

**BOARD MINUTES
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
SEPTEMBER 17, 2020**

The regularly scheduled meeting of the Mississippi State Board of Medical Licensure was held on Thursday, September 17, 2020, in Hinds County, Jackson, Mississippi.

THE FOLLOWING MEMBERS WERE PRESENT:

J. Ann Rea, M.D., Columbus, President
Michelle Y. Owens, M.D., Jackson, Secretary
Charles D. Miles, M.D., West Point
C. Kenneth Lippincott, M.D., Tupelo
H. Allen Gersh, M.D., Hattiesburg (via Zoom)
Daniel Edney, M.D., Vicksburg
Thomas Joiner, M.D., Jackson
Kirk L. Kinard, D.O., Oxford

ALSO PRESENT:

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

NOT PRESENT:

David W. McClendon, Jr., M.D., Ocean Springs, Vice President

The meeting was called to order at 9:04 a.m., by Dr. Rea, President. The invocation was given by Mr. Breland and the pledge was led by Miles.

Due to audio issues Dr. Cleveland was called to give the Executive Director Report.

EXECUTIVE DIRECTOR REPORT

Dr. Cleveland provided an updated summary regarding Licensure and Investigative Division operations for the months of July and August.

Dr. Cleveland advised the Board of a request for additional emergency licenses from LeBonheur Healthcare. Dr. Gersh moved for approval of issuing emergency licenses to LeBonheur Healthcare as requested. Dr. Owens seconded the motion and it carried unanimously.

Dr. Rea introduced Alexis Morris, Special Assistant Attorney General and Julie Brown, Court Reporter with Brown Court Reporting.

Review and Approval of Minutes of the Board Meeting dated July 29 and 30, 2020.

Upon review of the minutes of the Board Meeting dated July 29 and 30, 2020, Dr. Joiner moved for approval of the minutes as submitted. Dr. Miles seconded the motion and it carried unanimously.

Report of September 16, 2020, Executive Committee Meeting

Dr. Owens reported on the matters discussed by the Executive Committee on September 16, 2020, and recommendations made.

Two matters before the Executive Committee, both were virtual appearances based on requests for waivers of licensure by physicians who did not meet the current licensure requirements for permanent licensure. Both requests for licensure waivers were denied by the Executive Committee.

Information pertaining to the Executive Committee's recommendations is included in the Executive Committee minutes, which are attached hereto and incorporated by reference.

A motion was made by Dr. Lippincott, seconded by Dr. Kinard, and carried of the Board's decision to ratify the decisions of the Executive Committee's meeting.

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 advised there was no new information to report.

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

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

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 reported plans to issue a newsletter in the fall this year. A publication to provide information about the actions of the Board to Licensees, to be available to the public but also be an to provide resources, references and other information about staff, policy, and regulations.

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. Kinard advised there was no new information to report.

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

Dr. Miles advised that the Committee met yesterday to discuss the proposed changes to the following regulation;

1. Part 2605 Temporary Licensure
Rule 3.1
2. Part 2615 The Practice of Physician Assistants
Rule 1.2 Definitions
Rule 1.7 Supervising Physician Limited
3. Part 2630 Collaboration with Nurse Practitioners
Rule 1.2 Definitions

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*Rule 1.3 Board Review
Rule 1.4 Extended Mileage Collaboration – Board Review
Rule 1.5 Primary Care Extended Mileage
Rule 1.6 Federal Facilities
Rule 1.7 Quality Improvement and Billing for Collaborative Oversight*

After discussion of the proposed changes, additional revisions were added to the following regulations:

- 2. Part 2615 The Practice of Physician Assistants**
 - Rule 1.2 Definitions*
 - Rule 1.7 Supervising Physician Limited*
- 3. Part 2630 Collaboration with Nurse Practitioners**
 - Rule 1.5 Primary Care Extended Mileage*
 - Rule 1.6 Billing for Collaborative Oversight*
 - Rule 1.7 Quality Improvement*
 - Rule 1.9 Federal Facilities*

After discussion, a motion was made by Dr. Kinard, seconded by Dr. Owens, and carried to accept the changes to the regulations.

A copy of the regulation based on this decision is attached hereto and incorporated by reference.

Hospice Ad Hoc Committee - Dr. Edney (Chair), Dr. Joiner, Dr. Houston, Dr. Turner, Dr. Gentry

Dr. Edney advised that the Committee plans to meet virtually September 30, 2020 at 3:00 pm.

**DANIEL CANCHOLA, M.D., MISSISSIPPI MEDICAL LICENSE NUMBER 25691
APPROVAL OF CONSENT ORDER**

Mr. Ingram briefly summarized the Consent Order executed by Dr. Canchola. The Consent Order mirrors the action of the Texas Medical Board which suspended his license with certain terms and conditions.

Upon a motion by Dr. Miles seconded by Dr. Owens and carried unanimously to accept the Consent Order.

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

THOMAS J. SEGLIO, D.O., MISSISSIPPI MEDICAL LICENSE NUMBER 16356
PETITION TO LIFT CONSENT ORDER

Mr. Ingram briefly summarized this case. Dr. Seglio is petitioning to lift the consent order dated February 12, 2017. Mr. Ingram introduced Dr. Seglio and his attorney Mr. John Howell. Mr. Ingram placed a copy of the Consent Order into the record.

Dr. Seglio addressed the Board and answered questions.

Upon a motion by Dr. Kinard seconded by Dr. Miles and carried unanimously to lift the Consent Order.

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

HEARING IN THE CASE OF ELAINE REINHARD, M.D., MISSISSIPPI MEDICAL
LICENSE NUMBER 17415

Mr. Ingram briefly summarized and updated the Board on this case since the last Board meeting. Dr. Reinhard is prohibited from practicing, and has been advised her compliance to the recommendations is to be completed by the November Board meeting or there will be a hearing. This matter will be continued subject to her agreement not to practice.

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

HEARING IN THE CASE OF DOMINIC TRINCA, M.D.
MISSISSIPPI MEDICAL LICENSE NUMBER 14017

Mr. Ingram briefly summarized this matter after introducing Dr. Trinca and counsel Mr. Philip Chapman regarding Dr. Trinca's petition for reinstatement of a suspended license. Dr. Trinca appeared before the Board at the last meeting on July 29 in response to his request for removal of restrictions and reinstatement of his license to practice. The Board denied his request because he did not have an education plan recommended by CPEP.

Mr. Chapman addressed the Board and reported that Dr. Trinca has submitted the CPEP education plan and documentation of completion of self-study as recommended by CPEP. Mr. Chapman reviewed the CPEP recommendations, advocacy of Mississippi Physician Health Program with recommendations of restricted practice and seeking a preceptor.

Dr. Trinca is sworn in by the court reporter.

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Dr. Trinca was questioned and answered questions from the Board.

Following questions, a motion was made by Dr. Owens, seconded by Dr. Edney, 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. Owens, seconded by Dr. Miles, and carried that the Board enter into executive session for the purpose of considering an application for licensure which could lead to litigation or an entry of an appealable order.

Upon a motion by Dr. Owens, seconded by Dr. Miles and carried, the Board came out of Executive Session at which time Dr. Rea asked Dr. Owens to report on its decision. Dr. Owens advised it is the decision of the Board to deny Dr. Trinca's petition for reinstatement.

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

The official account of this proceeding was recorded by Julie Brown, Court Reporter, Brown Court Reporting, Inc.

**HEARING IN THE CASE JOSEPH JACKSON, M.D.
MISSISSIPPI MEDICAL LICENSE NUMBER 08636**

Mr. Ingram advised a request was received from Dr Jackson for a continuance who is represented by Mr. Michael Crosby.

Mr. Crosby's client and witnesses are located on the coast and due to hurricane weather concerns has requested a continuance until November.

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

The official account of this proceeding was recorded by Julie Brown, Court Reporter, Brown Court Reporting, Inc.

SEPTEMBER BOARD MEETING DATE

November board meeting dates, Wednesday November 18, and Thursday, November 19, 2020.

REPORTS PURSUANT TO MISS. CODE §73-25-61 FOR REVIEW AND DISCUSSION TO BE HELD IN EXECUTIVE SESSION DUE TO MATERIAL BEING EXEMPT FROM THE PUBLIC RECORDS ACT.

A motion was made by Dr. Owens, seconded by Dr. Kinard and carried to close the meeting to consider whether to enter into executive session for the purpose of reviewing confidential reports pursuant to Miss. Code §73-25-59.

APPROVAL OF INVESTIGATIVE SUBPOENAS 2020-0917-1 PURSUANT TO MISS. CODE §73-25-27

A motion was made by Dr. Edney, seconded by Dr. Miles and carried that the Executive Committee enter into executive session for the purpose of discussing whether to issue subpoenas regarding investigations of alleged misconduct and violations of the statutes and regulations governing the practice of medicine in case numbers 2020-0917-1.

Upon a motion by Dr. Joiner seconded by Dr. Miles and carried unanimously, the Executive Committee came out of executive session. It was reported that the Executive Committee unanimously authorized the issuance of investigative subpoenas in case numbers 2020-0917-1. Pursuant Miss. Code §73-25-27, the Executive Director of the Board is hereby authorized to issue the aforementioned investigative subpoenas and this authorization shall be deemed an order entered on the minutes of the Board.

ADJOURNMENT

There being no further business, the meeting adjourned, Thursday, September 17, 2020 at 11:33 pm.



Jeanne Ann Rea, M.D.
President

**Minutes taken and transcribed
By Frances Carrillo
Staff Officer
July 30, 2020**

**MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
RULES, REGULATION & LEGISLATIVE
COMMITTEE MEETING AGENDA
SEPTEMBER 16, 2020
10:00 a.m.**

*Dr. Miles (Chair), Dr. Gersh, Dr. Joiner, Dr. Owens, Dr. Lippincott,
Mr. Breland, Ms. Hope Ladner*

1. **Part 2605 Temporary Licensure**

Rule 3.1

2. **Part 2615 The Practice of Physician Assistants**

Rule 1.2 Definitions

Rule 1.7 Supervising Physician Limited

3. **Part 2630 Collaboration with Nurse Practitioners**

Rule 1.2 Definitions

Rule 1.3 Board Review

Rule 1.4 Extended Mileage Collaboration – Board Review

Rule 1.5 Primary Care Extended Mileage

Rule 1.6 Federal Facilities

Rule 1.7 Quality Improvement and Billing for Collaborative Oversight

CHANGES FROM COMMITTEE MEETING 09 16 2020

ADDED AT THE END OF THIS PACKET

2. **Part 2615 The Practice of Physician Assistants**

Rule 1.2 Definitions

Rule 1.7 Supervising Physician Limited

3. **Part 2630 Collaboration with Nurse Practitioners**

Rule 1.5 Primary Care Extended Mileage

Rule 1.6 Billing for Collaborative Oversight

Rule 1.7 Quality Improvement

Rule 1.9 Federal Facilities

**MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
RULES, REGULATION & LEGISLATIVE
COMMITTEE MEETING AGENDA
SEPTEMBER 16, 2020
10:00 a.m.**

***Dr. Miles (Chair), Dr. Gersh, Dr. Joiner, Dr. Owens, Dr. Lippincott,
Mr. Breland, Ms. Hope Ladner***

1. **Part 2605 Temporary Licensure**

Rule 3.1

2. **Part 2615 The Practice of Physician Assistants**

Rule 1.2 Definitions

Rule 1.7 Supervising Physician Limited

3. **Part 2630 Collaboration with Nurse Practitioners**

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Rule 1.7 Quality Improvement and Billing for Collaborative Oversight

Current Regulation

Part 2605 Chapter 3: Temporary Licensure

Rule 3.1 Temporary Licensure.

A. Mississippi temporary medical or podiatric licenses may be issued to applicants for licensure in Mississippi under the following conditions:

1. A restricted temporary medical or podiatric license may be issued upon proper completion of an application to an applicant who otherwise meets all requirements for licensure except successful completion:
 - a. of the postgraduate training requirements provided in Part 2605, Chapter 1, Rule 1.1 or Chapter 2, Rule 2.1; and/or
 - b. of Step 3 of USMLE, Level 3 of COMLEX, or Part 3 of the APMLE.

Such restricted temporary license shall entitle the physician to practice medicine or podiatric medicine only within the confines of an ACGME, AOA or APMA approved postgraduate training program in this state and may be renewed annually for the duration of the postgraduate training for a period not to exceed five (5) years.

2. An unrestricted temporary medical license may be issued in an exceptional case to an applicant seeking licensure by credentials. Such an unrestricted temporary license shall remain valid only for a period of time sufficient for applicant to submit required documents and credentials to complete an application for permanent licensure, but in no instance to exceed 30 days.

B. The Board may issue a temporary license to practice medicine for a period not to exceed 90 days at a youth camp licensed by the State Department of Health to any nonresident physician who is not licensed to practice medicine in this state or to any resident physician who is retired from the active practice of medicine in this state while serving as a volunteer at such camp.

1. Nonresident Physician
 - a. must have favorable references from two physicians with whom the applicant has worked or trained within the last year;
 - b. must have written certification from the medical licensing authority in the state in which he or she holds a currently valid license to practice medicine; and
 - c. must submit fee prescribed by the Board.
2. Retired Resident Physician
 - a. must be in good standing with the Board, and
 - b. must submit fee as prescribed by the Board.

C. The Board may issue a temporary license to practice medicine to physicians who have been admitted for treatment in a drug and/or alcohol treatment program approved by the Board, or who are enrolled in the fellowship of addictionology in the Mississippi State Medical Association Professionals Health Program; provided that, a nonresident applicant shall hold a valid (unrestricted) license to practice medicine in another state

and the medical licensing authority of that state shall certify to the Board in writing that such license is in good standing.

1. A temporary license issued under this rule shall be valid for a period of ninety (90) days but may be renewed every ninety (90) days for the duration of the fellowship or treatment program. If the applicant discontinues treatment or leaves the fellowship program, the temporary license shall automatically become null and void. The Board may rescind or extend this temporary license for cause.
2. A temporary license issued to a physician under this rule shall be limited to the out-patient phase of the treatment program or the time necessary to complete the fellowship of addictionology. The physician to whom the license is issued may administer treatment and care within the scope of the drug and/or alcohol treatment program or fellowship in an institutional setting and shall not otherwise practice in this state.
3. A physician who has had his or her permanent license to practice in this state revoked or suspended by the Board due to habitual personal use of intoxicating liquors or narcotic drugs, or any other drug having addiction-forming or addiction-sustaining liability, may be granted a temporary license pursuant to this rule provided the temporary license is not in conflict with the prior disciplinary order of the Board rendered against the physician.
4. The applicant applying for a ninety (90) day temporary license to practice while in treatment in an approved drug and/or alcohol treatment program or while enrolled in the fellowship of addictionology shall pay a fee prescribed by the Board (not to exceed \$50.00) to the Board. No additional fee shall be charged for an extension.

The intent of this rule is that each licensee who prescribes scheduled medications shall have their own individual controlled substance registration certificate issued by the U.S. Drug Enforcement Administration.

Adopted September 13, 1979; amended July 1, 1981; amended March 16, 1995; amended May 17, 2007; amended March 20, 2015; and amended January 22, 2019.

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

Proposed Changes:

Part 2605 Chapter 3: Temporary Licensure

Rule 3.1 Temporary Licensure.

A. Mississippi temporary medical or podiatric licenses may be issued to applicants for licensure in Mississippi under the following conditions:

1. A restricted temporary medical or podiatric license may be issued upon proper completion of an application to an applicant who otherwise meets all requirements for licensure except successful completion:
 - a. of the postgraduate training requirements provided in Part 2605, Chapter 1, Rule 1.1 or Chapter 2, Rule 2.1; and/or
 - b. of Step 3 of USMLE, Level 3 of COMLEX, or Part 3 of the APMLE.

Such restricted temporary license shall entitle the physician to practice medicine or podiatric medicine only within the confines of an ACGME, AOA or APMA approved postgraduate training program in this state and may be renewed annually for the duration of the postgraduate training for a period not to exceed five (5) years.

Residents typically practice within the confines of an ACGME, AOA or APMA approved postgraduate training program which may be located in another state, and which meets all requirements as described above. These programs sometimes have affiliated institutions (i.e., hospitals or clinics) located in Mississippi which are not ACGME, AOA or APMA approved sites, but in which the resident needs to rotate as part of their otherwise approved training program. Programs may petition the Board, via its Executive Committee, to approve those affiliated Mississippi locations such that residents of those programs may apply for a temporary license in order to rotate at those facilities.

2. An unrestricted temporary medical license may be issued in an exceptional case to an applicant seeking licensure by credentials. Such an unrestricted temporary license shall remain valid only for a period of time sufficient for applicant to submit required documents and credentials to complete an application for permanent licensure, but in no instance to exceed 30 days.
- B. The Board may issue a temporary license to practice medicine for a period not to exceed 90 days at a youth camp licensed by the State Department of Health to any nonresident physician who is not licensed to practice medicine in this state or to any resident physician who is retired from the active practice of medicine in this state while serving as a volunteer at such camp.
1. Nonresident Physician
 - a. must have favorable references from two physicians with whom the applicant has worked or trained within the last year;

- b. must have written certification from the medical licensing authority in the state in which he or she holds a currently valid license to practice medicine; and
 - c. must submit fee prescribed by the Board.
 2. Retired Resident Physician
 - a. must be in good standing with the Board, and
 - b. must submit fee as prescribed by the Board.
- C. The Board may issue a temporary license to practice medicine to physicians who have been admitted for treatment in a drug and/or alcohol treatment program approved by the Board, or who are enrolled in the fellowship of addictionology in the Mississippi State Medical Association Professionals Health Program; provided that, a nonresident applicant shall hold a valid (unrestricted) license to practice medicine in another state and the medical licensing authority of that state shall certify to the Board in writing that such license is in good standing.
 1. A temporary license issued under this rule shall be valid for a period of ninety (90) days but may be renewed every ninety (90) days for the duration of the fellowship or treatment program. If the applicant discontinues treatment or leaves the fellowship program, the temporary license shall automatically become null and void. The Board may rescind or extend this temporary license for cause.
 2. A temporary license issued to a physician under this rule shall be limited to the out-patient phase of the treatment program or the time necessary to complete the fellowship of addictionology. The physician to whom the license is issued may administer treatment and care within the scope of the drug and/or alcohol treatment program or fellowship in an institutional setting and shall not otherwise practice in this state.
 3. A physician who has had his or her permanent license to practice in this state revoked or suspended by the Board due to habitual personal use of intoxicating liquors or narcotic drugs, or any other drug having addiction-forming or addiction-sustaining liability, may be granted a temporary license pursuant to this rule provided the temporary license is not in conflict with the prior disciplinary order of the Board rendered against the physician.
 4. The applicant applying for a ninety (90) day temporary license to practice while in treatment in an approved drug and/or alcohol treatment program or while enrolled in the fellowship of addictionology shall pay a fee prescribed by the Board (not to exceed \$50.00) to the Board. No additional fee shall be charged for an extension.

The intent of this rule is that each licensee who prescribes scheduled medications shall have their own individual controlled substance registration certificate issued by the U.S. Drug Enforcement Administration.

Adopted September 13, 1979; amended July 1, 1981; amended March 16, 1995; amended May 17, 2007; amended March 20, 2015; and amended January 22, 2019.

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

Rule 1.2 Definitions.

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

- A. “Board” means the Mississippi State Board of Medical Licensure.
- B. “Physician Assistant” means a person who meets the Board’s criteria for licensure as a physician assistant and is licensed as a physician assistant by the Board.
- C. “Supervising Physician” means a doctor of medicine or a doctor of osteopathic medicine who holds an unrestricted license from the Board who practices within the state of Mississippi for a minimum of twenty (20) hours per week or eighty (80) hours per month (does not include telemedicine or chart review), whose practice or prescriptive authority is not limited as a result of voluntary surrender or legal/regulatory order, and who has been approved by the Board to supervise physician assistants.
- D. “Supervise” or “Supervision” means overseeing and accepting responsibility for the medical services rendered by a physician assistant.
- E. “Primary Office” means the usual practice location of a physician and being the same location reported by that physician to the Mississippi State Board of Medical Licensure and the United States Drug Enforcement Administration.
- F. “NCCPA” means the National Commission on Certification of Physician Assistants.
- G. “PANCE” means the Physician Assistant National Certifying Examination.
- H. “ARC-PA” means the Accreditation Review Commission on Education for the Physician Assistant.
- I. “Predecessor or Successor Agency” refers to the agency responsible for accreditation of educational programs for physician assistants that preceded ARC-PA or the agency responsible for accreditation of educational programs for physician assistants that succeeded ARC-PA.
- J. “Primary Care” means specialty practice that is limited to, or defined as, Family Practice, General Internal Medicine, Mental Health, Women’s Health, and/or General Pediatrics.

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

Rule 1.2 Definitions.

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

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- C. “Supervising Physician” means a doctor of medicine or a doctor of osteopathic medicine who holds an unrestricted license from the Board, ~~who is in the practice of medicine, who practices within the state of Mississippi for a minimum of twenty (20) hours per week or eighty (80) hours per month (does not include telemedicine or chart review), whose practice or prescriptive authority is not limited as a result of voluntary surrender or legal/regulatory order,~~ and who has been approved by the Board to supervise physician assistants.
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- G. “PANCE” means the Physician Assistant National Certifying Examination.
- H. “ARC-PA” means the Accreditation Review Commission on Education for the Physician Assistant.
- I. “Predecessor or Successor Agency” refers to the agency responsible for accreditation of educational programs for physician assistants that preceded ARC-PA or the agency responsible for accreditation of educational programs for physician assistants that succeeded ARC-PA.
- J. “Primary Care” means specialty practice that is limited to, or defined as, Family Practice, General Internal Medicine, Mental Health, Women’s Health, and/or General Pediatrics.

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

Rule 1.7 Supervising Physician Limited.

No physician shall be authorized to supervise a physician assistant unless that physician holds an unrestricted license to practice medicine in the state of Mississippi.

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

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

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

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

1. The protocol is between a primary care physician and a primary care physician assistant.
2. The physician and physician assistant utilize electronic medical records (EMR) in their practice, has direct access to the EMR utilized by the PA, and also utilizes EMR in the formal quality improvement program.

The supervising physician must provide adequate means for communication with the physician assistant. Communication may occur through the use of technology which may include, but is not limited to: radio, telephone, fax, modem, or other telecommunication device.

Each primary supervisory relationship shall include and implement a formal quality improvement program which must be maintained on site and must be available for inspection by representatives of the Mississippi State Board of Medical Licensure. The quality assurance/quality improvement program shall consist of:

- A. Review by a supervisory physician of a random sample of charts that represent 10% or 20 charts, whichever is less, of patients seen by the physician assistant every month. Charts should represent the variety of patient types seen by the physician assistant. Patients that the physician assistant and a supervising physician have consulted on during the month will count as one chart review.

- B. The physician assistant shall maintain a log of charts reviewed which include the identifier for the patient's charts, reviewers' names, and dates of review.
- C. Each physician assistant shall meet face to face in person with a supervisory physician once per quarter for the purpose of quality assurance, and this meeting should be documented.

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

Rule 1.7 Supervising Physician Limited.

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

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

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

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

The supervising physician must provide adequate means for communication with the physician assistant. Communication may occur through the use of technology which may include, but is not limited to: radio, telephone, fax, modem, or other telecommunication device.

Each primary supervisory relationship shall include and implement a formal quality improvement program which must be maintained on site and must be available for inspection by representatives of the Mississippi State Board of Medical Licensure. The quality assurance/quality improvement program shall consist of:

- A. Review by a supervisory physician of a random sample of charts that represent 10% or 20 charts, whichever is less, of patients seen by the physician assistant every month. Charts should represent the variety of patient types seen by the physician assistant. Patients that the physician assistant and a supervising physician have consulted on during the month will count as one chart review.
- B. The physician assistant shall maintain a log of charts reviewed which include the identifier for the patient's charts, reviewers' names, and dates of review.
- C. Each physician assistant shall meet face to face in person with a supervisory physician once per quarter for the purpose of quality assurance, and this meeting should be documented.

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

APRN Collaboration Changes Markup Version:

Part 2630 Chapter 1: Collaboration with Nurse Practitioners

Rule 1.1 | *Scope*

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

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

Rule 1.2 | *Definitions*

For the purposes of Part 2630, Chapter 1 only, the following terms have the meanings indicated:

- A. “Physician” means any person licensed to practice medicine or osteopathic medicine in the state of Mississippi who holds an unrestricted license, ~~or~~ whose practice or prescriptive authority is not limited as a result of voluntary surrender or legal/regulatory order, and who practices within the state of Mississippi for a minimum of twenty (20) hours per week or eighty (80) hours per month (does not include telemedicine or chart review).
- B. “Primary Care Physician” means a physician whose practice is limited to, or defined as, Family Practice, General Internal Medicine, Mental Health, Women’s Health, and/or General Pediatrics.
- C. ~~“Free Standing Clinic”~~ “Extended Mileage Collaboration” means a ~~clinic or other facility~~ collaborative relationship wherein patients are treated by a nurse practitioner, ~~which who is located~~ more than seventy-five (75) miles away from the primary office of the collaborative/consultative physician. Excluded from this definition are all licensed hospitals, state health department facilities, and federally qualified community health clinics, and volunteer clinics.
- D. “Primary Office” means the usual practice location of a physician and being the same location reported by that physician to the Mississippi State Board of Medical Licensure and the United States Drug Enforcement Administration as their primary practice location.
- E. “Collaborating/Consulting Physician” means a physician who, pursuant to a duly executed protocol, has agreed to collaborate/consult with a nurse practitioner.
- F. “Nurse Practitioner” or “APRN” means any person licensed to practice nursing in the state of Mississippi and certified by the Mississippi Board of Nursing to practice in an expanded role as a nurse practitioner.
- G. “Federal Facility” means any medical facility that conducts patient care on federal property and is operated directly by the federal government (e.g., the Veteran’s Administration hospitals and clinic system).
- H. “Protocol” or “Collaborative Agreement” is a contractual document which sets forth the expectations, practice permissions and boundaries of the relationship between the physician and the APRN.

Rule 1.3 | *Board Review Duty to Report Collaborative Relationships*

~~Physicians who wish to collaborate/consult with a nurse practitioner must add the APRN to their file via the Medical Enforcement and Licensure System (MELS) Online Licensure Gateway, or its successor, prior to the commencement of patient care under the agreed protocol, and must submit all required information regarding the collaboration to the Board. Physicians who collaborate with an APRN who either will be on-site with the physician or within seventy-five (75) miles are not required to submit the formal documentation (i.e., the protocol) to the Board for approval. who plans or anticipates practicing in a free-standing clinic, must first (a) appear personally or by telephone before the Mississippi State Board of Medical Licensure and/or the Joint Committee of the Board of Medical Licensure and the Board of Nursing if the Board of Medical Licensure determines that the collaborative/consultative relationship may not be approved absent action from the Joint Committee, (b) present and discuss the protocol, and (c) obtain approval from the Board to act as a collaborating/consulting physician.~~

~~The requirement for Board appearance and approval set forth in the preceding paragraph also applies to any physician collaborating/consulting with a nurse practitioner who later moves to a free-standing clinic under an existing protocol.~~

~~Where a nurse practitioner is practicing in a free-standing clinic pursuant to an existing protocol as of the effective date of this regulation, the requirements of personal appearance or telephone interview and Board approval set forth in the paragraph above shall not be required until the next succeeding renewal date for said certificate as required by the Mississippi State Board of Nursing.~~

~~Where two or more physicians anticipate executing a protocol to collaborate/consult with a nurse practitioner practicing in a free-standing clinic, it shall not be necessary that all of the physicians personally appear before the Mississippi State Board of Medical Licensure as required in the preceding paragraph. In this situation, the physician who will bear the primary responsibility for the collaboration/consultation with the nurse practitioner shall make the required personal appearance or telephone interview.~~

~~Each collaborative/consultative relationship shall include and implement a formal quality improvement program which shall be maintained on-site and shall be available for inspection by representatives of the Mississippi State Board of Medical Licensure. The quality assurance/quality improvement program shall consist of:~~

- ~~A. Review by a collaborative physician of a random sample of charts, as chosen by the collaborative physician, that represent 10% or 20 charts, whichever is less, of patients seen by the nurse practitioner every month. Charts should represent the variety of patient types seen by the nurse practitioner. Patients that the nurse practitioner and collaborating physician have consulted on during the month will count as one chart review.~~
- ~~B. The nurse practitioner physician shall ensure maintain maintenance of a log of charts reviewed which include the identifier for the patient's charts, reviewers' names, and~~

~~dates of review. This log may be kept in paper or electronic format, but must demonstrate that the collaborative physician has reviewed the charts and has provided appropriate feedback for the APRN.~~

~~C. Each nurse practitionerA collaborative physician shall meet face to face, in person, with a collaborating physician each collaborative APRN once per quarter for the purpose of quality assurance, and this meeting should shall be documented in the same manner as chart review.~~

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

Rule 1.4 | Extended Mileage Collaboration – Board Review

Physicians who plan to collaborate with APRNs in locations beyond seventy-five (75) miles from the physician, known as Extended Mileage Collaboration, must submit the protocol for approval prior to the commencement of patient care under the protocol. Primary Care Extended Mileage is discussed in Rule 1.5. If a primary care provider does not meet the requirements of Rule 1.5, a protocol must be submitted.

The facts and matters to be considered by the Board regarding any collaborative relationship shall include, but are not limited to, how the collaborating physician and APRN plan to implement the protocol, compatibility of practice (e.g., specialty compatibility or day-to-day practice differences), the method and manner of collaboration, the availability of backup coverage, consultation, and referral.

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

Rule 1.5 | Primary Care Extended Mileage

Primary care physicians, as defined in Rule 1.2, shall have no mileage restrictions placed on the collaborative agreement between the physician and the nurse practitioner if the following conditions are met:

1. The collaborative agreement is between a primary care physician and a primary care nurse practitioner.
2. ~~The physician is in a compatible practice (e.g., same specialty, treat the same patient population) with the nurse practitioner.~~
2. The physician utilizes electronic medical records (EMR) in their practice, has direct access to the EMR utilized by the APRN, and also utilizes EMR in the formal quality improvement program.
3. ~~The physician practices within the State of Mississippi for a minimum of twenty (20) hours per week or eighty (80) hours per month (does not include telemedicine).~~

All other requirements stated herein regarding collaborative agreements/relationships with nurse practitioners shall apply.

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

Rule 1.6 | Federal Facilities

Physicians who work within a federal facility that operates under federal law or mandate, and which has established APRNs to be independent providers, are not required to collaborate as described within these rules. As such, physicians in these facilities are not required or otherwise expected to sign off on charts or other documentation for patients whom the physician has not been formally consulted on. Further, any physician signatures on records for patients seen by APRNs in those settings described herein will not be construed as collaborative or supervisory approval of any care provided by said APRNs.

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

~~Rule 1.7 Effective Date of Regulation. The above rules pertaining to collaborating/consulting physicians shall become effective September 21, 1991.~~

Rule 1.7 | Quality Improvement and Billing for Collaborative Oversight

Each collaborative relationship shall include and implement a formal quality improvement (QI) program which shall be maintained on site and shall be available for inspection by representatives of the Mississippi State Board of Medical Licensure. The quality assurance/quality improvement program shall consist of:

- A. Review by a collaborative physician of a random sample of charts, as chosen by the collaborative physician or EMR algorithm, that represent 10% or 20 charts, whichever is less, of patients seen by the APRN every month. Charts should represent the variety of patient types seen by the APRN. Patients that the APRN and collaborating physician have consulted on during the month will count as one chart review.
- B. The physician shall ensure maintenance of a log of charts reviewed which include the identifier for the patients' charts, reviewers' names, dates of review, conditions treated, and any comments made by the physician regarding care provided. This log may be kept in paper or electronic format, but it must demonstrate that the collaborative physician has reviewed the charts and provided appropriate feedback for the APRN.
- C. A collaborative physician shall meet face to face, in person, with each collaborative APRN once per quarter for the purpose of quality assurance, and this meeting shall be documented in the same manner as chart review. The physician denoted as the primary

collaborator within MELS, or, in the absence of a noted primary, the physician performing most of the chart review, is ultimately responsible for all QI requirements.

Physicians who collaborate with APRNs, who choose to charge or bill the APRNs for the physician's time related to collaboration, may only bill at reasonable rates consistent with fair market value.¹

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

Rule 1.8 | Violation of Rules

Any violation of the rules as enumerated above shall constitute unprofessional conduct in violation of Miss. Code Ann., § 73-25-29(8).

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

¹ For the purposes of this regulation, "Reasonable Rates" are as obtained from data maintained by the Medical Group Management Association (MGMA) or a similar resource. As an example, 2020 fair market value assessments for the Jackson area indicates \$150 - \$175 per hour rates for Medical Director service.

APRN Collaboration Changes Clean Version:

Part 2630 Chapter 1: Collaboration with Nurse Practitioners

Rule 1.1 | *Scope*

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

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

Rule 1.2 | *Definitions*

For the purposes of Part 2630, Chapter 1 only, the following terms have the meanings indicated:

- A. “Physician” means any person licensed to practice medicine or osteopathic medicine in the state of Mississippi who holds an unrestricted license, or whose practice or prescriptive authority is not limited as a result of voluntary surrender or legal/regulatory order, and who practices within the state of Mississippi for a minimum of twenty (20) hours per week or eighty (80) hours per month (does not include telemedicine or chart review).
- B. “Primary Care Physician” means a physician whose practice is limited to, or defined as, Family Practice, General Internal Medicine, Mental Health, Women’s Health, and/or General Pediatrics.
- C. “Extended Mileage Collaboration” means a collaborative relationship wherein patients are treated by a nurse practitioner who is located more than seventy-five (75) miles away from the collaborative physician. Excluded from this definition are all licensed hospitals, state health department facilities, and federally qualified community health clinics, and volunteer clinics.
- D. “Primary Office” means the usual practice location of a physician and being the same location reported by that physician to the Mississippi State Board of Medical Licensure and the United States Drug Enforcement Administration as their primary practice location.
- E. “Collaborating/Consulting Physician” means a physician who, pursuant to a duly executed protocol, has agreed to collaborate/consult with a nurse practitioner.
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- G. “Federal Facility” means any medical facility that conducts patient care on federal property and is operated directly by the federal government (e.g., the Veteran’s Administration hospitals and clinic system).
- H. “Protocol” or “Collaborative Agreement” is a contractual document which sets forth the expectations, practice permissions and boundaries of the relationship between the physician and the APRN.

Rule 1.3 | *Duty to Report Collaborative Relationships*

Physicians who wish to collaborate must add the APRN to their file via the Medical Enforcement and Licensure System (MELS) Online Licensure Gateway, or its successor, prior to the commencement of patient care under the agreed protocol, and must submit all required information regarding the collaboration to the Board. Physicians who collaborate with an APRN who either will be on-site with the physician or within seventy-five (75) miles are not required to submit the formal documentation (i.e., the protocol) to the Board for approval.

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

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Physicians who plan to collaborate with APRNs in locations beyond seventy-five (75) miles from the physician, known as Extended Mileage Collaboration, must submit the protocol for approval prior to the commencement of patient care under the protocol. Primary Care Extended Mileage is discussed in Rule 1.5. If a primary care provider does not meet the requirements of Rule 1.5, a protocol must be submitted.

The facts and matters to be considered by the Board regarding any collaborative relationship shall include, but are not limited to, how the collaborating physician and APRN plan to implement the protocol, compatibility of practice (e.g., specialty compatibility or day-to-day practice differences), the method and manner of collaboration, the availability of backup coverage, consultation, and referral.

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All other requirements stated herein regarding collaborative agreements/relationships with nurse practitioners shall apply.

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

Rule 1.6 | *Federal Facilities*

Physicians who work within a federal facility that operates under federal law or mandate, and which has established APRNs to be independent providers, are not required to collaborate as described within these rules. As such, physicians in these facilities are not required or otherwise expected to sign off on charts or other documentation for patients whom the physician has not been formally consulted on. Further, any physician signatures on records for patients seen by APRNs in those settings described herein will not be construed as collaborative or supervisory approval of any care provided by said APRNs.

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Each collaborative relationship shall include and implement a formal quality improvement (QI) program which shall be maintained on site and shall be available for inspection by representatives of the Mississippi State Board of Medical Licensure. The quality assurance/quality improvement program shall consist of:

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Physicians who collaborate with APRNs, who choose to charge or bill the APRNs for the physician's time related to collaboration, may only bill at reasonable rates consistent with fair market value.²

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

² For the purposes of this regulation, "Reasonable Rates" are as obtained from data maintained by the Medical Group Management Association (MGMA) or a similar resource. As an example, 2020 fair market value assessments for the Jackson area indicates \$150 - \$175 per hour rates for Medical Director service.

Rule 1.8 | *Violation of Rules*

Any violation of the rules as enumerated above shall constitute unprofessional conduct in violation of Miss. Code Ann., § 73-25-29(8).

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

DANIEL RAMIRO CANCHOLA, M.D.

CONSENT ORDER

WHEREAS, DANIEL RAMIRO CONCHOLA, M.D., hereinafter referred to as "Licensee," is the current holder of Mississippi Medical License No. 25691, said license number expires on June 30, 2020;

WHEREAS, the Investigative Staff of the Mississippi State Board of Medical Licensure, hereinafter referred to as the "Board," has received the Amended Order, hereinafter the "Amended Order", dated April 21, 2019, as issued by the Texas Medical Board, hereinafter referred to as the "Texas Board", wherein Licensee was found guilty of violations of the Texas Code pertaining to Health Care Fraud, and setting forth certain requirements for his continuing licensure in the State of Texas;

WHEREAS, pursuant to Miss. Code Ann., § 73-25-29(9), the aforementioned actions by the Texas Board constitutes public disciplinary action against Licensee in another jurisdiction, serving as grounds for which the Board may revoke the Mississippi medical license of Licensee, suspend his right to practice for a time period deemed proper by the Board, place his license on probation, the terms of which may be set by the Board, or take any other action in relation to his license as the Board may deem proper under the circumstances;

WHEREAS, it is the desire of Licensee to avoid 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 revoke Licensee's ability to practice medicine in the State of Mississippi, thereby placing Licensee on suspension, with removal of said suspension subject to the following terms and conditions:

1. Licensee shall comply with all provisions set forth in the Amended Order.
2. Licensee shall not be permitted to supervising or delegated prescriptive authority to physician assistants and advanced practice nurses and to supervise surgical assistants.
3. Any violation of the terms, conditions, or requirements of this Order by the physician shall constitute unprofessional conduct likely to deceive or defraud the public, or to injure the public, and shall constitute a basis for disciplinary action by the Board against physician pursuant to the Act.
4. Licensee shall obey all federal, state and local laws, and all rules and regulations governing the practice of medicine.
5. This Order shall remain in place until superseded by further action of the Board. Licensee may not seek to modify or terminate this Order until charges related to his alleged Medicare fraud are finally resolved.
6. 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.

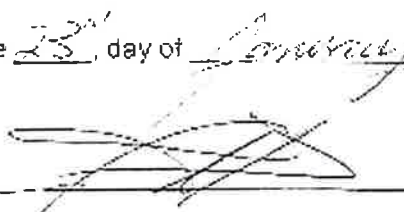
Should the Board hereafter receive documented evidence of Licensee violating any of the terms and conditions of this Consent Order, the Board shall have the right, pursuant to a full evidentiary hearing, to revoke the medical license of Licensee, suspend it for a time deemed proper by the Board, or take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

Licensee understands and expressly acknowledges that this Consent Order, if approved and executed by the Mississippi State Board of Medical Licensure, shall constitute a public record of the State of Mississippi, thereby accessible through the Board's website. Licensee further acknowledges that the Board shall provide a copy of this 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.

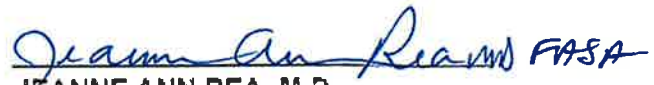
Recognizing his right to notice of charges specified against him, to have such charges adjudicated pursuant to Miss. Code Ann., § 73-25-27 (1972), to be represented therein by legal counsel of his choice, and to a final decision rendered upon written findings of fact and conclusions of law, **DANIEL RAMIRO CANCHAOLA, M.D.**, nevertheless, hereby waives his right to notice and a formal adjudication of charges, thereby suspending his medical license, subject to those terms and conditions listed above.

EXECUTED AND EFFECTIVE, this the 23rd day of January 2020



DANIEL RAMIRO CANCHOLA, M.D.

ACCEPTED AND APPROVED, this the 17th day of September ~~January~~ 2020 by the
Mississippi State Board of Medical Licensure.


JEANNE ANN REA, M.D.
Board President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

**IN THE MATTER OF THE PHYSICIANS LICENSE OF:
THOMAS J. SEGLIO, D.O.**

ORDER REMOVING RESTRICTIONS ON LICENSE

THIS MATTER came on regularly for hearing on September 17, 2020, before the Mississippi State Board of Medical Licensure, in response to the petition of Thomas J. Seglio, D.O. (hereinafter "Licensee"), seeking removal of all restrictions on his license to practice medicine in the State of Mississippi.

Licensee was present, represented by counsel, John B. Howell, III. Complaint Counsel for the Board was Stan T. Ingram. Sitting as legal advisor to the Board was Alexis Morris with the Office of the Attorney General. Board members present for all proceedings were Jeanne Ann Rea, M.D., Michelle Y. Owens, M.D., Secretary, Charles D. Miles, M.D., Charles K. Lippincott, M.D., Allen Gersh, M.D., Kirk L. Kinard, D.O., Daniel Paul Edney, M.D. and Thomas Edward Joiner, M.D. Consumer members present were Maj. General (Ret.) Erik Hearon, Wesley Breland and Koonmarie "Shoba" Gaymes.

Evidence and testimony were then taken. Based on the evidence and testimony received, the Board determines that on May 18, 2017, Licensee entered into a Consent Order with the Board based on evidence, if produced during the course of an evidentiary hearing, would substantiate that Licensee violated certain provisions of the Mississippi Medical Practice Law. The Board placed certain restrictions on Licensee's certificate to

practice medicine for a term of three (3) years, including but not limited to prohibition against supervising or collaborating with mid-level providers. During the hearing, it was determined that Licensee has complied with all requirements imposed by the aforementioned Consent Order.

Based upon the evidence and testimony, the Board finds Licensee's petition to be well taken.

THEREFORE, IT IS HEREBY ORDERED, that Licensee's petition for removal of all restrictions on his Medical License (No. 16356) is hereby granted. Licensee now holds an unrestricted license to practice medicine.

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 Thomas J. Seglio, D.O.

ORDERED, this the 17th day of September, 2020.

**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 PHYSICIANS LICENSE OF:
ELAINE RUTH REINHARD, M.D.**

SECOND ORDER OF CONTINUANCE

THIS MATTER came on regularly for consideration by the Mississippi State Board of Medical Licensure, in response to motion for continuance of the hearing set for this date made by Elaine Ruth Reinhard, M.D. (hereinafter "Licensee"). This is the second request for continuance. In support of the request, Licensee has executed an agreement not to practice medicine pending an ultimate determination of the matter by the Board. After consideration of the matter, the Board finds the request to be well taken.

IT IS, THEREFORE, ORDERED, that this matter is continued until November 19, 2020 at 9:00 am.

IT IS FURHTER ORDERED, that there will be no further continuances.

SO ORDERED, this the 17th day of September, 2020.

**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 PHYSICIANS LICENSE OF:
DOMINIC TRINCA, M.D.**

ORDER DENYING REINSTATEMENT OF LICENSE

THIS MATTER came on regularly for hearing on September 17, 2020, before the Mississippi State Board of Medical Licensure (hereinafter “Board”), pursuant to Title 73, Chapter 25 of Mississippi Code (1972) Annotated. Dominic Trinca, M.D. (“Licensee”) is seeking reinstatement of licensure pursuant to Miss. Code Ann. Section 73-25-32. Licensee’s history with the Board is substantial, containing multiple instances of non-compliance with Board orders and contracts with the Mississippi Professional Health Program.

On January 16, 2014, wherein Licensee entered an Agreed Order with the Board indefinitely suspending his license with the right to petition for reinstatement after expiration of one (1) year pursuant to Miss. Code Ann. Section 73-25-32. Licensee’s application for reinstatement was initially denied on April 30, 2020. Licensee requested a full evidentiary hearing.

On July 30, 2020, following a full evidentiary hearing, the Board denied Licensee’s request for reinstatement of licensure. However, the Board held that upon presentation of an acceptable education plan prepared and supported by Center for Personalized Education for Professionals (CPEP), they would consider granting a restricted license so

as to permit Licensee to practice in a structured supervised setting while completing the educational requirements recommended by CPEP.

On September 17, 2020, the Licensee appeared before the Board to present a CPEP-approved education plan and request reinstatement of licensure. He was represented by Honorable Philip Chapman. Complaint Counsel for the Board was Honorable Stan T. Ingram. Sitting as legal advisor and hearing officer to the Board was Honorable Alexis E. Morris, Special Assistant Attorney General. Board members present for the proceedings were Jeanne Ann Rea, M.D., President, Daniel Edney, M.D.; Ken Lippincott, M.D.; Charles D. Miles, M.D., Kirk Kinard, D.O.; Michele Owens, M.D., Thomas Joyner, M.D., and Allen Gersh, M.D.

Based on the review of Licensee's education plan and other exhibits, the Board determined that Licensee's CPEP plan evinced multiple deficiencies in competency needed for reinstatement. Furthermore, Licensee has not completed the didactics required under the plan and has failed to secure a CPEP-approved preceptor.

NOW THEREFORE, IT IS ORDERED, that the request of Dominic Trinca, M.D. for reinstatement of licensure is hereby denied.

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

SO ORDERED this the 17th day of September 2020.

**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 PHYSICIANS LICENSE OF:
JOSEPH ALAN JACKSON, M.D.**

SECOND ORDER OF CONTINUANCE

THIS MATTER came on regularly for consideration by the Mississippi State Board of Medical Licensure, in response to motion for continuance of the hearing set for this date made by Joseph Alan Jackson, M.D. (hereinafter "Licensee"). This is the second request for continuance. After consideration of the matter, the Board finds the request to be well taken.

IT IS, THEREFORE, ORDERED, that this matter is continued until November 19, 2020 at 9:00 am.

IT IS FURHTER ORDERED, that there will be no further continuances.

SO ORDERED, this the 17th day of September 2020.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY:


JEANNE ANN REA, M.D., PRESIDENT