BOARD MINUTES
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
JULY 25, 2019

The regularly scheduled meeting of the Mississippi State Board of Medical Licensure was held on Thursday, July 25, 2019, in the Board Room of the Office of the Board located at 1867 Crane Ridge Drive, Jackson, Mississippi.

THE FOLLOWING MEMBERS WERE PRESENT:

J. Ann Rea, M.D., Columbus, President
David W. McClendon, Jr., M.D., Ocean Springs, Vice President
Michelle Y. Owens, M.D., Jackson, Secretary
Charles D. Miles, M.D., West Point
C. Kenneth Lippincott, M.D., Tupelo
Kirk L. Kinard, D.O., Oxford
Daniel Edney, M.D., Vicksburg
Thomas Joiner, M.D., Jackson

ALSO PRESENT:

Stan T. Ingram, Complaint Counsel for the Board
Raina Anderson, Special Assistant Attorney General
Kenneth Cleveland, Executive Director
Mike Lucius, Deputy Director
Anna Boone, Interim Director, Licensure Division
Leslie Ross, Director of Investigations
Kristin Wallace, Clinical Director of Physician Compliance
Jonathan Dalton, Investigations Supervisor
Frances Carrillo, Staff Officer
Major General (Ret.) Erik Hearon, Consumer Health Member
Wesley Breland, Hattiesburg, Consumer Health Committee
Shoba Gaymes, Jackson, Consumer Health Committee

NOT PRESENT:

H. Allen Gersh, M.D., Hattiesburg

The meeting was called to order at 9:00 a.m., by Dr. Rea, President, she introduced Court Report Amy Key. The invocation was given by Dr. McClendon and the pledge was led by Dr. Edney.

EXECUTIVE DIRECTOR REPORT

Dr. Cleveland provided a summary of the Licensure Division operations regarding licenses issued for the months of May and June 2019. He provided a summary of the Investigative Division operations regarding Investigations for the May and June 2019.

Dr. Cleveland reported speaking engagements and presentations by the staff and himself to various groups throughout the State regarding the newly passed regulation and to promote the Board of Medical Licensure and its mission.

Dr. Cleveland provided a brief update with the Board's new Software system announcing a "Go Live" date of August 1st.

REVIEW AND APPROVAL OF MINUTES OF THE BOARD MEETING DATED MAY 9, 2019

Upon review of the minutes of the Board meeting dated May 9, 2019, Dr. Owens moved for approval of the minutes as submitted. Dr. McClendon seconded the motion and it carried unanimously.

REVIEW AND APPROVAL OF MINUTES OF THE BOARD MEETING DATED JUNE 27, 2019

Upon review of the minutes of the Board meeting dated June 27, 2019, Dr. Miles moved for approval of the minutes as submitted. Dr. Owens seconded the motion and it carried unanimously.

REPORTS FROM COMMITTEES

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

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

Professionals Health Program - Dr. Lippincott (Chair), Dr. Gersh, Dr. Edney, Maj Gen Hearon, Ms. Gaymes, Dr. Joiner

Dr. Lippincott reported that the Mississippi Physician Health Program had its 41st Annual Caduceus Retreat at Lake Tiak-O'Khata in Louisville, Mississippi this month. Dr. Lippincott advised the Mississippi Physician Health Program is one of the older Physician Health Programs in the country and the Retreat was well attended.

Telemedicine I Interstate Licensure Compact - Dr. McClendon (Chair), Dr. Miles, Dr. Kinard, Dr. Lippincott, Maj Gen Hearon, Mr. Lucius

Dr. McClendon advised he is serving on the Personnel Committee for the IMLC finalizing the evaluation process of the Executive Director. The IMLC will have their yearly meeting in November in Las Vegas. Dr. McClendon advised that Dr. Cleveland will be serving as the second Commissioner representing Mississippi, taking Dr. Brunson's place.

Licensees Education and Communication - Dr. Owens (Chair), Dr. McClendon, Dr. Gersh, Dr. Kinard, Dr. Joiner, Dr. Lippincott, Mr. Breland, Ms. Gaymes, Mr. Lucius

Dr. Owens advised the Committee has not had a formal meeting, however there is an update in the process in creating a formal communication with Licensees. This is one of the recommendations passed on to the Board and was accepted to create a formal communication that would be available to licensees. The plan is placed on hold pending the completion of the new computer system.

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

Dr. McClendon advised there is no report.

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

Dr. Miles reported that the Committee met to discuss the following regulations;

1. Proposed - Part 2635, Chapter 5, Practice of Telemedicine Rule 5.9, Automated Dispensaries

2. Proposed - Part 2640, Rule 1. 9, Requirements for Dispensing Physicians

3. Proposed - Part 2635 Chapter 15, Hospice Practice

4. Vote to Adopt - OLRC Resolution:

    a. Part 2640 Chapter 1: Prescribing, Administering and Dispensing, Rule 1.7 and 1.14
    b. Part 2635 Chapter 13 Complementary and Alternative Therapies, Rule 13.1 – 13.11
    c. Part 2635 Chapter 14 Temporary Practice by an Athletic Team Physician, Rule 14.1 – 14.4

Dr. Rea called for a vote to accept the proposed regulation and to adopt the OLRC Resolution as recommended by the Rules, Regulation & Legislative Committee, and the Board unanimously voted to accept the proposed regulation and to adopt the OLRC Resolution.

CONSIDERATION OF ENTRY OF ORDER IN THE CASE OF WALTER R. WOLFE, M.D., CANTON, MS, MISSISSIPPI MEDICAL LICENSE NUMBER 11096

Mr. Ingram summarized the charges filed against Dr. Wolfe. In lieu of a hearing Dr. Wolfe has agreed to execute a Consent Order. Mr. Ingram reviewed the terms and conditions of the Consent Order.

Mr. Ingram advised that the Summons and Affidavit will become public record and advised the documents are redacted to protect the anonymity of the witnesses of this case to encourage others to come forward to report Professional Sexual Misconduct.

Dr. Rea called for a vote to redact the documents of any identifying information of the witnesses in this case; Dr. Miles moved for approval of the minutes as submitted. Dr. Joiner seconded the motion and it carried unanimously.

Upon a motion by Dr. Miles seconded by Dr. Joiner and carried unanimously to approve 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, Aspire Reporting, LLC.

APPROVAL OF PROPOSED CONSENT ORDER FOR HAROLD T. COULTER, M.D., BILOXI, MISSISSIPPI, MISSISSIPPI MEDICAL LICENSE NUMBER 14334

Mr. Ingram briefly summarized the Consent Order executed by Dr. Coulter.

Upon a motion by Dr. Miles seconded by Dr. Lippincott and carried unanimously to approve 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, Aspire Reporting, LLC.

SHOW CAUSE HEARING IN THE CASE OF SETH L. YOSER, M.D., APPLICANT, GERMANTOWN, TN

Mr. Ingram introduced Dr. Yoser and advised he is appearing before the Board based on an Order to Show Cause why his application for a license to practice medicine

in the state of Mississippi should not be denied. Dr. Yoser was present without legal counsel and Mr. Ingram asked if he wanted to proceed without legal counsel and Dr. Yoser responded in the affirmative.

Mr. Ingram entered numerous exhibits into the record. Mr. Ingram addressed the Board by providing a background and summarizing the Order to Show Cause Exhibits. On July 15, 2009, Dr. Yoser pled guilty to an indictment filed before the U.S. District Court for the Western District of Tennessee Western Division to Mail Fraud, the Unlicensed Wholesale Distribution of Prescription Drugs and Wire Fraud. On Feb 18, 2010, Dr. Yoser was sentenced to imprisonment for a term of 42 months of incarceration. Upon release Dr. Yoser was placed on supervised release for a period two (2) years. Dr. Yoser was assessed $3,500.00, in court costs, was fined $10,000.00, and assessed $400,000.00 in total restitution.

In lieu of a hearing before this Board, Dr. Yoser elected to surrender his Mississippi medical license based on the conviction. In January 2010, he surrendered his Arkansas medical license. On March 16, 2010, his Tennessee medical license was revoked. On April 17, 2015, Dr. Yoser had served his prison sentence and the two year supervised probation has expired. Dr. Yoser has paid the fine, assessment and the total restitution. Dr. Yoser has completed a clinical assessment due to time away from practice and obtained a favorable report to return to practice. The State of Tennessee Medical Board has reinstated Dr. Yoser's medical license.

Dr. Yoser is requesting to reinstate his Mississippi medical license.

Dr. Yoser entered exhibits into the record. Dr. Yoser was sworn in by the court reporter. Dr. Yoser addresses the Board and provided his education and training in Ophthalmology. He also provided a summary of his practice prior to his indictment and of his practice after his release reporting the complete payment of his criminal restitution, obtaining his Tennessee medical license returning to practice in January 2018, with a limited license and having obtained an unrestricted license by June 2018.

Dr. Yoser answered questions by Mr. Ingram and the Board members.

Following questions from Board members, a motion was made by Dr. Miles, seconded by Dr. Owens and carried that the Board meeting be closed to discuss 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. The Board entered into executive session for the purpose considering Dr. Yoser's petition and grant him a Mississippi medical license

Upon a motion by Dr. Miles, seconded by Dr. Joiner and carried, the Board came out of Executive Session. Ms. Anderson requested to add the Tennessee Medical Board Verification of Licensure for Dr. Yoser be added to the record. A motion was made by Dr.

Miles, seconded by Dr. McClendon to add this document into the record. Dr. Rea asked Dr. Owens to report on its decision. Dr. Owens advised the Board accepted Dr. Yoser's petition and granted him an unrestricted Mississippi medical license. This motion was made by Dr. Miles and seconded by Dr. Edney and carried.

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

The official account of this proceeding was recorded by Amy Key, Court Reporter, Aspire Reporting, LLC.

SHOW CAUSE HEARING IN THE CASE OF BHARANIDHARAN PADMANABHAN, M.D., APPLICANT, BROOKLINE, MA

Mr. Ingram introduced Dr. Padmanabhan and advised he is appearing before the Board based on an Order to Show Cause why his application for a license to practice medicine in the state of Mississippi should not be denied. Dr. Padmanabhan was present without legal counsel and Ms. Anderson asked if he wanted to proceed without legal counsel and Dr. Padmanabhan responded in the affirmative. Dr. Padmanabhan was sworn in.

Mr. Ingram entered numerous exhibits into the record.

Dr. Padmanabhan entered exhibits into the record.

Mr. Ingram addressed the Board by providing a background and summarizing the Order to Show Cause exhibits. Mr. Ingram advised Dr. Padmanabhan application should be denied based on having his license or registration to practice medicine in another state or jurisdiction suspended or revoked, and resignation or voluntary surrender of medical staff privileges.

On May 11, 2017, The Massachusetts Board of Registration in Medicine suspended Dr. Padmanabhan medical license. Massachusetts Board of Registration and Medicine offered Dr. Padmanabhan a prohibition agreement to return to practice and he declined the agreement. Therefore, the license suspension became final.

Dr. Padmanabhan answered questions by Mr. Ingram and the Board members.

The Board Recessed At 12:12 P.M. For Lunch
And Returned At 1:06 P.M.

Dr. Padmanabhan agreed to place his hearing on hold for the Board to proceed in the matter of William S. Campbell, Jr., M.D.

HEARING IN THE CASE OF WILLIAM S. CAMPBELL, JR., M.D., LYNN HAVEN, FL, MISSISSIPPI MEDICAL LICENSE NUMBER 23065

Mr. Mark Hodges, attorney representing Dr. Campbell addressed the Board. Mr. Campbell advised that this is a petition to remove restrictions imposed on Dr. Campbell medical license based on action taken by the medical Board of Florida by virtue of a Consent Order dated March 28, 2017. Mr. Hodges advised that Dr. Campbell has completed all his requirements with the Florida Medical Board is petitioning the Board to lift the 2017 Consent Order.

Upon a motion by Dr. Miles seconded by Dr. Owens and carried unanimously grant Dr. Campbell's petition to reinstate his medical license.

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

The official account of this proceeding was recorded by Amy Key, Court Reporter, Aspire Reporting, LLC.

SHOW CAUSE HEARING IN THE CASE OF BHARANIDHARAN PADMANABHAN, M.D., APPLICANT, BROOKLINE, MA

Dr. Padmanabhan continued his testimony.

Jonathan Dalton and Dr. Cleveland are sworn in.

Mr. Dalton is called to the witness stand. Dr. Padmanabhan questions Mr. Dalton regarding the Show Cause Order Affidavit. Mr. Dalton exited the witness stand.

Dr. Cleveland is called to the witness stand. Dr. Padmanabhan questioned Dr. Cleveland.

Dr. Padmanabhan returned to the witness stand, answered questions by the Board.

Following questions from Board members, a motion was made by Dr. Miles, seconded by Dr. Owens and carried that the Board meeting be closed to discuss whether to enter into executive session on this matter.

A motion was made by Dr. Edney, seconded by Dr. Joiner and carried that the Board enter into executive session. The Board entered into executive session to consider possible denial of an applicant's request for licensure.

Upon a motion by Dr. McClendon, seconded by Dr. Kinard and carried, the Board came out of Executive Session. Dr. Rea asked Dr. Owens to report on its decision. Dr. Owens advised regarding the Show Cause Hearing in the case of Dr. Padmanabhan, a

motion was made by Dr. Lippincott and seconded by Dr. Joiner and carried, the Board finds that having disciplinary action taken by the Massachusetts Board of Registration in Medicine, in accordance with Section 73-25-29, it is the Board decision to deny the application of Dr. Padmanabhan.

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

The official account of this proceeding was recorded by Amy Key, Court Reporter, Aspire Reporting, LLC.

FOR INFORMATIONAL PURPOSE FOR ROBERT V. COLEMAN, M.D. MEDICAL LICENSE NUMBER 13515, SURRENDER OF MEDICAL LICENSE

FOR INFORMATIONAL PURPOSE FOR MICHELLE JACKSON, M.D., MEDICAL LICENSE NUMBER 24144, SURRENDER OF MEDICAL LICENSE

BOARD RETREAT

Scheduled for Tuesday August 13 and Wednesday, August 14, 2019 at the Westin Jackson.

SEPTEMBER EXECUTIVE COMMITTEE MEETING AND BOARD MEETING DATES SET FOR WEDNESDAY, SEPTEMBER 18 AND THURSDAY, SEPTEMBER 19, 2019

The next meeting is scheduled for Wednesday, September 19, 2019, Board Meeting, Thursday, September 20, 2019.

ADJOURNMENT

There being no further business, the meeting adjourned at 2:26 p.m.

Jeanne Ann Rea, M.D.
President

Minutes taken and transcribed
By Frances Carrillo
Staff Officer
July 25, 2019

Part 2635 Chapter 5: Practice of Telemedicine

Rule 5.9 | Automated Dispensaries

Recognizing the emergence of sophisticated technology which allows certain levels of automation to the usual and customary process of seeing a provider, to include obtaining a prescription and then filling that prescription at a pharmacy, automated dispensary systems which provide the patient's medications pursuant to a valid telemedicine visit with a licensee of the Board will not be considered in violation of Part 2640, Rule 1.9 *Requirements for Dispensing Physicians*. Any physician utilizing the automated dispensary will be responsible for the proper maintenance and inventory/accountability requirements as if the physician were personally dispensing the medications to the patient from his or her stock in their personal practice, as required in Rule 1.9 of Part 2640. An automated dispensary may not dispense controlled substances, and refills of medications may not be issued without a follow-up visit with the physician.

Any automated dispensaries under the control of, and whose medications are ordered and supplied by, a Mississippi licensed pharmacist would not necessitate physician oversight into the dispensary process. In this sense, physicians are encouraged to utilize a pharmacist for control over the dispensary process, and to not order medications by using the physician's information – which would otherwise invoke the requirements of Part 2640, Rule 1.9. Further, and recognizing that Physician Assistants (PA) may not dispense, no PAs may utilize such a device unless the stock is maintained and ordered by a licensed pharmacist.

Of paramount importance to any automated dispensary process is the continued emphasis on a patient's freedom of choice, as it pertains to selecting a pharmacy to fill any prescriptions authorized. The failure of any system utilizing an automated dispensary to appropriately advise the patient of their right to choose where their medications are filled will constitute a violation of Part 2640, Rule 1.12 *Freedom of Choice*.

Any telemedicine service devices or systems which contain automated dispensaries, containing medications ordered and maintained by physician licensees, shall be subject to the oversight of the Board and the Mississippi Board of Pharmacy, as stated in Part 2640, Rule 1.9, and may not operate in this state until approved by both Boards.

Part 2640: Prescribing, Administering and Dispensing

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

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.

Effective January 1, 2020, physicians who wish to dispense must register with the Board. To obtain a certificate to dispense medications, a physician must first obtain ten (10) hours of Category 1 AMA or AOA approved CME in the area of Pharmacology and/or Dispensing of Medication.

After obtaining a certificate from the Board, the physician is then required to register with the Mississippi Board of Pharmacy and obtain the requisite permit(s) to dispense medications. The physician shall be subject to routine inspections by agents and representatives of the Board of Pharmacy, and they shall be subject to all regulations set forth by the Board of Pharmacy regarding the proper handling, labeling, and dispensing of medications.

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.

A single physician dispenser may not share or otherwise allow other practitioners to utilize medications or inventory ordered under their authority. Proper transference of medications may take place pursuant to regulations set forth by the Pharmacy Board. Refills of medications may not be issued without a follow-up visit with the physician.

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

Part 2635 Chapter 15: Hospice Practice

Rule 15.1 In-Home Hospice Good Faith

Recognizing the unique team-based approach utilized when treating in-home hospice patients, the following represents three factors required to establish a proper physician-patient relationship:

i) That the treating hospice physician or medical director has thoroughly reviewed the medical records of the patient, as provided by the referring physician, has documented the review, and has determined just cause exists for hospice admission (expected death in six months or less), with documented follow-up review at every certification period thereafter;

ii) That the actions of the physician are otherwise deemed within the course of legitimate professional practice, as defined by the Centers for Medicare and Medicaid Services (CMS); and

iii) That the physician's live-discharge rate for hospice patients does not exceed the national average as indicated in the most recent CMS publication.

It shall be considered unprofessional conduct for a physician to participate in active recruitment for patient admission to hospice. In order for a physician to admit a patient to hospice, the medical director must receive an order from the treating/referring physician requesting the patient be admitted for hospice care.

RESOLUTION

WHEREAS, it is necessary for the Occupational Licensing Review Commission to issue a resolution regarding the approval or denial of specific rules submitted for its review:

NOW, THEREFORE, LET IT BE RESOLVED BY THE OCCUPATIONAL LICENSING REVIEW COMMISSION, that the following rules shall be known to have been approved by the Commission at a duly called meeting of its members on June 21, 2019, and may now be filed as final with the Secretary of State's Office for the inclusion in the Mississippi Administrative Code:

- Rules of the Board of Medical Licensure, *as amended* – Part 2640 Chapter 1: Prescribing, Administering and Dispensing, Rule 1.7; Rule 1.7 is being modified to clarify the rules regarding the use of controlled substances for chronic pain. *Approved as amended to change the last sentence of paragraph M to say, 'If Methadone is prescribed to treat chronic non-cancer/non-terminal pain, the initial prescription must be written by a physician."*
- Rules of the Board of Medical Licensure, *as amended* – Part 2640 Chapter 1: Prescribing, Administering and Dispensing, Rule 1.14; Modifying Rule 1.14 to clarify physician contact with patients. *Approved as amended to change the word 'initiated' to the phrase 'initial prescription' in the first sentence of paragraph M.*

- Rules of the Board of Medical Licensure – Part 2635 Chapter 13 Complementary and Alternative Therapies, Rule 13.1; Creation of regulations regarding complementary and alternative therapies. Rule 13.1 establishes the scope and purpose of this regulation.
- Rules of the Board of Medical Licensure – Part 2635 Chapter 13 Complementary and Alternative Therapies, Rule 13.2; Creation of regulations regarding complementary and alternative therapies. Rule 13.2 establishes the definitions for this regulation.
- Rules of the Board of Medical Licensure – Part 2635 Chapter 13 Complementary and Alternative Therapies, Rule 13.3; Creation of regulations regarding complementary and alternative therapies. Rule 13.3 discusses the topic in general and provides the overall view of the Board regarding this subject.
- Rules of the Board of Medical Licensure – Part 2635 Chapter 13 Complementary and Alternative Therapies, Rule 13.4; Creation of regulations regarding complementary and alternative therapies. Rule 13.4 discusses informed consent.
- Rules of the Board of Medical Licensure, *as amended* – Part 2635 Chapter 13 Complementary and Alternative Therapies, Rule 13.5; Creation of regulations regarding complementary and alternative therapies. Rule 13.5 establishes the general patient evaluation expectations of the Board. *Approved as amended to change the word 'should' to 'shall' in the last sentence of the second paragraph before the number one.*
- Rules of the Board of Medical Licensure, *as amended* – Part 2635 Chapter 13 Complementary and Alternative Therapies, Rule 13.6; Creation of regulations regarding complementary and alternative therapies. Rule 13.6 establishes the general requirements of the treatment plan. *Approved as amended to change the word 'should' to 'shall' in the second paragraph before the number one.*

- Rules of the Board of Medical Licensure, *as amended* – Part 2635 Chapter 13 Complementary and Alternative Therapies, Rule 13.7; Creation of regulations regarding complementary and alternative therapies. Rule 13.7 sets forth the requirements of the medical record. *Approved as amended to change the word 'should' to 'shall' in the last sentence of the first paragraph before the number one.*
- Rules of the Board of Medical Licensure, *as amended* – Part 2635 Chapter 13 Complementary and Alternative Therapies, Rule 13.8; Creation of regulations regarding complementary and alternative therapies. Rule 13.8 establishes the general education expectations of licensees engaged in this practice. *Approved as amended to change the word 'should' to 'shall' in the last sentence.*
- Rules of the Board of Medical Licensure, *as amended* - Part 2635 Chapter 13 Complementary and Alternative Therapies, Rule 13.9; Creation of regulations regarding complementary and alternative therapies. Rule 13.9 sets forth requirements regarding advertising practices. *Approved as amended to change 'should' to 'shall' in the second sentence of the first paragraph and to change paragraph 6 to read "Using membership in established academic and professional societies to suggest legitimacy by association."*
- Rules of the Board of Medical Licensure – Part 2635 Chapter 13 Complementary and Alternative Therapies, Rule 13.11; Creation of regulations regarding complementary and alternative therapies. Rule 13.11 states the charge for violating the rules.
- Rules of the Board of Medical Licensure – Part 2635 Chapter 14 Temporary Practice by an Athletic Team Physician, Rule 14.1; Creation of a regulation to allow out of state, non-Mississippi licensed team physicians to practice within the scope of an athletic event. Rule 14.1 establishes the scope and purpose of this regulation.

- Rules of the Board of Medical Licensure – Part 2635 Chapter 14 Temporary Practice by an Athletic Team Physician, Rule 14.2; Creation of a regulation to allow out of state, non-Mississippi licensed team physicians to practice within the scope of an athletic event. Rule 14.2 establishes the definitions for the regulation.
- Rules of the Board of Medical Licensure – Part 2635 Chapter 14 Temporary Practice by an Athletic Team Physician, Rule 14.3; Creation of a regulation to allow out of state, non-Mississippi licensed team physicians to practice within the scope of an athletic event. Rule 14.3 sets forth the requirements of the physician and the scope of the practice.
- Rules of the Board of Medical Licensure – Part 2635 Chapter 14 Temporary Practice by an Athletic Team Physician, Rule 14.4; Creation of a regulation to allow out of state, non-Mississippi licensed team physicians to practice within the scope of an athletic event. Rule 14.4 establishes the charge for violation of the rules.
- Rules of the Board of Nursing - 30 Miss. Admin. Code Pt. 2840: Advanced Practice. The Mississippi Board of Nursing is proposing amendments to Part 2840 Directly related to how Advanced Practice Registered Nurses (APRNs) prescribe controlled substances and utilize the Mississippi Prescription Monitoring Program. The amendments seek to address the ongoing Opioid and controlled substance epidemic in Mississippi. Further, the Board seeks to enhance clarity and format in multiple portions of Part 2840, including but not limited to APRN Monitored Practice Hours.
- Rules of the Board of Nursing, *as amended* – 30 Miss. Admin. Code Pt. 2825: Rules of Procedure; Part 2825 outlines the Board's Rules of Procedure for investigations, informal and formal proceedings, appeals, and licensure restorations. *Approved as amended to*

change paragraph E (1) to be 'In case of failure by the respondent to comply with a timely request for disclosure... ".

- Rules of the Board of Nursing, *as amended* – 30 Miss. Admin. Code Pt. 2830: Practice of Nursing. The Mississippi Board of Nursing seeks to amend Rule 2.6(A) to remove the language "on the premises." *Approved as amended to add a definition of "available for consultation".*
- Rules of the Board of Nursing – 30 Miss. Admin. Code Pt. 2815: Continuing Education. The Mississippi Board of Nursing seeks to introduce continuing education requirements for all nurses licensed in Mississippi to ensure all nurses keep their skills and knowledge abreast of the latest medical advances and best practices.
- Rules of the Board of Accountancy, *as amended* – Board of Public Accountancy Title 30, Part 1, Appendix; Schedule of Fees; Amendment to current Appendix SCHEDULE OF FEES: A CPA firm late fee of $150 is added; A CPA firm reinstatement fee of $200 is added; Manual processing fees for paper renewals and non-electronic payments of $25 each are added. *Approved as amended to remove the Twenty-Five Dollar ($25) fee for writing a check.*
- Rules of the Board of Accountancy – Board of Public Accountancy Title 30, Part 1, Chapter 2, Licenses and Practice Privileges, Rule 2.2. CPA Examination; Rescission of current Rule 2.2.10 (c)(2) as this subject is not under MSBPA control. Administration of the CPA Examination is subject to management of NASBA and AICPA.
- Rules of the Board of Accountancy – Board of Public Accountancy Title 30, Part 1, Chapter 2, Licenses and Practice Privileges, Rule 2.3 Registration. Amendment to current

Rule 2.3.1 Clarifies that the annual registration of a CPA license must be done online with electronic payment or a manual registration/payment fee will be incurred.

- Rules of the Board of Accountancy – Board of Public Accountancy Title 30, Part 1, Chapter 2, Licenses and Privileges. Rule 2.4. Reinstatement of a License. Amendment to current Rule 2.4.3. Reduces the fees in arrears on reinstatement of a CPA license to a maximum of three years.
- Rules of the Board of Accountancy – Board of Public Accountancy Title 30, Part 1, Chapter 2, Licenses and Privileges, Rule 2.4. Reinstatement of a License. Amendment to current Rule 2.4.4. Reduces the required "skipped" CPE hours to make up on reinstatement of a CPA license to a maximum of 120 hours.
- Rules of the Board of Accountancy – Board of Public Accountancy Title 30, Part 1, Chapter 2, Licenses and Privileges, Rule 2.5. Retirement Status or Permanent Disability. Amendment to current Rule 2.5.1 Allows conversion from an active CPA license to CPA-Retired status at time of receipt of application (NOT "only at the time of annual license renewal")
- Rules of the Board of Accountancy – Board of Public Accountancy Title 30, Part 1, Chapter 2, Licenses and Privileges, Rule 2.6 Reciprocity. Amendment to current Rule 2.6.6. Allows reciprocal CPA licensure not only to someone active in a substantially equivalent jurisdiction, but also to those who have substantially equivalent individual qualifications.
- Rules of the Board of Accountancy – Board of Public Accountancy Title 30, Part 1, Chapter 3, CPA Firm Permits, Rule 3.1. General Requirements. Amendment to current Rule 3.1.3. Adds provisions allowing a CPA firm to continue to operate after the death of

a shareholder or member or partner similar to provisions for death of a sole proprietor in Rule 3.1.15.(b), as long as a designated licensee is responsible for managing the firm.

- Rules of the Board of Accountancy – Board of Public Accountancy Title 30, Part 1, Chapter 4, Continuing Professional Education, Rule 4.1. Compliance Requirements. Amendment to current Rule 4.1.1. Defines August 1 as CPE reporting due date.
- Rules of the Board of Accountancy – Board of Public Accountancy Title 30, Part 1, Chapter 4, Continuing Professional Education, Rule 4.2. Records and Reporting. Amendment to current Rule 4.2.4. Inserts August 1 as CPE reporting due date.
- Rules of the Board of Accountancy – Board of Public Accountancy Title 30, Part 1, Chapter 4, Continuing Professional Education, Rule 4.4 Program Sponsors and Presentation Standards. Amendment to current Rule 4.4.4.(f). Revises the reference from "below" to "in Rule 4.4.2.(h) above".
- Rules of the Board of Accountancy – Board of Public Accountancy Title 30, Part 1, Chapter 4, Continuing Professional Education, Rule 4.4, Program Sponsors and Presentation Standards. Amendment to current Rule 4.4.6(a) Revises the shortest recognized CPE program to consist of 0.2 hour – to accommodate nano-learning.

NOW, THEREFORE, LET IT BE RESOLVED BY THE OCCUPATIONAL LICENSING REVIEW COMMISSION, that the following rules shall be known to have been withdrawn by the submitting Board at a duly called meeting of its members on June 21, 2019, and may be filed as final with the Secretary of State's Office for the inclusion in the Mississippi Administrative Bulletin as withdrawn:

- Rules of the Board of Medical Licensure - Part 2635 Chapter 13 Complementary and Alternative Therapies, Rule 13.10; Creation of regulations regarding complementary and alternative therapies. Rule 13.10 establishes the scope of treatment.

OLRC changes from Board filing highlighted in yellow. Both are re-wording and not substantive.

Marked-up Copy

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

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. In-office 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. In-office 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. In-office 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 in-office 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 only be prescribed only~~initiated ~~by a physician~~ the initial prescription must be written by a physician.

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

Marked-up Copy

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:

7. 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;
8. 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;
9. 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;
10. 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;
11. 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
12. 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.

d. CME must have emphasis in the specific areas of pain management, addiction, or prescribing of opiates.
e. CME may be included with the forty-hour requirement for licensure renewal.
f. 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~~ initial prescription 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 licensed provider in a registered pain management practice medically directed by a physician having the necessary credentials as set forth by the Board. Thereafter, the patient must be seen and evaluated by a pain management physician within the next ninety (90) days.

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).

OLRC changed rules appear first, then all approved as is after.

Marked-up Copy

Rule 13.5 | Evaluation

Parity of evaluation standards should be established for patients, whether the licensee is using conventional medical practices or alternative therapy.

Prior to offering any recommendations for conventional and/or alternative treatments, the physician shall conduct an appropriate medical history and physical examination of the patient, as well as an appropriate review of the patient's medical records. This evaluation shall include, but is not limited to, conventional methods of diagnosis, and may include other methods of diagnosis as long as the methodology utilized for diagnosis is based upon the same standards of safety and reliability as conventional methods, and shall be documented in the patient's medical record. The record ~~should~~ shall also document the following:

1. What medical options have been discussed, offered or tried, and if so, to what effect, or a statement as to whether or not certain options have been refused by the patient or guardian;
2. That proper referral has been offered for appropriate treatment;
3. That the risks and benefits of the use of the recommended treatment, to the extent known, have been appropriately discussed with the patient or guardian; and
4. That the licensee has determined the extent to which the treatment could interfere with any other recommended or ongoing treatment.

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

Marked-up Copy

Rule 13.6 | Treatment Plan

A documented treatment plan tailored to the individual needs of the patient by which treatment progress or success can be evaluated with stated objectives, such as pain relief and/or improved physical and/or psychosocial function. Said treatment plan must consider pertinent medical history, previous medical records and physical examination, as well as the need for further testing, consultations, referrals or the use of other treatment modalities.

The treatment offered ~~should~~ shall meet the following criteria:

1. A favorable risk/benefit ratio compared to other treatments for the same condition;
2. Be based upon a reasonable expectation that it will result in a favorable patient outcome, including preventive practices;
3. Be based upon the expectation that a greater benefit will be achieved than that which can be expected with no treatment.

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

Marked-up Copy

Rule 13.7 | Medical Records

Any licensee who provides alternative therapy as a component of practice must, as with all other forms of practice, maintain a complete record which substantiates the care provided. Said record ~~should~~ shall, at a minimum, include the following:

1. The medical history and physical examination(s);
2. Diagnostic, therapeutic and laboratory results;
3. Results of evaluations, consultations and referrals;
4. Treatment objectives;
5. Discussion of risks and benefits;
6. Appropriate informed consent;
7. Treatments;
8. Medications (including date, type, dosage and quantity prescribed);
9. Instructions and agreements; and
10. Periodic reviews

Records ~~should~~ shall be current and maintained in an accessible manner, and readily available for review and inspection.

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

Marked-up Copy

Rule 13.8 | Education

All licensees who offer alternative therapies must be able to demonstrate knowledge and understanding of the medical and scientific knowledge connected with any method they are offering or using in their medical practices as a result of related education and training. In order to implement best practices for alternative therapies, licensees must understand the relevant clinical issues and ~~should~~ shall obtain sufficient targeted continuing medical education and training.

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

Marked-up Copy

Rule 13.9 | Advertising

As to the advertising of alternative therapies, data purportedly supporting unproven interventions commonly undermines information about risks and overemphasizes information about benefits. Information presented in advertising, including but not limited to clinic websites and social media, ~~should~~ shall be represented accurately and come from reputable peer-reviewed publications or respected external organizations.

Even where an appropriate informed consent process seems to be in place, deceptive or fraudulent information contained within practice advertising, websites, and other marketing materials could mislead patients into consenting to treatment, thereby invalidating the informed consent process.

Treatment options described and accompanied by supporting information in the form of journal articles, patient testimonials, claims of partnerships with academic institutions, mentions of affiliations with professional societies or networks, statements regarding receipt of FDA approval or explicit mention of exemption from FDA oversight, listings of patents granted, statements that clinical trials of investigational interventions are being conducted, and accolades related either to the practice itself or its affiliated physicians and researchers, which serve to exaggerate, inflate, or misrepresent information derived from legitimate or questionable sources, shall be deemed a violation of the Board's advertising regulations[1] and unprofessional conduct likely to deceive, defraud, or harm the public.[2]

Although not all-encompassing, the following represents instances of improper or misleading advertising practices which the Board would consider unprofessional and deceptive in nature:

1. Asserting certification of products or practices by international standards organizations or claiming training certification, in order to legitimize alternative therapies;
2. Convening scientific or medical advisory boards featuring prominent business leaders and academic faculty members in order to legitimize alternative therapies;
3. Registering trials whose apparent purpose is solely to attract patients willing to pay to participate in them;
4. Using the statement or impression of "ethics review" to convey a sense of legitimacy to products or procedures;
5. Renting of laboratory or business space within a legitimate scientific or government institution in order to legitimize alternative therapies;
6. ~~Joining~~ Using membership in established academic or professional societies to suggest legitimacy by association;
7. Publication of open-ended voluntary monitoring data sets rather than undertaking controlled clinical trials;

---

[1] Title 30, Part 2635 Chapter 12: *Physician Advertising*

[2] Miss. Code Ann., §73-25-29(8)(d)

8. Suggesting that patent applications or grants indicate clinical utility rather than initiation of an application process or recognition of novelty and inventiveness;
9. Publishing research and commentary in journals with limited anonymous peer review;
10. Citing preclinical and other research findings to justify clinical application without sufficient efficacy testing in humans;
11. Forming organizations to self-regulate in ways that support premature commercialization; and
12. Providing expert opinions or celebrity comments on unsupported clinical uses or standing of the provider.

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

WITHDRAWN

Title 30, Part 2635 Practice of Medicine

Part 2635: Chapter 13: Complementary and Alternative Therapies

Rule 13.10 | Scope of Treatment

Alternative therapies should, by in large, be utilized as a 'last resort' method of treatment, and, as stated previously, only when the treatment is reasonably likely to benefit patients without undue risk. Absent overt deceptive advertising, as described and stated in Rule 13.9, any actual treatment for conditions for which there is no evidence to substantiate the therapy utilized, or even a rational nexus between the ailment and the therapy employed, shall constitute unprofessional conduct.

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

Remaining passed with no changes.

Title 30, Part 2635 Practice of Medicine

Part 2635: Chapter 13: Complementary and Alternative Therapies

Rule 13.1 | Scope and Purpose

The purpose of this regulation is to set forth the expectations of licensees who wish to practice alternative, complementary, and regenerative forms of medicine as defined below. These rules apply only to individuals who are licensed by the Mississippi State Board of Medical Licensure.

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

Title 30, Part 2635 Practice of Medicine

Part 2635: Chapter 13: Complementary and Alternative Therapies

Rule 13.2 | Definitions

For the purpose of Part 2635, Chapter 13 only, the following terms have the meanings indicated:

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

B. "Complementary", "Alternative", and "Regenerative Medicine/Therapy" means those health care methods of diagnosis, treatment, or interventions that are not acknowledged to be conventional but that may be offered by some licensed physicians in addition to, or as an alternative to, conventional medicine. Examples of these therapies include, but are not limited to: IV infusion/hydration therapy, oriental medicine techniques and practices other than Licensed Acupuncture[1], utilization of Artificial Intelligence, and stem cell therapy.

C. "Conventional Medical Practices" means those medical interventions that are taught extensively at U.S. medical schools, generally provided at U.S. hospitals, or meet the requirements of the generally accepted standard of care.

D. "Informed and Shared Decision Making" means the process by which a physician discusses, in the context of the use of complementary, alternative, and/or regenerative therapies, the risks and benefits of such treatment with the patient. The patient is given an opportunity to express preferences and values before collaboratively evaluating and arriving at treatment decisions.

E. "Informed Consent" means evidence documenting appropriate patient consent to a therapy or procedure.

F. "Unproven Intervention" means any therapy that lacks compelling evidence, based upon scientific studies, to validate its treatment efficacy.

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

[1] Regulations regarding Licensed Acupuncture can be found at Title 30, Part 2625 *The Practice of Acupuncture*

Title 30, Part 2635 Practice of Medicine

Part 2635: Chapter 13: Complementary and Alternative Therapies

Rule 13.3 | Alternative Medicine Practices

The Board is aware that a growing number of licensees and patients are both implementing and seeking complementary and alternative medicine in their health care. Further, the Board recognizes that innovative practices that could benefit patients and improve care should be given reasonable and responsible degrees of latitude.

In reviewing this subject, the Board is also aware of the fact that consumer fraud occurs across the country, and, unfortunately, not infrequently in the practice of medicine. If consumer protection means anything, it should protect people weakened by illness from the dangers attendant to unsound, invalidated, and/or otherwise unsubstantiated practices. Licensees should never agree to perform invalidated or unsound treatments or therapies.

The Board feels that licensees may incorporate alternative therapies if research results are promising, and only if the methods utilized are reasonably likely to benefit patients without undue risk. A full and frank discussion of the risks and benefits of all medical practices is expected, and is in the patient's best interest.

Licensees should practice pursuant to informed and shared decision making when determining the utilization of complementary therapies. This style of process is conducive to openly weighing the risks and benefits of the therapies under consideration. While this process is ideal, the licensee is ultimately responsible for the decision-making process.

Where evidence is unavailable for a particular treatment in the form of clinical trials or case studies, licensees must only proceed with an appropriate rationale for the proposed treatment, and justification of its use, in relation to the patient's symptoms or condition. Novel, experimental, and unproven interventions should only be proposed when traditional or accepted proven treatment modalities have been exhausted. In such instances, there must still be a basis in theory or peer-acknowledged practice. The burden rests solely on the licensee in regard to the substantiation supporting the use of a particular therapy. Licensees should be prepared to support any claims made about benefits of treatments or devices with documented evidence, for example with studies published in peer-reviewed publications.

Licensees must refrain from charging excessive fees for treatments provided. Further, licensees should not recommend, provide, or charge for unnecessary medical services, nor should they make intentional misrepresentations to increase the level of payment they receive.[1]

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

---

[1] American Medical Association, *Code of Medical Ethics*, Opinion 11.3.1.

Title 30, Part 2635 Practice of Medicine

Part 2635: Chapter 13: Complementary and Alternative Therapies

Rule 13.4 | Informed Consent

Licensees who choose to utilize alternative therapies must obtain written informed consent from the patient prior to the utilization of said therapies. Said informed consent consists of the following elements:

1. The patient, the licensee, and the credentials of the licensee are all identified;
2. The types of transmissions regarding the therapy are identified (e.g., prescription refills, appointment scheduling, patient education, etc.);
3. Overt agreement from the patient with the licensee's determination about whether or not the condition being diagnosed and/or treated is appropriate for alternative therapy;
4. Express patient consent to forward patient-identifiable information to a third party, if necessary;
5. An accurate description of the benefits and risks of treatment or intervention, based on scientific evidence, as well as an explanation of alternatives to treatment or an intervention, and the right to withdraw from treatment or an intervention without denial of standard of care to patients.

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

Previously Rule 13.11, now 13.10.

Title 30, Part 2635 Practice of Medicine

Part 2635: Chapter 13: Complementary and Alternative Therapies

Rule 13.10 | Violation of Rules

The use of alternative, complementary, and/or regenerative therapies outside the requirements and regulations stated herein 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).

All approved with no changes.

Title 30, Part 2635 Practice of Medicine

Part 2635: Chapter 14: Temporary Practice by an Athletic Team Physician

Rule 14.1 | Scope and Purpose

The purpose of this regulation is to set forth certain exemptions and stipulations as to the practice of medicine within Mississippi by physicians travelling from out of state with sports teams for sporting events conducted within the state. Further, it is the intent of this regulation to sort forth the requirements of those physicians to practice medicine in Mississippi, temporarily, without obtaining Mississippi licensure.

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

Title 30, Part 2635 Practice of Medicine

Part 2635: Chapter 14: Temporary Practice by an Athletic Team Physician

Rule 14.2 | Definitions

For the purpose of Part 2635, Chapter 14 only, the following terms have the meanings indicated:

A. "Athletic Team" or "Team" means a group of people representing a specific organization engaged in sporting activities, such as baseball or football, which require medical personnel to treat or evaluate injuries sustained pursuant to the activity.

B. "Staff Members" means those individuals directly affiliated with the sporting program or entity whose purpose is to support the players or members of the team during the event. This includes, but is not necessarily limited to: trainers, coaches, equipment personnel, communications staff, band members, cheerleaders, and the team mascot. This would not include parents, boosters, or other individuals simply present or attending the activity or sporting event.

C. "Team Physician" means those health care professionals, holding an unrestricted medical license in their athletic team's state of origin, who travel with their team to away games/events for the purposes of providing medical treatment and evaluation for players and staff members of said team.

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

Title 30, Part 2635 Practice of Medicine

Part 2635: Chapter 14: Temporary Practice by an Athletic Team Physician

Rule 14.3 | Athletic Team Physicians

As part of any sport, teams require the presence of trained medical personnel, to include physicians, in order to treat injuries incurred during the course of the activity. As such, when athletic teams travel to away games or events outside their respective state, said medical personnel routinely travel with the team to provide said care.

Understanding these principles of athletics, a physician licensed in another state, territory or jurisdiction of the United States is exempt from the licensure requirements in Mississippi under the following conditions related to athletic team based practice:

i) The physician is employed or formally designated as the team physician by an athletic team visiting Mississippi for a specific sporting event;
ii) The physician limits the practice of medicine in Mississippi to medical treatment of the members, coaches and staff, as defined herein, of the sports entity that employs or has designated the physician and;
iii) Said physician is licensed in the state the sports entity or organization is based or housed.

Additionally, physicians authorized to practice under this rule may also treat members from the home team in Mississippi if said physician has specialized training or experience beyond that of the home team physician.

The extent of the medical practice allowed under this rule is limited to the following aspects of the game or event:

a) Pre-game warm-up and any postgame activities;
b) During the actual game or event;
c) Travel to and from the sporting event within Mississippi; and
d) In-state lodging of the team and other covered staff.

Further, it is the responsibility of the team or organization employing the physician to verify said physician is licensed and in good standing in the appropriate jurisdiction as required under this rule.

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

Title 30, Part 2635 Practice of Medicine

Part 2635: Chapter 14: Temporary Practice by an Athletic Team Physician

Rule 14.4 | Violation of Rules

The practice of medicine outside of the requirements and regulations stated herein constitutes the illegal practice of medicine, in violation of Miss. Code Ann., §97-23-43, and violators shall be subject to all fines and penalties described therein.

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

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

WALTER RAY WOLFE, M.D.

STATE OF MISSISSIPPI

COUNTY OF HINDS

CONSENT ORDER

WHEREAS, WALTER RAY WOLFE, M.D., hereinafter referred to as "Licensee," is the current holder of Mississippi Medical License No. 11096, 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 established during the course of an evidentiary hearing, would substantiate that Licensee is guilty of unprofessional conduct in violation of provisions of the Mississippi Medical Practice Law, specifically, Subsection (8)(d) 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 take the following disciplinary action:

1. Licensee's Certificate (No. 11096) to practice medicine in the State of Mississippi is hereby suspended for an indefinite period of time from the date of execution of this order, with no stay of the suspension. However, upon expiration of one (1) year from the date of execution of this order, Licensee shall have the right, but not the obligation, pursuant to Miss. Code Ann. §73-25-32, to petition the Board for reinstatement of licensure.

2. In the event Licensee elects to seek reinstatement of his medical Licensee pursuant to Miss. Code Ann. §73-25-32, he is advised and fully understands that there is no guarantee that the Board will grant reinstatement. Furthermore, Licensee is advised, fully understands and agrees that if the Board authorizes reinstatement, the Board reserves the right in its sole and absolute discretion to place any and all restrictions on Licensee's practice deemed necessary to protect the public, including but not limited to requiring Licensee to undergo an assessment or evaluation for the purpose of determining his fitness to practice medicine with reasonable skill and safety to patients, said assessment or evaluation conducted with advise and recommendation from the Mississippi Professional Health Program (MPHP) pursuant to the Mississippi Disabled Physician Law, Miss. Code Ann §73-25-51 et seq.

3. Licensee shall reimburse the Board for all costs incurred in relation to the pending matter pursuant to Miss. Code Ann., §73-25-30. Licensee shall be advised of the total assessment by separate written notification, and shall tender to the Board a certified check or money order made payable to the Mississippi State Board of Medical Licensure.

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.

By execution of this Consent Order, Licensee is not admitting to or acknowledging any misconduct or act of malpractice and this Order cannot be used against him.

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, **WALTER RAY WOLFE, 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, subject to those terms and conditions listed above.

EXECUTED, this 25th day of July, 2019.

WALTER RAY WOLFE, M.D.

ACCEPTED AND APPROVED, this 25th day of July, 2019, by the Mississippi State Board of Medical Licensure.

JEANNE ANN REA, M.D.
Board President

APPROVED:

Maison Heidelberg, Esq.
Counsel for Dr. Wolfe

Stan T. Ingram, Esq.
Board Complaint Counsel

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

HAROLD TODD COULTER, M.D.

CONSENT ORDER

WHEREAS, HAROLD TODD COULTER, M.D., hereinafter referred to as "Licensee," is the current holder of Mississippi Medical License No. 14334, 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 show 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; has violated provisions of the Board's Administrative Code pertaining to the collaboration of physicians with Advanced Practice Registered Nurses (APRNs), to include failing to maintain an on-site, formal quality improvement program which is to be available for inspection by representatives of the Board, and failing to conduct quarterly, face-to-face meetings with collaborative APRNs for the purpose of quality assurance; 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, Licensee was under a previous Consent Order, dated November 8, 2007, for similar prescribing and record keeping violations which resulted in his license being suspended;

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 for a period of one (1) year, with said suspension stayed subject to the following terms and conditions:

1. Licensee permanently agrees not to prescribe, administer or dispense any controlled substances.

2. Licensee shall, within six (6) months from the date 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 the Clinical Director of Physician Compliance employed by the Board with proof of attendance, participation, and successful completion 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.

3. Licensee shall obey all federal, state and local laws, and all rules and regulations governing the practice of medicine. Any further violations shall result in further action, up to and including revocation.

4. 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.

Should the Board hereafter receive documented evidence of Licensee violating any of the terms and conditions of this Consent Order, the Board shall have the right, pursuant to a full evidentiary hearing, to revoke the medical license of Licensee, suspend it for a time deemed proper by the Board, or take any other action determined as necessary by the Board.

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, insurance carrier, panel, board 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, **HAROLD TODD COULTER, M.D.**, nevertheless, hereby waives his right to notice and a formal

adjudication of charges and authorizes the Board to enter an order accepting this Consent Order, thereby suspending his medical license, subject to those terms and conditions listed above.

EXECUTED AND EFFECTIVE, this the 15, day of May, 2019.

HAROLD TODD **COULTER, M.D.**

ACCEPTED AND APPROVED, this the 25th day of July, 2019, by the Mississippi State Board of Medical Licensure.

ANN REA, M.D., PRESIDENT

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE APPLICATION FOR LICENSURE

OF

SETH LEIGH YOSER, M.D.

ORDER GRANTING REINSTATEMENT OF LICENSE

THIS MATTER came on regularly for hearing on July 25, 2019, before the Mississippi State Board of Medical Licensure, in response to the petition of Seth Leigh Yoser, M.D. (hereinafter "Licensee"), seeking reinstatement of his license to practice medicine in the State of Mississippi.

Licensee was present without counsel. Complaint Counsel for the Board was Honorable Stan T. Ingram. Sitting as legal advisor to the Board was Honorable Raina Anderson, Special Assistant Attorney General. Board members present for all proceedings were Jeanne Ann Rea, M.D., President, William D. McClendon, Jr., M.D., Vice President, Michelle Y. Owens, M.D., Secretary, Charles D. Miles, M.D., Charles "Ken" Lippincott, M.D., Kirk L. Kinard, D.O., Daniel Paul Edney, M.D. and Thomas Edwards Joiner, M.D. Consumer members present were Wesley Breland and Maj. General (Ret.) Erik Hearon.

Evidence and testimony was then presented. Based thereon, the Board finds Licensee's request for reinstatement of his medical license to be well taken. The Board finds as follows:

1. On July 15, 2009, the U.S. Government filed what is known as a Bill of Information, hereinafter referred to as the "Information", but more commonly known as an Indictment, against Licensee setting forth certain allegations related to fraud in the practice of medicine. Pursuant to

the Information, Licensee entered into a Plea Agreement, pleading guilty to all thirty-five (35) counts of the Information and was committed to the custody of the United States Bureau of Prisons to be imprisoned for a term of 42 months. Subsequent to his imprisonment, Licensee was subject to supervised release for a term of 2 years. Licensee was also assessed a monetary assessment of $3,500, a total fine of $10,000, and total restitution of $400,000.

2. On August 20, 2009, the Board issued a Summons with supporting Affidavit charging Licensee, who was then a licensee of the Board, with violation of Mississippi statute based on the aforementioned criminal conviction. In lieu of a formal hearing, Licensee chose to execute an Agreed Order of Surrender of Medical License, which was executed on November 16, 2009.

3. Evidence introduced during the hearing reveals that Licensee has served his prison sentence, is no longer under supervised probation and has paid all assessments including the $400,000 restitution. Further, Licensee has petitioned and now holds an unrestricted license to practice medicine in his home state of Tennessee.

4. When surrendering his license pursuant to the Agreed Order of Surrender of November 16, 2009, the Board reserved the right to utilize all evidence, including all facts developed during the original investigation, as a basis to deny reinstatement. After considering all evidence, however, the Board believes denial of reinstatement based on Counts I and II of the Order to Show Cause, is not in the best interest of the public. Licensee is a well-trained ophthalmologist, capable of providing medical services to his community, has served his sentence and has expressed clear insight and remorse for his past misconduct. Reinstatement of licensure is appropriate.

NOW, THEREFORE, IT IS HEREBY ORDERED, that Licensee's request for reinstatement of his license to practice medicine in the state of Mississippi is hereby granted.

IT IS FURTHER ORDERED, that pursuant to Miss. Code Ann. §73-25-27(1972), a copy of this Order shall be sent by registered mail or personally served on Seth Leigh Yoser, M.D.

ORDERED, this the 25th day of July, 2019.

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

BY: _____
JEANNE ANN REA, M.D., PRESIDENT

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE APPLICATION FOR LICENSURE

OF

BHARANIDHARAN PADMANABHAN, M.D.

ORDER DENYING ISSUANCE OF LICENSE

THIS MATTER came on regularly for hearing on July 25, 2019, before the Mississippi State Board of Medical Licensure, in response to the petition of Bharanidharan Padmanabhan, M.D. (hereinafter "Applicant"), seeking issuance of a license to practice medicine in the State of Mississippi.

Applicant was present without counsel. Complaint Counsel for the Board was Honorable Stan T. Ingram. Sitting as legal advisor to the Board was Honorable Raina Anderson, Special Assistant Attorney General. Board members present for all proceedings were Jeanne Ann Rea, M.D., President, William D. McClendon, Jr., M.D., Vice President, Michelle Y. Owens, M.D., Secretary, Charles D. Miles, M.D., Charles "Ken" Lippincott, M.D., Kirk L. Kinard, D.O., Daniel Paul Edney, M.D. and Thomas Edwards Joiner, M.D. Consumer members present were Wesley Breland and Maj. General (Ret.) Erik Hearon.

Evidence and testimony was then presented. Based thereon, the Board finds Applicant's request for license to practice medicine in the State of Mississippi not to be well taken. The Board finds as follows:

1. On or about August 3, 2018, Applicant submitted or caused to be submitted his application for license to practice medicine in the state of Mississippi (Board Exhibit 2).

2. Applicant reported on his licensure application certain adverse information. Question number seven (7) of the Application for Certificate to Practice Medicine reads as follows:

> *Has your certificate of qualification or license to practice medicine in any state been suspended, revoked, restricted, conditioned, curtailed, or voluntarily surrendered under threat of suspension or revocation?*

Applicant responded "Yes" in answer to this question and provided the following explanation, in part:

> *THE MASSACHUSETTS BOARD ILLEGALLY SUSPENDED MY LICENSE IN JULY 2017 AS PART OF A 7-YEAR LONG PATTERN OF RACKETEERING. THEY HAD NO JURISDICTION, CAUSE OR PATIENT COMPLAINT. I WAS EXONERATED TWICE, INCLUDING BY THE BOARD'S OWN HEARING OFFICER, WHOSE INITIAL DECISION BECAME FINAL BY LAW IN FEBRUARY 2016. SUSPENDING MY LICENSE IN JULY 2017 WAS UNLAWFUL. MY PATIENTS ARE MY CO-PLAINTIFFS IN COURT.*

4. Review of a notification from the National Practitioner Data Bank (hereinafter "NPDB") confirmed the suspension of Applicant's license by the Massachusetts Board of Registration in Medicine ("Massachusetts Board"). Specifically, the action taken by the Massachusetts Board against Applicant on July 10, 2017, was reflected via a written description of the actions taken and the reasons for taking those actions, as follows (Board Exhibit "5"):

> *At its meeting on May 11, 2017, the Massachusetts Board of Registration in Medicine voted to issue a Final Decision and Order indefinitely suspending Dr. Bharanidharan Padmanabhan's license to practice medicine. The suspension was immediately stayed for 60 days to allow Dr. Padmanabhan to enter into a Board-approved Probation Agreement. As Dr. Padmanabhan had not entered into a Probation Agreement by the conclusion of the 60-day stay, the indefinite suspension of his license commenced effective July 10, 2017. The Board found that Dr. Padmanabhan had rendered substandard care to two patients by misdiagnosing each with multiple sclerosis and treating one patient based on said misdiagnosis. The Board also found that Dr. Padmanabhan maintained substandard medical records for seven patients. The board further found that Dr. Padmanabhan dispensed controlled substances after his Massachusetts Controlled Substance Registration expired on January 6, 2012, and before he renewed it on April 8, 2014.*

5. Independent of the above DPDB notification, the Board reviewed substantial documentation from the Massachusetts Board itself, including a July 9, 2014 Statement of Allegations; August 30, 2016 Summary of Amended Recommended Decision by the Administrative Magistrate; January 26, 2017 Partial Final Decision and Order; and May 11, 2017 Final Decision and Order of the Massachusetts Board. (Board Exhibit 4). Such documentation clearly established the basis for the suspension of license by the Massachusetts Board. Furthermore, the documentation established that the Massachusetts Board extended to Aplicant an opportunity to avoid suspension and thereby maintain his Massachusetts license by completing certain audit and continuing medical education courses within 60 days of entry of the May 11, 2017 Suspension Order. Notwithstanding, Applicant refused to take those steps to avoid suspension. On July 12, 2017 the Massachusetts Board corresponded with Applicant as follows:

> This letter is to inform you that due to your not complying with the Board of Registration in Medicine (Board)'s May 11, 2017 Final Decision and Order in this matter your license has been suspended. Specifically, as you know the May 11, 2017 Final Decision and Order stayed the suspension of your license for sixty (60) days to allow you to enter into a Board-approved Probation Agreement. Pursuant to 801 CMR 1.01(4)(d), a signed Probation Agreement had to be submitted to the Board no later than close of business day on Monday, July 10, 2017. (In my May letter to you, I indicated that it had to be submitted by Monday, July 3, 2017; this was an error.)
>
> In light of your failure to enter into the requisite Probation Agreement, the stay of suspension has been lifted and your license is now suspended. You cannot, in any way, practice medicine, including but not limited to, writing any prescriptions.

Accordingly, this Board finds that Applicant could have a avoided suspension of his Massachusetts medical license, but chose not to comply. Applicant now wishes for this Board to dismiss any consideration of the actions taken in Massachusetts, a request not supported by the evidence, whether produced by Board Complaint Counsel or by Applicant.

6. The Order to Show Cause as filed in this matter also charged Applicant with voluntarily resigning or surrendering his medical staff privileges at the Cambridge Health Alliance (Count II) while under investigation or disciplinary action. The Board finds that there is sufficient evidence to show that Applicant effectively surrendered or resigned his medical staff privileges at Cambridge Health Alliance while under an internal investigation inasmuch as both Cambridge and the National Practitioner Data Bank support this conclusion (Board Exhibit 6). However, it is evidently clear that this was not Applicant's intent. Therefore, it is the decision of the Board not to reach a conclusion one way or another as to Count II. The Board's basis for the action it takes herein shall be based solely on its finding of guilt as to Count I alone.

CONCLUSIONS OF LAW

Applicant is guilty of **Count I** of the Affidavit of Jonathan Dalton by virtue of Licensee being guilty of having his license in another state or jurisdiction suspended or other restriction imposed thereon by the licensing authority of that jurisdiction, all in violation of Miss. Code Ann., Section 73-25-29(9). Therefore, there are sufficient grounds upon which to deny licensure in the state of Mississippi.

As to **Count II** of the Affidavit of Jonathan Dalton, no action is taken.

ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED, that Applicant's request for a license to practice medicine in the state of Mississippi is denied.

IT IS FURTHER ORDERED, that pursuant to Miss. Code Ann. §73-25-27(1972), a copy of this Order shall be sent by registered mail or personally served on Bharanidharan Padmanabhan, M.D.

ORDERED, this the 25th day of July, 2019.

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

BY: _____
JEANNE ANN REA, M.D., PRESIDENT

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

ROBERT VANCLEAVE COLEMAN, M.D.

SURRENDER OF MEDICAL LICENSE

WHEREAS, ROBERT VANCLEAVE COLEMAN, M.D., hereinafter referred to as "Licensee," is the current holder of Mississippi Medical License No. 20086, issued January 15, 2008, said license number expires on June 30, 2020;

WHEREAS, Licensee was previously addressed directly by a former Executive Director of the Mississippi State Board of Medical Licensure, hereinafter referred to as the "Board," pertaining to numerous defects in Licensee's issuance of prescriptions and prescribing irregularities contrary to Board Administrative Code. In October 2013, pursuant to an investigation by the Board of Licensee's prescribing of controlled substances and other addiction-forming drugs, Licensee was visited at his current practice location, selected patient records were reviewed with Licensee in demonstration of such defects and non-compliance with Board and Federal regulations, with direct explanation of why certain defects interfered with his provision of appropriate medical care by impeding his recognition of potential "doctor-shopper" patients. Licensee was warned regarding his concurrent prescribing of opiate-benzodiazepine and stimulant-benzodiazepine therapies, his failure to recognize patients concurrently acquiring prescriptions from other prescribers or patients utilizing multiple pharmacies to avoid pharmacists' recognition of therapeutic duplication, and the amount of travel by some of his patients and their bypassing other possible treatment providers. After his review of the

investigative findings, and in lieu of disciplinary action, the Executive Director of the Board recommended Licensee attend a prescribing course. Licensee complied with the recommendation and attended a Board-approved Professional Boundaries, Inc., prescribing course, "Opioids, Pain Management and Addiction", in November 2013. A post-course review of prescriptions dispensed by pharmacies demonstrated correction of prior defects contained in, or omitted from, his signed orders. During a reinforcing visit by Investigative Staff, Licensee acknowledged prior deficiency in his fund of knowledge, an increased awareness of his responsibility to obtain and consider various inputs during patient assessment and diagnosis, including healthcare providers and pharmacists, use and interpretation of lab testing, selectivity in his acceptance of patients, and patient management through the enforced use of controlled substance contracts with his patients. Licensee assured he would utilize the objectivity instilled by the course, would not allow patients to specify desired medications or revert to lax patient management;

WHEREAS, during 2018-2019, the Investigative Staff of the Board conducted an investigation of Licensee and has in its possession evidence which, if produced during the course of an evidentiary hearing, could substantiate that Licensee has violated provisions of the Board's Administrative Code pertaining to the prescribing of controlled substances 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, constitutes violations of the Mississippi Medical Practice Act, specifically, Subsections (3), (8)(d) and (13) of § 73-25-29, Miss. Code Ann. (1972), 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;

NOW THEREFORE, in order to resolve this matter now pending before the Board, Licensee agrees to voluntarily surrender his medical license (No. 20086) to practice medicine in the State of Mississippi, and understands said surrender shall be effective immediately upon execution. Licensee understands this is an unconditional surrender, is reportable to the National Practitioner's Data Bank and other entities, such as the Federation of State Medical Boards, and is a public record of the State of Mississippi.

Recognizing his right to notice of charges specified against him, to have such charges adjudicated pursuant to 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, **Robert Vancleave Coleman, M.D.**, nevertheless, hereby waives his right to notice and a formal adjudication of charges and authorizes the Board to enter an order accepting this **Surrender of Medical License**.

EXECUTED AND EFFECTIVE, this the 20th day of May 2019.

ROBERT VANCLEAVE COLEMAN, M.D.

MICHELLE JACKSON, M.D.

MSBML
JUN 21 2019

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

6/18/2019

To Whom It May Concern:

I am writing to your regarding my current Mississippi license to practice medicine. As I am not currently practicing medicine in the state of Mississippi and do not have any plans to practice in the state in the immediate future, I Michelle S. Jackson, M.D. respectfully "SURRENDER" my license to practice medicine, in the state of Mississippi, to the Mississippi Board of Medical Licensure.

Should you have any questions or need to contact me regarding this matter, I can be reached at or via email at . Thank you in advance for your attention and cooperation in this matter. It has been my pleasure working with you.

Sincerely,

Michelle S. Jackson, M.D.

Original Signature MSBML