensee, 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.

C. 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 licensee. This does not prohibit 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 must be authorized by a written or electronic signature and must be issued in accordance with all other provisions of this rule. No prescriptions for any form or compound containing nalbuphine HCl, carisoprodol, butalbital compounds, or tramadol HCl shall be telefaxed.

D. Electronic prescriptions for controlled substances are permitted if a practitioner has complied with the DEA requirements and is using a certified electronic prescribing system for the transmission of control substances prescriptions.

E. All written prescriptions must be on forms containing two lines for the licensee's signature. There must be a signature line in the lower right-hand corner of the prescription form beneath which must be clearly imprinted the words "substitution permissible." There must be a signature line in the lower left corner of the prescription

form beneath which must be clearly imprinted with the words "dispense as written." The licensee's signature on either signature line must validate the prescription and designate approval or disapproval of product selection. Each prescription form must bear the pre-printed name of the licensee or the licensee must clearly print his or her name on the prescription form, in addition to the licensee's original signature. In the event that the prescription form bears the pre-printed name of more than one licensee, the licensee must clearly indicate the name of the licensee writing the prescription. In the case of a prescription that is electronically generated and transmitted, the licensee 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.

F. If a prescription form which does not contain two signature lines required in Part 2640, Chapter 1, Rule 1.11.D is utilized by the licensee, he or she must write in his or her own handwriting the words "dispense as written" thereupon to prevent product selection.

Every written prescription issued by a licensee 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. Licensee s should avoid issuing prescriptions refillable on "prn" basis. If a licensee 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.

G. Every written prescription issued by a licensee, bearing more than one non-controlled medication, must 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 must be clearly voided by the issuing licensee.

H. A prescription will no longer be valid after the occurrence of any one of the following events:
   1. Thirty (30) days after the death of the issuing licensee.
   2. Thirty (30) days after the issuing licensee has moved or otherwise changed practice location resulting in termination of the licensee patient relationship. Termination of the licensee patient relationship results when a patient is no longer able to seek personal consultation or treatment from the issuing licensee.
   3. Immediately after loss of DEA Controlled Substances Privilege by the issuing licensee if the prescription is for controlled substances.
   4. Immediately upon revocation, suspension or surrender of the licensee's license.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

Part 2640: Prescribing, Administering and Dispensing

Part 2640 Chapter 1: Rules Pertaining to Prescribing, Administering and Dispensing of Medication

Rule 1.12 Freedom of Choice. A licensee must 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.

A licensee may own or operate a pharmacy if there is no resulting exploitation of patients. A licensee must not give patients 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 provider. The prescription is a written direction for a therapeutic or corrective agent. A patient is entitled to a copy of the licensee'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 by any legal means. Where medication is to be dispensed or a prescription, excluding refills, called in to a pharmacist for medication, a licensee must 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 must be honored. Licensees must 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 licensee with respect to the filling of the licensee's prescriptions.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

Part 2640: Prescribing, Administering and Dispensing

Part 2640 Chapter 1: Rules Pertaining to Prescribing, Administering and Dispensing of Medication

Rule 1.13 Security of Controlled Substances. In all clinics or offices within the control of a licensee, all controlled substances and other drugs having addiction-forming or addiction-sustaining liability must be maintained in such a manner as to deter loss by theft or burglary. All controlled substances must 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. When a licensee detects 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. The Board has the authority to order implementation measures to improve security over controlled substances.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

Regulation Title 30: Part 2640, Prescribing, Administering and Dispensing

OLRC CLARIFICATIONS

Rule 1.2 M

Rule 1.4 Patient Record 1.

Rule 1.6 A.

Rule 1.11 A.2

Part 2640: Prescribing, Administering and Dispensing

Part 2640 Chapter 1: Rules Pertaining to Prescribing, Administering and Dispensing of Medication

Rule 1.14 Pain Management Medical Practice.

A. A pain management medical practice must have, at all times, a majority ownership (more than 50%) by a physician or group of physicians licensed by the Board, and/or a hospital or health care entity registered with the Secretary of State to do business in the state of Mississippi. The physician or physician owners must practice an annual average of at least 20 hours per week within the state of Mississippi.
B. A pain management medical practice must register with the Board.
C. Each physician owner of a pain management medical practice must meet the requirements set forth below.
D. Each licensee who serves as medical director, manager, or employee or who provides care in a pain management medical practice must meet the requirements set forth below.

Application for Initial Registration and Renewal - A physician owner of a pain management medical practice must:

1. submit the documents demonstrating proof of ownership or provide alternative documents with a written request for special consideration;
2. report ownership or investment interest in any other pain management facility operating within the state of Mississippi and provide the name and address of the other pain management facility(ies) in which the physician has ownership or vested interest;
3. identify all individuals with prescriptive authority who are employed or contracted in any capacity at each facility; and
4. report any changes of information provided in the application for registration or renewal within 30 days of the effective date of the change.

E. Physician owners or operators may not operate a pain management practice in the state of Mississippi without obtaining a certificate from the Mississippi State Board of Medical Licensure. 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 practice. Additional physician owners must register if they also provide patient care. Each practice requires a separate certificate.
F. Physician owners or operators may not operate a pain management practice in Mississippi unless the practice is owned or operated by a hospital or healthcare entity registered with the Secretary of State to do business in the state of Mississippi, or by a physician who:
    1. practices at least 20 hours per week providing direct patient care;
    2. holds an active unrestricted medical license ; and
    3. holds a certificate of registration for that pain management practice.
G. No physician owners or operators of a pain management practice, nor any physician, nor any physician assistant, nor any medical director, manager, or employee or any physician or physician assistant who provides care may:

1. have been denied, by any jurisdiction, a certificate permitting the licensee to order, prescribe, dispense, administer, supply or sell a controlled substance or the other listed medications under definitions;
2. have been issued, by any jurisdiction, a limited certificate to order, prescribe, dispense, administer, supply or sell a controlled substance or the other listed medications under definitions;
3. have been denied a certificate issued by the Drug Enforcement Administration (DEA) permitting the licensee to order, prescribe, dispense, administer, supply or sell a controlled substance or the other listed medications under definitions;
4. have been issued a limited certificate by the Drug Enforcement Administration (DEA) permitting the licensee to order, prescribe, dispense, administer, supply or sell a controlled substance or the other listed medications under definitions;
5. 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 or the other listed medications under definitions; or
6. have been terminated from Mississippi's Medicaid Program, the Medicaid program of any other state, or the federal Medicare program, unless eligibility has been restored.

H. No physician or physician assistant may own, operate, or practice in a pain management medical practice 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.

I. Training requirements for all physicians practicing in pain management medical practices. Effective July 1, 2014, all physician owners or operators or any physician who serves as medical director, manager, or employee or who provides care in pain management medical practice must meet the qualifications set forth in subsections (1) through (5) below. All physicians prescribing or dispensing controlled substance medications in pain management practices registered by the Board must meet one (1) of the following qualifications:
1. board certification by a specialty board recognized by the American Board of Medical Specialties (ABMS) or the American Board of Addiction Medicine (ABAM) and hold a subspecialty certification in pain medicine;
2. board certification by a specialty board recognized by the American Osteopathic Association Bureau of Osteopathic Specialists (BOS) in pain management;
3. board certification in pain medicine by the American Board of Pain Medicine (ABPM);
4. successful completion of a residency program in physical medicine and rehabilitation, anesthesiology, neurology, or neurosurgery and approved by the ACGME or the AOA; or
5. successful completion of 100 hours of inter-active live participatory AMA or AOA Category 1 CME courses in pain management.

Upon qualifying under any of the 5 subsections above, physicians must also document completion of 30 hours of Category 1 CME for renewal of a pain management medical practice certificate.

a. CME must have emphasis in the specific areas of pain management, addiction, or prescribing of opiates.
b. CME may be included with the forty hour requirement for licensure renewal.
c. Excess hours may not be carried over to another two year cycle. For the purpose of this regulation, the two year period begins with the fiscal year July 1, 2014, and every two years thereafter to be concurrent with the licensure requirement.

J. Physicians and physician assistants practicing in a registered pain management medical practice must be registered with the Mississippi Prescription Monitoring Program (MPMP). A report from the MPMP must be obtained on the initial visit for each patient. Subsequent reports must be obtained for each patient at every visit.

K. Requirements for physician assistants practicing in pain management medical practices. Physician assistants must meet the following qualifications prior to practicing in a registered pain management practice:
1. A Board approved protocol in the practice of pain management as required by Part 2615, Chapter 1, Rules 5 and 6, with a physician who holds a license that is not designated as limited, restricted, retired, temporary, or in-training;
2. Physician assistants with approved prescriptive authority must obtain 10 hours as required by the licensure requirement plus 5 hours of Category 1 CME related to prescribing and pain management for every year the physician assistant is practicing in a pain management medical practice;
3. Physician assistants with prescriptive authority must be familiar with and adhere to the Administrative Rule Pertaining to Prescribing, Administering and Dispensing of Medication, Part 2640, Chapter 1; and
4. Physician assistants with prescriptive authority must be registered with the Mississippi Prescription Monitoring Program (MPMP).

L. A physician who is a current participant in the Mississippi Professionals Health Program (MPHP) may not be the primary physician owner of a pain practice. This does not prohibit a MPHP participant from working in a pain practice.

M. Prior to the initial issuance of an opioid and/or benzodiazepine for the treatment of chronic non-cancer/non-terminal pain, each patient in a pain management practice must have an in-person evaluation by a registered pain management physician.

N. Certificates are valid for one year and must be renewed annually. There is a thirty-day grace period for renewal after which the owner or operator must reapply for an original certificate. The physician owner or operator of the practice must post the certificate in a conspicuous location so as to be clearly visible to patients. The practice may not continue to operate while the certificate has expired.

O. The Board has the authority to inspect a pain management medical practice. During such inspections, authorized representatives of the Board, who may be accompanied by investigators from state or federal law enforcement agencies, may inspect documents and medical records to ensure compliance with any applicable laws and rules.

P. If the Board finds that a registered pain management practice no longer meets any of the requirements to operate as a pain practice, the Board may immediately revoke or suspend the physician's certificate to operate a pain management medical practice. The physician owner or operator shall have the right to an administrative hearing before the Board at the next available and scheduled meeting of the Board. Further, the Board has the discretion to lift the suspension of a certificate when the pain management medical practice demonstrates compliance with applicable rules and regulations.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

Part 2640: Prescribing, Administering and Dispensing

Part 2640 Chapter 1: Rules Pertaining to Prescribing, Administering and Dispensing of Medication

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 constitutes unprofessional conduct, dishonorable or unethical conduct likely to deceive, defraud or harm the public, in violation of Miss. Code Ann., § 73-25-29(8)(d).

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

Part 2640: Prescribing, Administering and Dispensing

Part 2640 Chapter 1: Rules Pertaining to Prescribing, Administering and Dispensing of Medication

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; as amended March 24, 2011; as amended September 17, 2012; as amended September 19, 2013; as amended May 22, 2014; as amended November 13, 2015; and as amended September 20, 2018, and effective November 1, 2018.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

SOS APA Form 001

Mississippi Secretary of State
125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME		CONTACT PERSON	TELEPHONE NUMBER	
Mississippi State Board of Medical Licensure		Rhonda Freeman	(601) 987-3079	
ADDRESS		CITY	STATE	ZIP
1867 Crane Ridge Drive, Suite 200-B		Jackson	MS	39216
EMAIL	SUBMIT DATE	Name or number of rule(s):		
mboard@msbml.ms.gov	5/21/18	Part 2605 Chapter 3: Temporary Licensure		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The rules in this Chapter have been updated to remove the language that would prohibit a licensee with a temporary license from obtaining a DEA certificate.

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

List all rules repealed, amended, or suspended by the proposed rule: Part 2605 Chapter 3: Temporary Licensure

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	Action proposed:	Date Proposed Rule Filed: _____
_____ Renewal of effectiveness	_____ New rule(s)	Action taken:
To be in effect in _____ days	_X_ Amendment to existing rule(s)	_____ Adopted with no changes in text
Effective date:	_____ Repeal of existing rule(s)	_____ Adopted with changes
_____ Immediately upon filing	_____ Adoption by reference	_____ Adopted by reference
_____ Other (specify): _____	Proposed final effective date:	_____ Withdrawn
	_X_ 30 days after filing	_____ Repeal adopted as proposed
	_____ Other (specify): _____	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

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Accepted for filing by	Accepted for filing by #23373	Accepted for filing by

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

Mississippi Secretary of State
125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME		CONTACT PERSON	TELEPHONE NUMBER	
Mississippi State Board of Medical Licensure		Rhonda Freeman	(601) 987-3079	
ADDRESS		CITY	STATE	ZIP
1867 Crane Ridge Drive, Suite 200-B		Jackson	MS	39216
EMAIL	SUBMIT DATE	Name or number of rule(s):		
mboard@msbml.ms.gov	07/25/18	Part 2615 Chapter 1: The Practice of Physician Assistants – Rule 1.2		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The Physician Assistant rules are being updated in order to make them comparable to the nurse practitioner collaboration rules. Rule 1.2 is adding the definition of primary care.

Specific legal authority authorizing the promulgation of rule: 73-26-5

List all rules repealed, amended, or suspended by the proposed rule: Part 2615

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.

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_____ Original filing	Action proposed:	Date Proposed Rule Filed: _____
_____ Renewal of effectiveness	_____ New rule(s)	Action taken:
To be in effect in _____ days	_X_ Amendment to existing rule(s)	_____ Adopted with no changes in text
Effective date:	_____ Repeal of existing rule(s)	_____ Adopted with changes
_____ Immediately upon filing	_____ Adoption by reference	_____ Adopted by reference
_____ Other (specify): _____	Proposed final effective date:	_____ Withdrawn
	_X_ 30 days after filing	_____ Repeal adopted as proposed
	_____ Other (specify): _____	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
	FILED JUL 25 2018 MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	Accepted for filing by #23547	Accepted for filing by

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

Part 2615 Physician Assistants

Part 2615 Chapter 1: The Practice of Physician Assistants

Rule 1.2 Definitions. For the purpose of Part 2615, Chapter 1 only, the following terms have the meanings indicated:

A. "Board" means the Mississippi State Board of Medical Licensure.

B. "Physician Assistant" means a person who meets the Board's criteria for licensure as a physician assistant and is licensed as a physician assistant by the Board.

C. "Supervising Physician" means a doctor of medicine or a doctor of osteopathic medicine who holds an unrestricted license from the Board, who is in the practice of medicine, and who has been approved by the Board to supervise physician assistants.

D. "Supervise" or "Supervision" means overseeing and accepting responsibility for the medical services rendered by a physician assistant.

E. "Primary Office" means the usual practice location of a physician and being the same location reported by that physician to the Mississippi State Board of Medical Licensure and the United States Drug Enforcement Administration.

F. "NCCPA" means the National Commission on Certification of Physician Assistants.

G. "PANCE" means the Physician Assistant National Certifying Examination.

H. "ARC-PA" means the Accreditation Review Commission on Education for the Physician Assistant.

I. "Predecessor or Successor Agency" refers to the agency responsible for accreditation of educational programs for physician assistants that preceded ARC-PA or the agency responsible for accreditation of educational programs for physician assistants that succeeded ARC-PA.

J. "Primary Care" means specialty practice that is limited to, or defined as, Family Practice, General Internal Medicine, Mental Health, Women's Health, and/or General Pediatrics.

Source: Miss. Code Ann. §73-26-5 (1972, as amended).

Part 2615 Physician Assistants

Part 2615 Chapter 1: The Practice of Physician Assistants

Rule 1.2 Definitions. For the purpose of Part 2615, Chapter 1 only, the following terms have the meanings indicated:

A. "Board" means the Mississippi State Board of Medical Licensure.

B. "Physician Assistant" means a person who meets the Board's criteria for licensure as a physician assistant and is licensed as a physician assistant by the Board.

C. "Supervising Physician" means a doctor of medicine or a doctor of osteopathic medicine who holds an unrestricted license from the Board, who is in the ~~full-time~~ practice of medicine, and who has been approved by the Board to supervise physician assistants.

D. "Supervise" or "Supervision" means overseeing and accepting responsibility for the medical services rendered by a physician assistant.

E. "Primary Office" means the usual practice location of a physician and being the same location reported by that physician to the Mississippi State Board of Medical Licensure and the United States Drug Enforcement Administration.

F. "NCCPA" means the National Commission on Certification of Physician Assistants.

G. "PANCE" means the Physician Assistant National Certifying Examination.

H. "ARC-PA" means the Accreditation Review Commission on Education for the Physician Assistant.

I. "Predecessor or Successor Agency" refers to the agency responsible for accreditation of educational programs for physician assistants that preceded ARC-PA or the agency responsible for accreditation of educational programs for physician assistants that succeeded ARC-PA.

J. "Primary Care" means specialty practice that is limited to, or defined as, Family Practice, General Internal Medicine, Mental Health, Women's Health, and/or General Pediatrics.

Source: Miss. Code Ann. §73-26-5 (1972, as amended).

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125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME		CONTACT PERSON	TELEPHONE NUMBER	
Mississippi State Board of Medical Licensure		Rhonda Freeman	(601) 987-3079	
ADDRESS		CITY	STATE	ZIP
1867 Crane Ridge Drive, Suite 200-B		Jackson	MS	39216
EMAIL	SUBMIT DATE	Name or number of rule(s):		
mboard@msbml.ms.gov	07/25/18	Part 2615 Chapter 1: The Practice of Physician Assistants – Rule 1.5		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The Physician Assistant rules are being updated in order to make them comparable to the nurse practitioner collaboration rules. Rule 1.5 is adding verbiage to emphasize that physician assistants may not dispense medications.

Specific legal authority authorizing the promulgation of rule: 73-26-5

List all rules repealed, amended, or suspended by the proposed rule: Part 2615

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
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To be in effect in _____ days	_X_ Amendment to existing rule(s)	_____ Adopted with no changes in text
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		_____ Other (specify): _____

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

Signature of person authorized to file rules: Rhonda Freeman

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

Part 2615 Physician Assistants

Part 2615 Chapter 1: The Practice of Physician Assistants

Rule 1.5 Requirement of Protocol - Prescribing/Dispensing. 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.

Except as hereinafter provided in 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.

Prescribing Controlled Substances and Medications by Physician Assistants

A. Scope

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

B. Application for Authority to Prescribe Controlled Substances

1. Physician assistant applicants applying for controlled substance prescriptive authority must complete a Board approved educational program prior to making application.
2. In order to obtain the authority to prescribe controlled substances in any schedule, the physician assistant shall submit an application approved by the Board.

C. Incorporation of Physician Rules 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 Administrative Code Part 2640, Chapter 1 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 rules. As stated herein, it is understood Physician Assistants may not dispense medications.

D. Registration for Controlled Substances Certificate Prescriptive Authority

1. 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.
2. 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 Part 2615, Rule 1.5.D.1, 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 Part 2615, Rule 1.5.B.1. 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.

3. The registration requirement set forth in these rules does not apply to the distribution and manufacture of controlled substances. Any physician assistant 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).

E. Drug Maintenance, Labeling and Distribution Requirements

Persons registered to prescribe controlled substances may order, possess, prescribe, administer, distribute or conduct research with those substances to the extent authorized by their registration and in conformity with the other provisions of these rules 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.

Source: Miss. Code Ann. §73-26-5 (1972, as amended).

Part 2615 Physician Assistants

Part 2615 Chapter 1: The Practice of Physician Assistants

Rule 1.5 Requirement of Protocol - Prescribing/Dispensing. 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.

Except as hereinafter provided in 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.

Prescribing Controlled Substances and Medications by Physician Assistants

B. Scope

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

B. Application for Authority to Prescribe Controlled Substances

1. Physician assistant applicants applying for controlled substance prescriptive authority must complete a Board approved educational program prior to making application.
2. In order to obtain the authority to prescribe controlled substances in any schedule, the physician assistant shall submit an application approved by the Board.

C. Incorporation of Physician Rules 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 Administrative Code Part 2640, Chapter 1 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 rules. <u>As stated herein, it is understood Physician Assistants may not dispense medications.</u>

D. Registration for Controlled Substances Certificate Prescriptive Authority

1. 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.
2. 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 Part 2615, Rule 1.5.D.1, 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 Part 2615, Rule 1.5.B.1. 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.

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Source: Miss. Code Ann. §73-26-5 (1972, as amended).

SOS APA Form 001

Mississippi Secretary of State
125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME		CONTACT PERSON	TELEPHONE NUMBER	
Mississippi State Board of Medical Licensure		Rhonda Freeman	(601) 987-3079	
ADDRESS		CITY	STATE	ZIP
1867 Crane Ridge Drive, Suite 200-B		Jackson	MS	39216
EMAIL	SUBMIT DATE	Name or number of rule(s):		
mboard@msbml.ms.gov	07/25/18	Part 2615 Chapter 1: The Practice of Physician Assistants – Rule 1.6		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The Physician Assistant rules are being updated in order to make them comparable to the nurse practitioner collaboration rules. Rule 1.6 is adding and deleting verbiage to make the rule more consistent with the nurse practitioner rule.

Specific legal authority authorizing the promulgation of rule: 73-26-5

List all rules repealed, amended, or suspended by the proposed rule: Part 2615

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	Action proposed:	Date Proposed Rule Filed: _____
_____ Renewal of effectiveness	_____ New rule(s)	Action taken:
To be in effect in _____ days	__X__ Amendment to existing rule(s)	_____ Adopted with no changes in text
Effective date:	_____ Repeal of existing rule(s)	_____ Adopted with changes
_____ Immediately upon filing	_____ Adoption by reference	_____ Adopted by reference
_____ Other (specify): _____	Proposed final effective date:	_____ Withdrawn
	__X__ 30 days after filing	_____ Repeal adopted as proposed
	_____ Other (specify): _____	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
	FILED JUL 25 2018 MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	Accepted for filing by #23549	Accepted for filing by

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

Part 2615 Physician Assistants

Part 2615 Chapter 1: The Practice of Physician Assistants

Rule 1.6 Supervision. Before any physician shall supervise a physician assistant, the physician and physician assistant must present to the Board a duly executed protocol and obtain written approval to practice in a supervisory arrangement. Protocols will be forwarded to the Board's Physician Assistant Advisory Committee for their review and recommendation prior to disapproval. The facts and matters to be considered by the Committee when reviewing 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, compatibility of practice, and liability.

Source: Miss. Code Ann. §73-26-5 (1972, as amended).

Part 2615 Physician Assistants

Part 2615 Chapter 1: The Practice of Physician Assistants

Rule 1.6 Supervision. Before any physician shall supervise a physician assistant, the physician and physician assistant must present to the Board~~'s Executive Director~~ a duly executed protocol and obtain written approval to practice in a supervisory arrangement. Protocols will be forwarded to the Board's Physician Assistant Advisory Committee for their review and recommendation prior to disapproval. The facts and matters to be considered by the Committee when reviewing 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, compatibility of practice, and liability.

Source: Miss. Code Ann. §73-26-5 (1972, as amended).

Mississippi Secretary of State
125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME		CONTACT PERSON	TELEPHONE NUMBER	
Mississippi State Board of Medical Licensure		Rhonda Freeman	(601) 987-3079	
ADDRESS		CITY	STATE	ZIP
1867 Crane Ridge Drive, Suite 200-B		Jackson	MS	39216
EMAIL	SUBMIT DATE	Name or number of rule(s):		
mboard@msbml.ms.gov	07/25/18	Part 2615 Chapter 1: The Practice of Physician Assistants – Rule 1.7		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The Physician Assistant rules are being updated in order to make them comparable to the nurse practitioner collaboration rules. Rule 1.7 is adding and removing verbiage to make the rule more consistent with the nurse practitioner rule.

Specific legal authority authorizing the promulgation of rule: 73-26-5

List all rules repealed, amended, or suspended by the proposed rule: Part 2615

ORAL PROCEEDING:

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

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ECONOMIC IMPACT STATEMENT:

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	_X_ 30 days after filing	_____ Repeal adopted as proposed
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		_____ 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

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	FILED JUL 25 2018 MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	Accepted for filing by #23550	Accepted for filing by

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

Part 2615 Physician Assistants

Part 2615 Chapter 1: The Practice of Physician Assistants

Rule 1.7 Supervising Physician Limited. 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.

Supervision means overseeing activities of, and accepting responsibility for, all medical services rendered by the physician assistant. Except as described in the following paragraph, supervision must be continuous, but shall not be construed as necessarily requiring the physical presence of the supervising physician.

New graduate physician assistants and all physician assistants whose Mississippi license is their initial license require the on-site presence of a supervising physician for one hundred twenty (120) days or its equivalent of 960 hours. If physician assistant's clerkship was completed with their supervising physician, the 120 days or 960 hours may be reduced.

The physician assistant's practice shall be confined to the primary office or clinic of the supervising physician, or any hospital(s), clinic(s) or other health care facilities within 75 miles of where the primary office is located, wherein the supervising physician holds medical staff privileges or that otherwise serves as an extension of the physician and physician assistant(s) practice. Exceptions to this requirement may be granted, on an individual basis, provided the location(s) of practice are set forth in the protocol.

Physician Assistants practicing in primary care shall have no mileage restrictions placed on the relationship between the supervisory physician and the physician assistant if the following conditions are met:

1. The protocol is between a primary care physician and a primary care physician assistant.
2. The physician is in a compatible practice (e.g., same specialty, treat the same patient population) with the physician assistant.
3. The physician and physician assistant utilize electronic medical records (EMR) in their practice and also utilize EMR in the formal quality improvement program.
4. The physician practices within the State of Mississippi for a minimum of twenty (20) hours per week or eighty (80) hours per month (does not include telemedicine).

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.

Each primary supervisory relationship shall include and implement a formal quality improvement program which must be maintained on site and must 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 a supervisory physician of a random sample of charts that represent 10% or 20 charts, whichever is less, of patients seen by the physician assistant every month. Charts should represent the variety of patient types seen by the physician assistant. Patients that the physician assistant and a supervising physician have consulted on during the month will count as one chart review.

B. The physician assistant shall maintain a log of charts reviewed which include the identifier for the patient's charts, reviewers' names, and dates of review.

C. Each physician assistant shall meet face to face with a supervisory physician once per quarter for the purpose of quality assurance, and this meeting should be documented.

Source: Miss. Code Ann. §73-26-5 (1972, as amended).

Part 2615 Physician Assistants

Part 2615 Chapter 1: The Practice of Physician Assistants

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The physician assistant's practice shall be confined to the primary office or clinic of the supervising physician, or any hospital(s), ~~or~~ clinic(s) or other health care facilities~~y~~ within ~~30~~75 miles of where the primary office is located, wherein the supervising physician holds medical staff privileges or that otherwise serves as an extension of the physician and physician assistant(s) practice. Exceptions to this requirement may be granted, on an individual basis, provided the location(s) of practice are set forth in the protocol.

Physician Assistants practicing in primary care shall have no mileage restrictions placed on the relationship between the supervisory physician and the physician assistant if the following conditions are met:

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6. The physician is in a compatible practice (e.g., same specialty, treat the same patient population) with the physician assistant.
7. The physician and physician assistant utilize electronic medical records (EMR) in their practice and also utilize EMR in the formal quality improvement program.
8. The physician practices within the State of Mississippi for a minimum of twenty (20) hours per week or eighty (80) hours per month (does not include telemedicine).

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.

~~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, with~~

~~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.~~

Each primary supervisory relationship shall include and implement a formal quality improvement program which must be maintained on site and must 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 a supervisory physician of a random sample of charts that represent 10% or 20 charts, whichever is less, of patients seen by the physician assistant every month. Charts should represent the variety of patient types seen by the physician assistant. Patients that the physician assistant and a supervising physician have consulted on during the month will count as one chart review.

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Source: Miss. Code Ann. §73-26-5 (1972, as amended).

SOS APA Form 001

Mississippi Secretary of State
125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME		CONTACT PERSON	TELEPHONE NUMBER	
Mississippi State Board of Medical Licensure		Rhonda Freeman	(601) 987-3079	
ADDRESS		CITY	STATE	ZIP
1867 Crane Ridge Drive, Suite 200-B		Jackson	MS	39216
EMAIL	SUBMIT DATE	Name or number of rule(s):		
mboard@msbml.ms.gov	07/25/18	Part 2615 Chapter 1: The Practice of Physician Assistants – Rule 1.11		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The Physician Assistant rules are being updated in order to make them comparable to the nurse practitioner collaboration rules. Rule 1.11 is adding and removing verbiage to make the rule more consistent with the nurse practitioner rule.

Specific legal authority authorizing the promulgation of rule: 73-26-5

List all rules repealed, amended, or suspended by the proposed rule: Part 2615

ORAL PROCEEDING:

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

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ECONOMIC IMPACT STATEMENT:

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_____ Renewal of effectiveness	_____ New rule(s)	Action taken:
To be in effect in _____ days	__X__ Amendment to existing rule(s)	_____ Adopted with no changes in text
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		_____ Other (specify): _____

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

Signature of person authorized to file rules: Rhonda Freeman

DO NOT WRITE BELOW THIS LINE

OFFICIAL FILING STAMP	OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
	FILED JUL 25 2018 MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	Accepted for filing by #23551	Accepted for filing by

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

Part 2615 Physician Assistants

Part 2615 Chapter 1: The Practice of Physician Assistants

Rule 1.11 Identification. 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.

Physician assistants may not advertise in any manner which implies that the physician assistant is an independent practitioner. In accordance with Miss. Code Ann., §41-121-1 et. seq., and in an effort maintain transparency in healthcare, physician assistants practicing in an off-site or satellite office, wherein a supervisory physician is not physically located, are required to post in their office waiting room, in a conspicuous location, the name, credentials and office contact information of their supervisory physician.

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.

Source: Miss. Code Ann. §73-26-5 (1972, as amended).

Part 2615 Physician Assistants

Part 2615 Chapter 1: The Practice of Physician Assistants

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Source: Miss. Code Ann. §73-26-5 (1972, as amended).

Policy Statement on Telemedicine Services in a Hospital Setting

A duly licensed Mississippi physician may remotely collaborate/consult with a duly licensed and qualified Advanced Practice Registered Nurse ("APRN") or physician's assistant ("PA") who is located in a hospital setting through the use of telemedicine. The use of telemedicine in the emergency department setting, inpatient setting or outpatient setting may be accomplished by the use of electronic medical record systems, imaging systems, video bridge systems and other telemedicine technology. Such collaboration between a physician and an APRN or PA shall not be in violation of Part 2630, Chapter 1, Rules 1.1 through 1.6. Such collaboration/consultation shall not be advertised as telemergency medicine as provided for in Part 2635, Chapter 5, Rule 5.7.

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN LICENSE

OF

JATINDER SINGH, M.D.

CONSENT ORDER

WHEREAS, JATINDER SINGH, M.D., hereinafter referred to as "Licensee," is the current holder of Mississippi Medical License No. 10791, said license number expires on June 30, 2019;

WHEREAS, the Investigative Staff of the Mississippi State Board of Medical Licensure, hereinafter referred to as the "Board," has conducted an investigation of Licensee and has in its possession evidence indicating that Licensee has administered, prescribed or dispensed controlled substances otherwise than in the course of legitimate professional practice; failed to maintain proper and complete medical records and is guilty of unprofessional conduct, which includes being guilty of any dishonorable or unethical conduct likely to deceive, defraud or harm the public;

WHEREAS, the above conduct, if established before the Board in the course of a full evidentiary hearing, constitutes violations of the Mississippi Medical Practice Act, specifically, Subsections (3), (8)(d) and (13) of §73-25-29 and §73-25-83(a), Miss. Code Ann., as amended, 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 an evidentiary hearing before the Board and, in lieu thereof, has agreed to enter into this Consent Order;

NOW, THEREFORE, the Mississippi State Board of Medical Licensure, with consent of Licensee as signified by his joinder herein, does hereby **suspend** Licensee's medical license, with said suspension **immediately stayed**, subject to the following probationary terms and conditions, to-wit:

1. Licensee shall, within six (6) months from the date of this Order, appropriately transfer any and all patients receiving Schedule II medications to other providers. Immediately after this six (6) month period, Licensee shall be indefinitely prohibited from prescribing all Schedule II medications. Notwithstanding the above, Licensee may order the in-patient administration of controlled substances in Schedule II when treating patients admitted to a licensed hospital or emergency room of a licensed hospital. No prescriptions for controlled substances in Schedule II may be written.

2. Licensee shall, within six (6) months of the date of this Order, successfully complete Board approved Continuing Medical Education (CME) in the areas of (i) Medical Ethics, (ii) Prescribing of Controlled Substances, and (iii) Medical Record Keeping, said courses to be selected from the list of Board approved courses attached hereto as Exhibit "A". Licensee shall provide proof of attendance and participation in each aspect of the courses required herein. Any credit received for such CME 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 the CME course(s), as the course(s) cannot be taken on-line or by other means. Licensee shall submit proof of successful completion to the Board.

3. Licensee shall obey all federal, state and local laws, and all rules and regulations governing the practice of medicine. Any further violation of the Mississippi Medical Proactive Law shall result in further action, up to and including suspension and/or revocation.

4. Licensee has the right, but not the obligation, to seek an appearance before the Board for reconsideration after the expiration of at least one (1) year from the date of this Order. Licensee agrees that the terms and conditions of this Order, once executed, may not be appealed. That is, there shall be no right to petition for reconsideration until after expiration of at least one (1) year from the date of this Order.

5. 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 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 to Licensee's current mailing address.

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.

Further, it is not the intent or purpose of this Order to encourage malpractice liability as a result of Board action. Therefore, by execution of this Consent Order, Licensee is not admitting to or acknowledging any misconduct or act of malpractice.

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 any other agency or jurisdiction 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, **JATINDER SINGH, M.D.**, nevertheless, hereby waives his right to notice and a formal adjudication of all charges and hereby voluntarily executes this Consent Order, thereby suspending his medical license with stay, subject to those terms and conditions listed above.

EXECUTED AND EFFECTIVE, this the 10th day of August, 2018.

JATINDER SINGH, M.D.

ACCEPTED AND APPROVED, this the 20th day of ~~August~~ September, 2018, by the Mississippi State Board of Medical Licensure.

KENNETH E. CLEVELAND, M.D.
Executive Director

Claude D. Brunson, M.D.
Board President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

JOHN PAUL PAYNE, M.D.

CONSENT ORDER

WHEREAS, JOHN PAUL PAYNE, M.D., hereinafter referred to as "Licensee," is the current holder of License Number 17690 issued on July 1, 2002, to practice medicine in the State of Mississippi;

WHEREAS, the Investigative Division 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 the State of Mississippi;

WHEREAS, said investigation revealed evidence that Licensee failed to maintain proper boundaries with a patient for whom Licensee self-reported a single incident involving a sexual boundary violation with said patient, which was corroborated by polygraph testing;

WHEREAS, Licensee has now violated his Recovery Contract Agreement, hereinafter referred to as "RCA," in that Licensee failed an initial polygraph test and a follow-up polygraph test regarding sexual behaviors that did not involve patients or staff when Licensee presented for his one week recheck at Pine Grove Behavioral Health Professional Enhancement Program (PEP);

WHEREAS, said evidence, being especially egregious, if presented during the course of an evidentiary hearing before the Board, constitutes a violation of the Mississippi Medical Practice Act, specifically Subsections (8)(d) 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, execution of this Consent Order is a condition of Licensee's RCA; therefore, Licensee must maintain advocacy with Mississippi Physician Health Program, hereinafter referred to as "MPHP," at all times. Licensee has agreed to execute this Consent Order subject to the terms and conditions 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 conditions on his license to practice medicine in the State of Mississippi:

1. Licensee agrees to abide by all terms set forth in the Five Year Recovery Contract Agreement executed August 23, 2017, along with the Life of Practice Addendum, dated September 21, 2017, with the Mississippi Physician Health Program, inclusive of submitting to witnessed, random urine drug collections to the Board Investigator upon request.
2. Licensee agrees to bi-annual polygraph testing and a mandatory, informed chaperone for all female patient encounters. Licensee agrees that the chaperone will be designated by his employer, and Licensee will have no oversight of said chaperone.
3. Licensee agrees that <u>any</u> violation of this Order or of his responsibilities to the Board and/ or his RCA, and/ or loss of advocacy from MPHP, will result in the Board having the right to immediately suspend Licensee's certificate to practice medicine, without a hearing, until a due process hearing on the matter is conducted at the first available regular meeting date following issuance of the immediate suspension.
4. Licensee agrees to participate in random patient surveys, facilitated by the Board's Clinical Director of Physician Compliance and in conjunction with the Veterans Administrations Privacy Officer. Said surveys will be conducted at the discretion of the Board and Licensee will assume all financial responsibility associated with said monitoring. Licensee will be billed on at least a semiannual basis and shall pay the associated costs within thirty (30) days upon receipt of the invoice.

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.

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, another agency or jurisdiction 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, the undersigned, John Paul Payne, M.D., nonetheless, hereby waives such rights and authorizes the Board to accept this Consent Order, thereby placing the above enumerated terms and conditions on his license.

[Signature page follows]

EXECUTED, this the 20 day of September, 2018.

By: John Paul Payne
JOHN PAUL PAYNE, M.D.

ACCEPTED AND APPROVED, this the 20th day of September, 2018, by the Mississippi State Board of Medical Licensure.

By: Ken Cleveland
KENNETH E. CLEVELAND, M.D.
Executive Director
Mississippi State Board of Medical Licensure

ACCEPTED AND APPROVED, this the 20th day of September, 2018, by the Mississippi State Board of Medical Licensure.

By: C. D. Brunson
CLAUDE D. BRUNSON, M.D.
Board President

Executive Session

Mississippi Board of Medical Licensure – Board Meeting

September 20, 2018

AGENDA ITEM: Approval of Consent Order for John P. Payne M.D., Jackson, MS

License No.: 17690

In a motion by Dr. Rea seconded by Dr. Brunson and carried the Board accepts the proposed Consent Order removing of item # 3.

VOTE:	FOR:	AGAINST:	ABSTAIN:	ABSENT:
Claude D. Brunson, M.D.	X			
J. Ann Rea, M.D.	X			
W. David McClendon, M.D.	X			
Charles D. Miles, M.D.	X			
C. Ken Lippincott, M.D.	X			
Michelle Y. Owens, M.D.				X
Kirk L. Kinard, D.O.	X			
H. Allen Gersh, M.D.	X			
Vacant				

Claude D. Brunson, M.D., President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

CHADLEY THOMAS VEGA, M.D.

ORDER REMOVING ALL RESTRICTIONS

THIS MATTER came on regularly for hearing on September 20, 2018, before the Mississippi State Board of Medical Licensure, in response to the petition of Chadley Thomas Vega, M.D. (hereinafter "Licensee"), seeking removal of all restrictions on his license to the practice medicine in the State of Mississippi. By virtue of that certain Consent Order dated March 29, 2017, certain restrictions were imposed on Licensee's certificate to practice medicine in the state of Mississippi. The Board is now in receipt of a request by Licensee to remove said restrictions along with proof that Licensee has complied with all conditions, including successful completion of continuing medical education. Therefore, the Board, after hearing said request, finds the same to be well-taken.

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

IT IS FURTHER ORDERED, that pursuant to Miss. Code Ann. Section 73-25-27, a copy of this Order shall be sent by registered mail or personally served upon Chadley Thomas Vega, M.D.

ORDERED, this the 20th day of September, 2018.

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

BY: Claude D. Brunson III

CLAUDE D. BRUNSON, M.D.
PRESIDENT

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

MARK H. FLETCHER, M.D.

PARTIAL REMOVAL OF RESTRICTIONS

THIS MATTER came on regularly for hearing on September 20, 2018, before the Mississippi State Board of Medical Licensure, in response to the petition of Mark H. Fletcher, M.D., (hereinafter "Licensee"), seeking partial removal of restrictions on his license to the practice medicine in the State of Mississippi. By virtue of that certain Consent Order dated January 12, 2017, restrictions were imposed on Licensee's certificate to practice medicine in the state of Mississippi. The Board is now in receipt of a request by Licensee to remove that particular requirement that his practice be monitored by Affiliated Monitoring. It is noted that Licensee has complied with all other conditions, including continuing medical education. Therefore, the Board, after hearing said request, finds the same to be well-taken.

THEREFORE, IT IS HEREBY ORDERED, that Licensee's request for removal of the requirement that his practice be monitored by Affiliated Monitoring is hereby granted. Any future monitoring shall be accomplished by the monitoring staff of the Board. All other requirements imposed by virtue of the Consent Order dated January 12, 2017, shall remain in full force and effect.

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

ORDERED, this the 20th day of September, 2018.

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

BY: Claude D. Brunson III

CLAUDE D. BRUNSON, M.D.
PRESIDENT

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE OF

AKWASI ASIAMA AMPONSAH, M.D.

ORDER OF ABEYANCE

THIS MATTER came on regularly for hearing on September 20, 2018, before the Mississippi State Board of Medical Licensure (hereinafter "Board"), in response to a request by the Board's Complaint Counsel to place the captioned matter in abeyance. On March 22, 2018 Akwasi Asiama Amponsah, M.D. (hereinafter "Licensee"), entered into a consent order with the Board, wherein Licensee agreed to submit to an evaluation and complete any treatment recommendations that may be imposed. On August 28, 2018, the Board issued an order prohibiting Licensee from practicing pending completion of treatment and a determination that Licensee can practice medicine with reasonable skill and safety to patients. The Board is advised that Licensee is completing the necessary treatment, obviating the immediate necessity to move forward on the Order of Prohibition. After consideration of the matter, the Board finds Licensee's request to be well taken.

IT IS, THEREFORE, ORDERED that this matter is placed in abeyance until otherwise ordered by the Board. Licensee remains prohibited from the independent practice of medicine pending the outcome of a hearing or other resolution of the matter.

SO ORDERED, this the 20th day of September, 2018.

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

BY: Claude D. Brunson III

CLAUDE D. BRUNSON, M.D.
PRESIDENT

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

IKECHUKWU HYGINUS OKORIE, M.D.

AMENDED DETERMINATION AND ORDER

THIS MATTER came on regularly for hearing on September 20, 2018, before the Mississippi State Board of Medical Licensure (hereinafter "Board") in response to the request of Ikechukwu Hyginus Okorie, M.D. (hereinafter "Licensee") for authorization to return to the practice of Medicine.

Licensee was present without counsel. Complaint Counsel for the Board was Honorable Stan T. Ingram. Sitting as legal advisor to the Board was Honorable Heather Wagner, Special Assistant Attorney General. Board members present for all proceedings were Claude D. Brunson, M.D.; Charles D. Miles, M.D.; Charles K. Lippincott, M.D.; William D. McClendon, Jr., M.D.; Jeanne Ann Rea, M.D.; It is noted that Allen Gersh, M.D.; and Kirk L. Kinard, D.O., recused themselves and did not participate in the proceedings. Michelle Y. Owens, M.D. was absent.

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

FINDINGS OF FACT

Licensee has been the subject of multiple disciplinary actions by the Board. Following an evidentiary hearing on November 12, 2015, the Board entered a Determination and Order finding Licensee guilty of multiple counts of violation of the Mississippi Medical Practice Law. The Board placed restrictions on License's certificate to practice medicine for the ultimate purpose to protect the public. Specifically, the Order required Licensee to successfully complete

continuing medical education in the areas of controlled substances, record keeping, medical ethics and boundaries. The order then provided:

> "Licensee shall refrain from taking any new chronic pain and/or addiction medicine patients and shall, within six (6) months from the date of this Order, cease managing any chronic pain and/or addiction medicine patients in his practice."

Licensee appealed the November 12, 2015 Determination and Order to the Chancery Court of the First Judicial District of Hinds County which ultimately affirmed the Board's order.

Licensee violated the terms and conditions imposed by the November 12, 2015, Determination and Order inasmuch as he failed to cease managing existing chronic pain and/or addiction medicine patients within the time proscribed and continued to take new chronic pain and/or addiction medicine patients. Licensee was thereafter charged with violation of a Board order, wherein a full evidentiary hearing was conducted on March 22, 2018. The Board found Licensee guilty and rendered a Determination and Order suspending Licensee's certificate to practice medicine for a period of one (1) year with the suspension stayed after a minimum of six (6) months, provided Licensee (1) completes certain Continuing Medical Education courses in the areas of prescribing of controlled substances and professional ethics, and (2) after expiration of the six (6) month period of suspension to personally appear before the Board to request lifting of the suspension. The March 22, 2018, Determination and Order then provided:

> "Upon return to the practice of medicine, Licensee shall be indefinitely prohibited from taking any new chronic pain and/or addiction medicine patients or managing any chronic pain and/or addiction medicine patients in his practice."

Licensee appealed the March 22, 2018, Determination and Order to the Chancery Court of the First Judicial District of Hinds County which ultimately affirmed the Board's order.

Licensee now submits documentary proof of completion of the aforementioned Continuing Medical Education. He also requests return of privileges to treat patients for chronic pain and/or addiction. While the Board finds Licensee's request to return to practice to be well

taken, the above indefinite prohibition against treating chronic pain and/or addiction as clearly enumerated in the March 22, 2018, Determination and Order shall remain intact.

IT **IS THEREFORE, ORDERED** that effective September 22, 2018, Licensee is hereby authorized to return to the practice of medicine, provided that until otherwise ordered by the Board, Licensee shall be indefinitely prohibited from treating or managing patients for chronic pain and/or addiction.

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 Ikechukwu Hyginus Okorie, M.D.

SO ORDERED, this the 4th day of October, 2018.

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

BY: _____

CLAUDE D. BRUNSON, M.D.
PRESIDENT

Executive Session

Mississippi Board of Medical Licensure – Board Meeting

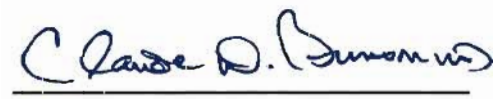
September 20, 2018

AGENDA ITEM: Hearing in the case of Ikechukwu Okorie, M.D., Hattiesburg, MS

License No.: 19875

In a motion by Dr. Brunson seconded by Dr. Rea, with Dr. Gersh and Dr. Kinard abstaining, the Board's grants Licensee's petition to reinstate his medical license, provided said license shall be restricted from treating or managing patients for chronic pain and / or addiction.

VOTE:	FOR:	AGAINST:	ABSTAIN:	ABSENT:
Claude D. Brunson, M.D.	X			
J. Ann Rea, M.D.	X			
W. David McClendon, M.D.	X			
Charles D. Miles, M.D.	X			
C. Ken Lippincott, M.D.	X			
Michelle Y. Owens, M.D.				X
Kirk L. Kinard, D.O.			X	
H. Allen Gersh, M.D.			X	
Vacant				



Claude D. Brunson, M.D., President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

TIMOTHY SUMMERS, M.D.

CONSENT ORDER

WHEREAS, TIMOTHY SUMMERS, M.D., hereinafter referred to as "Licensee," is the current holder of Mississippi Medical License No. 7197, said license number expires on June 30, 2019;

WHEREAS, the Investigative Staff of the Mississippi State Board of Medical Licensure, hereinafter referred to as the "Board," has conducted an investigation of Licensee and has in its possession evidence which, if produced during the course of an evidentiary hearing, would substantiate that Licensee has violated certain provisions of the Mississippi Medical Practice Law, specifically, Subsections (8)(d) and (13) of §73-25-29 and §73-25-83(a), Miss. Code Ann., as amended, including but not limited to provisions of the Board's Administrative Code pertaining to the administering, prescribing and dispensing of controlled substances; for which 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 an evidentiary hearing before the Board and, in lieu thereof, has agreed to enter into this Consent Order;

NOW, THEREFORE, the Mississippi State Board of Medical Licensure, with consent of Licensee as signified by his joinder herein, does hereby suspend Licensee's certificate to practice medicine in the state of Mississippi for a period of one (1) year, but said suspension to

be automatically stayed upon expiration of six (6) months from the date hereof, subject to the following probationary terms and conditions:

1. Licensee shall, within six (6) months of the acceptance and approval of this Order, successfully complete Board approved Continuing Medical Education (CME) in the areas of (i) Medical Ethics, (ii) Practice Boundaries, (iii) Prescribing of Controlled Substances, and (iv) Medical Record Keeping, said courses to be selected from the list of Board approved courses attached hereto as Exhibit "A". Licensee shall provide proof of attendance and participation in each aspect of the courses required herein. Any credit received for such CME 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 the CME course(s), as the course(s) cannot be taken on-line or by other means. Licensee shall submit proof of successful completion to the Board.

2. Upon expiration of the aforementioned six (6) month actual suspension, and provided Licensee has fully adhered to all of the other conditions and requirements of this Consent Order, Licensee shall be authorized to return to practice, but shall be indefinitely restricted from prescribing Schedule II, IIN, III and IIIN controlled substances until otherwise authorized by order of the Board.

3. Licensee shall obey all federal, state and local laws, and all rules and regulations governing the practice of medicine.

4. Licensee has the right, but not the obligation, to seek an appearance before the Board for reconsideration after the expiration of at least one (1) year from the date of this Order. Licensee agrees that the terms and conditions of this Order, once executed, may not be

appealed. That is, there shall be no right to petition for reconsideration until after expiration of at least one (1) year from the date of this Order.

5. 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 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 to Licensee's current mailing address.

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.

Further, it is not the intent or purpose of this Order to encourage malpractice liability as a result of Board action. Therefore, by execution of this Consent Order, Licensee is not admitting to or acknowledging any misconduct or act of malpractice.

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, thereby accessible through the Board's website. Licensee

further acknowledges that the Board shall provide a copy of this Consent Order to, among others, the U.S. Drug Enforcement Administration. Due to the public nature of this Order, the Board makes no representation as to actions, if any, which any insurance company, healthcare network, agency or jurisdiction 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, **TIMOTHY SUMMERS, M.D.**, nevertheless, hereby waives his right to notice and a formal adjudication of all charges and hereby voluntarily executes this Consent Order, thereby suspending his medical license with stay, subject to those terms and conditions listed above.

EXECUTED AND EFFECTIVE, this 20th day of September, 2018.

TIMOTHY SUMMERS, M.D.

ACCEPTED AND APPROVED, this 20th day of September, 2018, by the Mississippi State Board of Medical Licensure.

KENNETH E. CLEVELAND, M.D.
Executive Director

CLAUDE D. BRUNSON, M.D.
Board President