

BOARD MINUTES
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
JULY 27, 2023

Pursuant to Notice, the regularly scheduled meeting of the Mississippi State Board of Medical Licensure was held on Thursday July 27, 2023, in Hinds County, Jackson, Mississippi. A recorded video of the meeting is available on the Board's YouTube channel, and linked on the Mississippi State Board of Medical Licensure's website.

THE FOLLOWING MEMBERS WERE PRESENT:

Michelle Y. Owens, M.D., Jackson, President
Thomas Joiner, M.D., Jackson, Secretary
David W. McClendon, Jr., M.D., Ocean Springs
Kirk L. Kinard, D.O., Oxford
H. Allen Gersh, M.D., Hattiesburg
Roderick Givens, M.D., Natchez
Renia Dotson, M.D., Greenville
William E. Loper, M.D., Ridgeland
Shoba Gaymes, Jackson, Consumer Member
Wesley Breland, Hattiesburg, Consumer Member

ALSO PRESENT:

Paul Barnes, Board Attorney, Complaint Counsel
Alexis Morris, Special Assistant Attorney General
Kenneth Cleveland, Executive Director
Mike Lucius, Deputy Director
Anna Boone, Director of Licensure Division
Jackie McKenzie, Legal Assistant
Ken Slay, IT Project Manager
Erica Coleman, IT Projects Officer
Jonathan Dalton, Director of Investigations
Frances Carrillo, Executive Assistant

NOT PRESENT:

C. Kenneth Lippincott, M.D., Tupelo, Vice President
Major General (Ret.) Erik Hearon, Jackson, Consumer Member

The meeting was called to order at 9:00 am, by Dr. Owens, President. The invocation was given by Dr. Gersh, and the pledge was led by Dr. Givens.

Dr. Owens introduced Alexis Morris, Special Assistant Attorney General who will serve as the Board's Hearing Officer, and Shanna Cumberland, Court Reporter with Brown Court Reporting.

Special Assistant Attorney General Alexis Morris administered the Oath of Office to reappointed Board Member, Dr. McClendon, representing the second Supreme Court District; reappointed Board Member, Dr. Dotson, representing the Third Supreme Court

District; and reappointed Board Member, Dr. Loper, representing the First Supreme Court District.

Dr. Cleveland recognized Ms. Angie Williamson, for 16 years with the Board as Special Projects Officer. Dr. Cleveland read and presented to Ms. Williamson a Resolution of Appreciation.

A copy of the Resolution Appreciation is attached and incorporated by reference.
(08:52:49 - 09:00:16)

Executive Director Report

Dr. Cleveland provided an updated summary regarding Licensure and Investigative Division operations for the months of May and June 2023.

Review and Approval of Minutes of the Executive Committee dated May 17, 2023.

Upon review of the minutes of the Executive Committee Meeting dated May 17, 2023, Dr. McClendon moved for approval of the minutes as submitted. Dr. Loper seconded the motion and it carried unanimously.

Review and Approval of Minutes of the Board Meeting dated May 18, 2023.

Upon review of the minutes of the Board Meeting dated May 18, 2023, Dr. McClendon moved for approval of the minutes as submitted. Dr. Dotson seconded the motion and it carried unanimously.

Report of July 26, 2023, Executive Committee Meeting

Dr. Joiner reported on the matters discussed by the Executive Committee on July 26, 2023, and the recommendations made.

A motion was made by Dr. Loper, seconded by Dr. McClendon, and carried, to accept the report and ratify the recommendations as reported by the Executive Committee.

Scope of Practice - Dr. Kinard (Chair), Dr. Gersh, Dr. McClendon, Dr. Givens, Dr. Dotson, Mr. Breland, Ms. Gaymes, Dr. Cleveland

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

Professionals Health Program - Dr. Lippincott (Chair), Dr. Gersh, Dr. Joiner, Dr. Loper, Maj Gen Hearon, Ms. Gaymes, Anthony Cloy, Dr. Cleveland

There was no report.

Telemedicine I Interstate Licensure Compact – Dr. Givens (Chair), Dr. Kinard, Dr. Lippincott, , Dr. Dotson, Maj Gen Hearon, Dr. Cleveland, Mr. Lucius

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

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

Dr McClendon advised there was no new information to report.

Physician Assistant Advisory Task Force - Dr. Kinard (Chair), Mr. Jonathan Dalton, Maj Gen Hearon, Joanna Mason, PA-C, Tristen Harris, PA-C, Stephen English, PA-C, Steve Martin, PA-C, Deb Munsell, PA-C, Vanessa Perniciaro, PA-C, Dr. Cleveland, Mr. Ledbetter

Dr. Kinard advised there was no report.

Rules, Regulation & Legislative - Dr. Joiner (Chair), Dr. Gersh, Dr. Loper, Dr. Lippincott, Mr. Breland, Dr. Cleveland, Jay Ledbetter

Final Adopt Regulation:

Pt 2615 Chapter 1: The Practice of Physician Assistants

Pt 2640: Chapter 2: Cannabis Certification

A motion was made by Dr. Givens, seconded by Dr. Loper to final adopt the regulation, Pt 2615 Chapter 1: The Practice of Physician Assistants and it carried unanimously.

A motion was made by Dr. Dotson, seconded by Dr. McClendon to final adopt the regulation, Pt 2640: Chapter 2: Cannabis Certification and it carried unanimously.

Copies of the regulations are attached hereto and incorporated by reference.

**PERSONAL APPEARANCE OF DELPHINE SHANNON, M.D.
USE OF DIET MEDICATION**

09:11:25

Dr. Shannon is requesting the Board to consider her ability to prescribe the compounded GLP-1 receptor agonist medication such as Semaglutide for the treatment of obesity while this and similar brands of weight loss medications are on the shortage list. Specifically, Dr. Shannon is requesting for an exemption of the regulation:

Rule 1.5, Use of Diet Medication, F. A licensee must not utilize a schedule III, IV or V controlled substance or legend drug for purposes of weight loss unless it has an FDA approved indication for this purpose and then only in accordance with all of the above

enumerated conditions. The purpose of this rule is to prohibit the use of such drugs as diuretics and thyroid medications for the sole purpose of weight loss.

There was further discussion and questions for Dr. Shannon by the Board regarding the FDA approval for compounded weight loss medications.

Susan McCoy, Director of the Mississippi Board of Pharmacy introduced herself to Board Members. Ms. McCoy advised that the Board of Pharmacy and their staff have real concerns of the compounding of the unapproved FDA medications for weight loss including the stability, sterility, and effectiveness of the active pharmaceutical ingredients. It has been found that some compounding pharmacies are still using the salt form even after notice had been issued that Semaglutide compounding does not meet the requirements set by the FDA. The active ingredients being used are found to be chemically different from the patented brand product. Records indicate that the active ingredients are manufactured in China and could be made under unsanitary conditions.

Ms. McCoy advised that the FDA indicated to her personally that there is not currently an approved Semaglutide base product that is available that falls within the criteria necessary that is needed to meet to compound this product.

After discussion and questions by Board members for Ms. McCoy, a motion to close the meeting was made by Dr. McClendon, seconded by Dr. Kinard, and carried to discuss whether to go into executive session. Dr. McClendon moved to go into Executive Session seconded by Dr. Loper, and carried to discuss and transact business related to investigative proceedings regarding allegations of misconduct or violations of law. The Board then entered executive session.

Upon a motion by Dr. McClendon, seconded by Dr. Loper, and carried, the Executive Committee came out of Executive Session, at which time Dr. Owens asked Dr. Joiner to report on its decision. Dr. Joiner reported that the Board's decision was to 1) Rescind the amendment to the Use of Diet Medication Rule, 1.5(F) that had been approved on March 22, 2023, and 2) The request for the exemption for the use of compounded medication Semaglutide is denied.

FOR INFORMATIONAL PURPOSES

10:23:15

SCOTT NELSON, M.D., MISSISSIPPI MEDICAL LICENSE 12527

Surrender of medical license executed on June 2, 2023.

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

HEARING IN THE CASE OF MEHYAR TORGHABEH, M.D., VANCOUVER, WA
MISSISSIPPI MEDICAL LICENSE 25566

10:25:03

Mr. Barnes advised that this is a first motion for a continuance.

A motion was made by Dr. Kinard, seconded by Dr. McClendon, and carried unanimously to accept the motion for a continuance.

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

HEARING IN THE CASE OF FATIMA HUSSEIN, M.D., ELLICOTT CITY, MD
MISSISSIPPI MEDICAL LICENSE 29421

10:25:46

Mr. Barnes advised that this is a first motion for a continuance.

A motion was made by Dr. Dotson, seconded by Dr. Loper, and carried unanimously to accept the motion for a continuance.

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

Mr. Barnes advised that the hearings for Dr. Sanders, Dr. Sudderth and Dr. Fakorede all have been continued at least twice. Each are complex cases with an extensive body of evidence, multiple medical experts and scheduling difficulties affected these hearings. Mr. Barnes is requesting the Board grant a continuance for all three hearings for the September Board meeting. 10:26:45

HEARING IN THE CASE OF MICHAEL L. SANDERS, M.D., RIDGELAND, MS
MISSISSIPPI MEDICAL LICENSE 15970

A motion was made by Dr. Kinard, seconded by Dr. Loper, and carried unanimously to accept the motion for a continuance.

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

HEARING IN THE CASE OF STEPHEN D. SUDDERTH, M.D., VICKSBURG, MS
MISSISSIPPI MEDICAL LICENSE 17597

A motion was made by Dr. McClendon, seconded by Dr. Givens, and carried unanimously to accept the motion for a continuance.

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

**HEARING IN THE CASE OF FOLUSO A. FAKOREDE, M.D., CLEVELAND, MS
MISSISSIPPI MEDICAL LICENSE 23725**

A motion was made by Dr. Kinard, seconded by Dr. Loper, and carried unanimously to accept the motion for a continuance.

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

**HEARING IN THE CASE OF GREGORY A. AUZENNE, M.D., MERIDIAN, MS
MISSISSIPPI MEDICAL LICENSE 25959**

10:29:26

Mr. Barnes advised a motion for a continuance from Dr. Auzenne's attorney in this matter.

A motion was made by Dr. Kinard, seconded by Dr. McClendon, and carried unanimously to accept the motion for a continuance.

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

**PETITION TO LIFT RESTRICTIONS OF MARK FLETCHER, M.D., TUPELO, MS
MISSISSIPPI MEDICAL LICENSE 13932**

10:30:46

Mr. Barnes introduced Dr. Fletcher. Mr. Barnes provided the Board with a brief summary of this matter and advised that Dr. Fletcher's petition is to lift restrictions of an existing Board Order.

Dr. Fletcher was sworn in by the court reporter.

Dr. Fletcher addressed the Board regarding his compliance with the requirements of the 2017, Consent Order.

A discussion a motion was made by Dr. Kinard, seconded by Dr. McClendon, and carried unanimously to grant Dr. Fletcher's petition.

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

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

APPROVAL OF CONSENT ORDER FOR WAYNE W. LIOU, M.D.
MISSISSIPPI MEDICAL LICENSE 19256

10:36:21

Mr. Barnes briefly summarized the circumstances leading to this Consent Order, which is a mirrored the reprimand by the Wisconsin Medical Board.

After questions by the Board, Dr. Owens recommended to table this matter and proceed to the remaining items of agenda so that Mr. Barnes may provide the Board with a copy of the Wisconsin Medical Board Order.

HEARING IN THE CASE OF COSMIN DOBRESCU, M.D., CHICAGO, IL
MISSISSIPPI MEDICAL LICENSE 31340

10:40:58

Mr. Barnes summarized the circumstances leading to the Order of Temporary Suspension | Determination of Need for Temporary Suspension pending a hearing. Dr. Dobrescu has requested for a continuance for this hearing. All other provisions of the Order of Temporary Suspension shall remain in full force and in effect until this Board resolves this matter with a hearing.

A motion was made by Dr. Kinard, seconded by Dr. Givens, and carried unanimously to accept the request for a continuance,

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

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

PURSUANT TO MS CODE § 73-25-27, INVESTIGATIVE SUBPOENAS FOR
APPROVAL, CASE NUMBERS 2023-028 AND 2024-010.

10:43:03

A motion was made by Dr. McClendon, seconded by Dr. Kinard, and carried that the Board meeting be closed to discuss whether to enter into executive session for the purpose of approving investigative subpoenas for case numbers 2023-028 and 2024-010.

Upon a motion by Dr. Givens, seconded by Dr. McClendon and carried unanimously, the Board came out of executive session. It was reported that the Board unanimously approved the investigative subpoenas for case numbers 2023-028 and 2024-010. Pursuant to 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.

APPROVAL OF CONSENT ORDER FOR WAYNE W. LIOU, M.D.

MISSISSIPPI MEDICAL LICENSE 19256

10:58:10

Mr. Barnes provided the Board with a copy of the Wisconsin Medical Board Reprimand Order of Licensee. Mr. Barnes introduced the Wisconsin Medical Board order into the record.

After discussion a motion was made by Dr. Kinard, seconded by Dr. Givens, and carried unanimously to accept the consent order.

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


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

SEPTEMBER 2023 BOARD MEETING DATES

The next regularly scheduled meeting of the board is set for Wednesday, September 20, 2023, and Thursday, September 21, 2023.

ADJOURNMENT

There being no further business, the meeting is adjourned at 11:12 a.m.


Michelle Y. Owens, M.D.
President

Minutes taken and transcribed by:
Frances Carrillo, Executive Assistant
July 27, 2023

Rules, Regulation & Legislative Committee
Dr. Joiner (Chair)
July 26, 2023 Board Meeting

FINAL ADOPT:

Pt 2615 Chapter 1: The Practice of Physician Assistants

Pt 2640: Chapter 2: Cannabis Certification

Part 2615 Chapter 1: The Practice of Physician Assistants

Rule 1.1 | Scope

The following rules pertain to physician assistants practicing medicine with physician supervision. Physician assistants may perform those duties and responsibilities, including diagnosing and the ordering, prescribing, dispensing of prepackaged drugs, and administration of drugs and medical devices as delegated by their supervising physician(s).

Physician assistants may provide any medical service which is delegated by the supervising physician when the service is within the physician assistant's training and skills; forms a component of the physician's scope of practice; and is provided with supervision.

Physician assistants shall be considered the agents of their supervising physicians in the performance of all practice-related activities including, but not limited to, the ordering of diagnostic, therapeutic, and other medical services.

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:

- 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. Exceptions to the in-state practice requirement may be granted by the Board, by and through the Executive Committee, in cases demonstrating good cause. Additionally, temporary permission may be granted by the Executive Director until the request can be heard before the Executive Committee.
- 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 1.3 | Qualifications for Licensure

- A. Applicants for physician assistant licensure must meet the following requirements:
1. Satisfy the Board that he or she is at least twenty-one (21) years of age and of good moral character.
 2. Complete an application for license and submit same to the Board in the manner prescribed by the Board with a recent passport type photograph.
 3. Pay the appropriate fee as determined by the Board.
 4. Present a certified copy of birth certificate or valid passport.
 5. Submit proof of legal change of name if applicable (notarized or certified copy of marriage license or other legal proceeding).
 6. Possess a master’s degree in a health-related or science field.
 7. Successfully complete an educational program for physician assistants accredited by ARC-PA or its predecessor or successor agency.
 8. Pass the certification examination administered by the NCCPA and have current NCCPA certification.
 9. Provide information on registration or licensure in all other states where the applicant is or has been registered or licensed as a physician assistant.
 10. Submit fingerprints for state and national criminal history background checks.
 11. No basis or grounds exist for the denial of licensure as provided in Part 2615, Rule 1.15.

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

Rule 1.4 | Temporary License

The Board may grant a temporary license to an applicant who meets the qualifications for licensure except that the applicant has not yet taken the national certifying examination administered by the NCCPA or the applicant has taken the national certifying examination and is awaiting the results or the applicant has not obtained a minimum of a master’s degree in a health-related or science field.

A temporary license issued upon the basis of the NCCPA not being taken or the applicant awaiting the results is valid:

- A. for one hundred eighty (180) days from the date of issuance;
- B. until the results of an applicant’s examination are available; or
- C. until the Board makes a final decision on the applicant’s request for licensure, whichever comes first.

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

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

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

Rule 1.5 | Requirement of Protocol - Prescribing/Dispensing

Physician assistants shall practice according to a ~~Board-approved~~ protocol which has been mutually agreed upon by the physician assistant and the supervising physician. Each protocol shall be prepared taking into consideration the specialty of the supervising physician and must outline diagnostic and therapeutic procedures and categories of pharmacologic agents which may be ordered, administered, dispensed and/or prescribed for patients with diagnoses identified by the physician assistant.

Each protocol shall contain a detailed description of back-up coverage if the supervising physician is away from the primary office. Although licensed, no physician assistant shall practice until a ~~duly executed protocol has been approved by~~ they have reported their supervisor and practice information to the Board via the Medical Enforcement and Licensure System (MELS) online gateway or successor system.

Except as hereinafter provided in below, physician assistants may not write prescriptions for or dispense controlled substances or any other drug having addiction-forming or addiction-sustaining liability. A physician assistant may, however, administer such medications pursuant to an order by the supervising physician if in the protocol.

Prescribing Controlled Substances and Medications by Physician Assistants

A. Scope

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

B. Application for Authority to Prescribe Controlled Substances

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

C. Incorporation of Physician Rules Pertaining to Prescribing, Administering and Dispensing of Medication

For the purpose of directing the manner in which physician assistants may prescribe controlled substances, the Board incorporates Administrative Code Part 2640, Chapter 1 Pertaining to Prescribing, Administering and Dispensing of Medication as applied to physicians, including but not limited to all Definitions, Maintenance of Records and

Inventories, Use of Diet Medication, Use of Controlled Substances for Chronic (Non-Terminal) Pain, and Prescription Guidelines. All physician assistants authorized to prescribe controlled substances shall fully comply with these rules. As stated herein, it is understood Physician Assistants may not dispense medications.

D. Registration for Controlled Substances Certificate Prescriptive Authority

1. Every physician assistant authorized to practice in Mississippi who prescribes any controlled substance must be registered with the U. S. Drug Enforcement Administration in compliance with Title 21 CFR, Part 1301 Food and Drugs.
2. Pursuant to authority granted in Mississippi Code, Section 41-29-125, the Board hereby adopts, in lieu of a separate registration with the Board, the registration with the U.S. Drug Enforcement Administration as required in Part 2615, Rule 1.5.D.1, provided, however, where a physician assistant already possesses a controlled substances registration certificate for a practice location in another state or jurisdiction, the physician assistant may not transfer or otherwise use the same registration until he or she meets the training requirements set forth in Part 2615, Rule 1.5.B.1. In the event, however, a physician assistant has had limitations or other restrictions placed upon his or her license wherein he or she is prohibited from handling controlled substances in any or all schedules, said physician assistant shall be prohibited from registering with the U. S. Drug Enforcement Administration for a Uniform Controlled Substances Registration Certificate without first being expressly authorized to do so by order of the Board.
3. The registration requirement set forth in these rules does not apply to the distribution and manufacture of controlled substances. Any physician assistant who engages in the manufacture or distribution of controlled substances or legend drugs shall register with the Mississippi State Board of Pharmacy pursuant to Mississippi Code, Section 73-21-105. For the purposes herein, “distribute” shall mean the delivery of a drug other than by administering, prescribing, or dispensing. The word “manufacture” shall have the same meaning as set forth in Mississippi Code, Section 73-21-105(q).

E. Drug Maintenance, Labeling and Distribution Requirements

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

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

Rule 1.6 | Supervision

~~Before any physician shall supervise a physician assistant, the physician and physician assistant must present to the Board a duly executed protocol and obtain written approval to practice in a supervisory arrangement. Protocols will be forwarded to the Board's Physician Assistant Advisory~~

~~Committee for their review and recommendation prior to disapproval. The facts and matters to be considered by the Committee when reviewing a protocol or supervision arrangement shall include, but are not limited to, how the supervising physician and physician assistant plan to implement the protocol, the method and manner of supervision, consultation, referral, compatibility of practice, and liability.~~

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

Rule 1.76 | Supervising Physician Limited Supervision

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 a 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.

Before any physician assistant shall practice in a location greater than 75 miles, the physician assistant must present to the Board a duly executed protocol and obtain approval to practice. Excluded from this requirement are physician assistants who practice within a licensed hospital, state health department facility, federally qualified community health clinic, or volunteer clinic. Protocols will be forwarded to the Board's Physician Assistant Advisory Committee for their review and recommendation prior to disapproval. The facts and matters to be considered by the Committee when reviewing a protocol or supervision arrangement shall include, but are not limited to, how the supervising physician and physician assistant plan to implement the protocol, the method and manner of supervision, consultation, referral, compatibility of practice, and liability.

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 utilize EMR in the formal quality improvement program.
4. The physician practices within the State of Mississippi for a minimum of twenty (20) hours per week or eighty (80) hours per month (does not include telemedicine).

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

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

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

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

Rule 1.87 | Termination

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

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

Rule 1.98 | Duty to Notify Board of Change of Address

Any physician assistant who is licensed to practice as a physician assistant in this state and changes his or her practice location or mailing address, shall immediately notify the Board in writing of the change. Failure to notify within 30 days could result in disciplinary action.

The Board routinely sends information to licensed physician assistants. Whether it be by U.S. Mail or electronically, it is important that this information is received by the licensee. The licensure record of the licensee should include a physical practice location, mailing address, email address and telephone number where the Board can correspond with the licensee directly. The Board discourages the use of office personnel's mailing and email addresses as well as telephone

numbers. Failure to provide the Board with direct contact information could result in disciplinary action.

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

Rule 1.109 | Continuing Education

Each licensed physician assistant must show proof of completing not less than 100 hours of continuing medical education (CME) over a two-year cycle, 50 hours of which must be Category 1, as defined by the Accreditation Council for Continuing Medical Education (ACCME), American Academy of Physician Assistants (AAPA), American Medical Association (AMA), or American Osteopathic Association (AOA), as a condition precedent to renewing his or her license. Physician assistants who are certified by the NCCPA may meet this requirement by providing evidence of current NCCPA certification. For the purposes of this regulation, the two-year period begins July 1, 2022, and every two years thereafter.

All physician assistants authorized to prescribe controlled substances must show proof of completing 100 hours of CME each cycle, 50 hours of which must be Category 1, as defined by the ACCME, AAPA, AMA, or AOA, and 5 hours of which must be related to the prescribing of medications with an emphasis on controlled substances.

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

Rule 1.140 | Identification

The supervising physician shall be responsible to ensure that any physician assistant under his or her supervision does not advertise or otherwise hold himself or herself out in any manner which would tend to mislead the general public or patients. Physician assistants shall, at all times when on duty, wear a name tag, placard or plate identifying themselves as physician assistants.

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

A person not licensed as a physician assistant by the Board who holds himself or herself out as a physician assistant is subject to the penalties applicable to the unlicensed practice of medicine.

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

Rule 1.121 | Physician Liability

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

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

Rule 1.132 | Renewal Schedule

The license of every person licensed to practice as a physician assistant in the state of Mississippi shall be renewed annually.

On or before May 1 of each year, the State Board of Medical Licensure shall notify every physician assistant to whom a license was issued or renewed during the current licensing year the process of licensure renewal. The notice shall provide instructions for obtaining and submitting applications for renewal. The applicant shall obtain and complete the application and submit it to the Board in the manner prescribed by the Board in the notice before June 30 along with the renewal fee of an amount established by the Board. The payment of the annual license renewal fee shall be optional with all physician assistants over the age of seventy (70) years. Upon receipt of the application and fee, the Board shall verify the accuracy of the application and issue to applicant a certificate of renewal for the ensuing year, beginning July 1 and expiring June 30 of the succeeding calendar year.

A physician assistant practicing in Mississippi who allows his or her license to lapse by failing to renew the license as provided in the paragraph above may be reinstated by the Board upon completion of a reinstatement form and payment of the renewal fee for the current year, and shall be assessed a fine of Twenty-five Dollars (\$25.00) plus an additional fine of Five Dollars (\$5.00) for each month thereafter the license renewal remains delinquent.

Any physician assistant not practicing in Mississippi who allows his or her license to lapse by failing to renew the license as provided in the paragraph above may be reinstated by the Board upon completion of a reinstatement form and payment of the arrearage for the previous five (5) years and the renewal fee for the current year.

Any physician assistant who allows his or her license to lapse shall be notified by the Board within thirty (30) days of such lapse.

Any person practicing as a physician assistant during the time his or her license has lapsed shall be considered an illegal practitioner and shall be subject to the same penalties as provided in Mississippi Code, Section 73-25-14.

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

Rule 1.143 | Disciplinary Proceedings

A. Grounds for Disciplinary Action Against Physician Assistants

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

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

B. Hearing Procedure and Appeals

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

C. Reinstatement of License

1. A person whose license to practice as a physician assistant has been revoked, suspended, or otherwise restricted may petition the Mississippi State Board of Medical Licensure to reinstate his or her license after a period of one (1) year has elapsed from the date of the revocation or suspension. The procedure for the reinstatement of a license that is suspended for being out of compliance with an order for support, as defined in Section 93-11-153, shall be governed by Sections 93-11-157 or 93-11-163, as the case may be.

2. The petition shall be accompanied by two (2) or more verified recommendations from physicians or osteopaths licensed by the Board of Medical Licensure to which the petition is addressed and by two (2) or more recommendations from citizens each having personal knowledge of the activities of the petitioner since the disciplinary penalty was imposed and such facts as may be required by the Board of Medical Licensure.

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

3. In determining whether the disciplinary penalty should be set aside and the terms and conditions, if any, which should be imposed if the disciplinary penalty is set aside, the Board of Medical Licensure may investigate and consider all activities of the petitioner since the disciplinary action was taken against him or her, the offense for which he or she was disciplined, his or her activity during the time his or her certificate was in good standing, his or her general reputation for truth, professional ability and good character; and it may require the petitioner to pass an oral examination.

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

Rule 1.154 | Impaired Physician Assistants

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

restriction, suspension, or revocation in the case of disability by reason of one or more of the grounds set forth in the Mississippi Disabled Physician Law, following:

~~A. mental illness~~

~~B. physical illness, including but not limited to deterioration through the aging process, or loss of motor skills~~

~~C. excessive use or abuse of drugs, including alcohol~~

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

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

Rule 1.16 | Effective Date of Rules

The above rules pertaining to the practice of physician assistants shall become effective September 1, 2000; as amended September 16, 2004; as amended May 19, 2005; as amended March 8, 2007; as amended May 17, 2007; as amended July 10, 2008; as amended May 18, 2012; as amended July 10, 2014; as amended March 15, 2017; as amended February 18, 2019; as amended August 27, 2021; and as amended October 23, 2022.

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

Part 2640: Chapter 2: Cannabis Certification

Rule 1.1 | Scope

The rules contained in this Part 2640, Chapter 2, are promulgated by the Mississippi Board of Medical Licensure (the “Board”) to implement the Mississippi Medical Cannabis Act, Miss. Code Ann., §§ 41-137-1, et seq., (the “Act”). These rules shall apply to all licensees who are registered as certifying practitioners with the Mississippi State Department of Health (MDOH); or who are applying, or re-applying, to register as certifying practitioners with the MDOH. Nothing in these rules shall be construed to require any licensee to issue any written certification pursuant to the Act. No licensee is required to register with the Board in order to certify patients. However, all advice or services provided pursuant to the Act must meet or exceed the applicable professional standard of care.

Source: Miss. Code Ann. § 73-43-11 (1972, as amended); Miss. Code Ann. § 41-137-5(7)(c) (as amended Mar. 27, 2023); Miss. Code Ann. § 41-137-9(2)(d) (2022).

Rule 1.2 | Definitions

For the purposes of Part 2640, Chapter 2, the following terms have the meanings indicated:

~~A. “Bona fide practitioner-patient relationship” means:~~

- ~~(i) A certifying practitioner and patient have a treatment or consulting relationship, during the course of which the certifying practitioner, within his or her scope of practice, has completed an in-person assessment of the patient’s medical history and current mental health and medical condition and has documented their certification in the patient’s medical records;~~
- ~~(ii) The certifying practitioner has consulted in person with the patient with respect to the patient’s debilitating medical condition; and~~
- ~~(iii) The certifying practitioner is available to or offers to provide follow up care and treatment to the patient.~~

A. “Bona fide practitioner-patient relationship” means:

- (i) A practitioner and patient have a treatment or consulting relationship, during the course of which the practitioner, within his or her scope of practice, has completed an in-person assessment of the patient’s medical history and current mental health and medical condition and has documented their certification in the patient’s medical file;
- (ii) The practitioner has consulted in person with the patient with respect to the patient’s debilitating medical condition; and

(iii) The practitioner is available to or offers to provide follow-up care and treatment to the patient.

B. “Cannabis” means all parts of the plant of the genus cannabis, the flower, the seeds thereof, the resin extracted from any part of the plant and every compound, manufacture, salt, derivative, mixture or preparation of the plant, its seeds or its resin, including whole plant extracts. Such term shall not mean cannabis-derived drug products approved by the federal Food and Drug Administration under Section 505 of the Federal Food, Drug, and Cosmetic Act.

~~C. “Certifying practitioner” means any physician or physician assistant who is licensed to prescribe under the licensing requirements set forth in the Administrative Code and the laws of this state, who maintains a current and unrestricted Mississippi medical license, has satisfied all continuing medical education requirements, and who has registered with both the Board and the Mississippi State Department of Health to certify patients as qualifying patients. For purposes of this Chapter, the term “practitioner” shall mean a “certifying practitioner.” For registered qualifying patients who are minors, “certifying practitioner” shall mean only a physician (Medical Doctor [MD] or Doctor of Osteopathic Medicine [DO]) who meets all other requirements for registration.~~

C. For the purposes of this Chapter, “Practitioner” means a physician or physician assistant who is licensed to prescribe medicine under the licensing requirements of the Boards and the laws of this state. In relation to a nonresident cardholder, the term means a physician or physician assistant who is licensed to prescribe medicine under the licensing requirements of their respective occupational boards and under the laws of the state or territory in which the nonresident patient resides. For registered qualifying patients who are minors, “practitioner” shall mean a physician or doctor of osteopathic medicine who is licensed to prescribe medicine under the licensing requirements of the Board and the laws of this state.

D. “Chronic pain” means 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 by the certifying practitioner.

E. “Debilitating medical condition” means:

(i) Cancer, Parkinson’s disease, Huntington’s disease, muscular dystrophy, glaucoma, spastic quadriplegia, positive status for human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS), hepatitis, amyotrophic lateral sclerosis (ALS), Crohn’s disease, ulcerative colitis, sickle-cell anemia, Alzheimer’s disease, agitation of dementia, post-traumatic stress disorder (PTSD), autism, pain refractory to appropriate opioid management, diabetic/peripheral neuropathy, spinal cord disease or severe injury, or the treatment of these conditions;

- (ii) A chronic, terminal or debilitating disease or medical diagnosis, or its treatment, that produces one or more of the following: cachexia or wasting syndrome, chronic pain, severe or intractable nausea, seizures, or severe and persistent muscle spasms, including, but not limited to, those characteristic of multiple sclerosis; or
 - (iii) Any other serious medical condition or its treatment added by the Mississippi Department of Health, as provided for in ~~the Act~~ Section 41-137-17.
- F. "Medical use" includes the acquisition, administration, cultivation, processing, delivery, harvest, possession, preparation, transfer, transportation, or use of medical cannabis or equipment relating to the administration of medical cannabis to treat or alleviate a registered qualifying patient's debilitating medical condition or symptoms associated with the patient's debilitating medical condition. The term "medical use" does not include:
 - (i) The cultivation of cannabis unless the cultivation is done by a cannabis cultivation facility; or
 - (ii) the extraction of resin from cannabis by mechanical or chemical extraction unless the extraction is done by a cannabis processing facility.
- G. "Qualifying Condition" means any condition as described and defined in Section 41-137-3(r) and in this chapter in R.1.2(E) of this Chapter.
- H. "Qualifying Patient" means a person who has been diagnosed by a practitioner as having a debilitating medical condition as described and defined in Section 41-137-3(r)(1) and has been issued a written certification, or who is eligible to receive such certification, under the Act Section 41-137-5.
- I. ~~"Scope of Practice" means the defined parameters of various duties, services or activities that may be provided or performed by a certifying practitioner under state law and the rules and regulations adopted by the Board.~~
"Scope of practice" means the defined parameters of various duties, services or activities that may be provided or performed by a physician as authorized under Section 73-25-33, or by a physician assistant under Section 73-26-5, and the rules and regulations adopted by the Board for those practitioners.
- J. "Written Certification" means a form approved by the Mississippi State Department of Health, signed and dated by a ~~certifying~~ practitioner, certifying that a person has a debilitating medical condition, ~~and that includes the following:~~ A written certification shall include the following:
 - (i) The date of issue and the effective date of the recommendation;
 - (ii) The patient's name, date of birth and address;

- (iii) The practitioner's name, address, and federal Drug Enforcement Agency number; and
- (iv) The practitioner's signature.

Source: Miss. Code Ann. § 73-43-11 (1972, as amended); Miss. Code Ann. § 41-137-3 (2022, as amended March 27, 2023).

Rule 1.3 | Certification

A. Certification Generally

~~(i) p~~Practitioners must be authorized and registered with ~~both the Board and~~ the Mississippi State Department of Health to certify patients as eligible to obtain cannabis for medical use. ~~A practitioner shall not issue a written certification unless (a) a bona fide certifying practitioner-patient relationship exists; (b) the certifying practitioner has diagnosed the patient as having a qualifying condition after an in-person evaluation, including any necessary and appropriate laboratory testing; and (c) the certifying practitioner believes, in his or her professional opinion, that the patient would likely receive medical or palliative benefit from the medical use of cannabis to treat or alleviate the patient's qualifying condition or symptoms associated with that condition. No person shall be authorized to use medical cannabis in this state unless the person (a) has been diagnosed by a practitioner, with whom the person has a bona fide practitioner-patient relationship within his or her scope of practice, as having a debilitating medical condition for which the practitioner believes, in his or her professional opinion, that the person would likely receive medical or palliative benefit from the medical use of medical cannabis to treat or alleviate the person's debilitating medical condition or symptoms associated with the person's debilitating medical condition, (b) has received a written certification of that diagnosis from the practitioner, and (c) has been issued a registry identification card from the MDOH under Section 41-137-23. A person who has been diagnosed by a practitioner as specified in paragraph (a) of this subsection shall be a qualifying patient, and the practitioner who has diagnosed the patient shall document that diagnosis with a written certification. However, nothing herein shall require a practitioner to issue a written certification.~~

~~A certifying practitioner shall conduct the evaluation, diagnosis, and certification processes in a manner consistent with all professional and medical standards of care, and document all information related to those processes in the patient's records.~~

- (ii) ~~A~~ written certification shall:
 - (a) Affirm that it is made in the course of a bona fide practitioner-patient relationship;
 - (b) Remain current for twelve (12) months, unless the certifying practitioner specifies a shorter period of time;
 - (c) Be issued only after an in-person assessment of the patient by the certifying practitioner;

- (d) Only be issued on behalf of a minor when the minor's parent or guardian, as defined in the Act, provides signed consent; and
- (e) Be limited to the allowable amount of cannabis in a thirty-day period.

B. Treatment Plan

~~Prior to certifying a patient, certifying practitioners must document a written treatment plan that includes:~~

- ~~(i) Review of other measures attempted to ease the suffering caused by the qualifying condition that do not involve the recommendation of cannabis.~~
- ~~(ii) Advice about other options for managing the qualifying condition.~~
- ~~(iii) Determination that the patient may benefit from cannabis.~~
- ~~(iv) Stated goals that include the reduction of, and optimally the elimination of, controlled substances used to treat the qualifying condition.~~
- ~~(v) Advice about the potential risks of the medical use of cannabis, to include:
 - ~~(a) The risk of cannabis use disorder;~~
 - ~~(b) Exacerbation of psychotic disorders and adverse cognitive effects for children and young adults;~~
 - ~~(c) Adverse events, including falls or fractures;~~
 - ~~(d) Use of cannabis during pregnancy or breast feeding;~~
 - ~~(e) The need to safeguard all cannabis and cannabis-infused products from children and pets; and~~
 - ~~(f) Notification to the patient that the cannabis is for the patient's use only and the cannabis should not be donated or otherwise supplied to another individual (i.e., diverted).~~~~
- ~~(vi) Additional diagnostic evaluations or other planned treatments.~~
- ~~(vii) A specific duration for the cannabis authorization for a period no longer than twelve (12) months.~~

~~Patients with a history of substance use disorder or a co-occurring mental health disorder may require specialized assessment and treatment. The certifying practitioner may seek consultation with, or refer the patient to, a pain management, psychiatric, addiction, or mental health specialist as needed.~~

~~After a certifying practitioner has issued a written certification for a patient, the Act requires the patient to make a follow-up visit with the practitioner not less than six (6) months after the date of issuance of the certification, for the practitioner to evaluate and determine the effectiveness of the patient's medical use of cannabis to treat or alleviate the patient's qualifying condition or symptoms associated with that condition. Should the patient fail to attend a follow-up visit as required, the certifying practitioner may not re-certify said patient until a follow-up visit is conducted.~~

After a practitioner has issued a written certification to a qualifying patient, a practitioner may assist the patient in registering for a registry identification card with the Department of Health, in a manner provided by regulations of the Department of Health.

After a qualifying patient receives a written certification from a practitioner, the patient shall be required to make a follow-up visit with the practitioner not less than six (6) months after the date of issuance of the certification for the practitioner to evaluate and determine the effectiveness of the patient's medical use of medical cannabis to treat or alleviate the patient's debilitating medical condition or symptoms associated with the patient's debilitating medical condition. Qualifying patients may make a follow-up visit with a different practitioner than the practitioner who originally issued their written certification, provided that such practitioner is otherwise registered and acting within their scope of practice and the provisions of this chapter.

C. B. Pediatric Certifications

Only physicians (Medical Doctors [MD] or Doctors of Osteopathic Medicine [DO]) may issue written certifications to registered qualifying patients who are minors (younger than eighteen (18) years of age).

A certifying practitioner may not issue a written certification to a qualifying patient who is younger than eighteen (18) years of age unless:

- (a) The qualifying patient's practitioner has explained the potential risks and benefits of the medical use of medical cannabis to the custodial parent or legal guardian with responsibility for health care decisions for the qualifying patient; and
- (b) The custodial parent or legal guardian with responsibility for health care decisions for the qualifying patient consents in writing to:
 - (i) Acknowledge the potential harms related to the use of medical cannabis;
 - (ii) Allow the qualifying patient's medical use of medical cannabis;
 - (iii) Serve as the qualifying patient's designated caregiver; and
 - (iv) Control the acquisition of the medical cannabis, the dosage and the frequency of the use of medical cannabis by the qualifying patient.

D. C. Young Adult Certifications

Notwithstanding any other provision to the contrary, a patient with a qualifying condition who is between eighteen (18) years to twenty-five (25) years of age is not eligible for a medical cannabis registry identification card unless two (2) practitioners from separate medical practices have diagnosed the patient as having a qualifying condition after an in-person consultation. One (1) of these practitioners must be a physician (Medical Doctor [MD] or Doctor of Osteopathic Medicine [DO]).

If one (1) of the recommending practitioners is not the patient's primary care practitioner, the recommending practitioner shall review the records of a diagnosing practitioner. The requirement that the two (2) practitioners be from separate medical practices does not apply if the patient is homebound or if the patient had a registry identification card before the age of eighteen (18).

Source: Miss. Code Ann. § 73-43-11 (1972, as amended); Miss. Code Ann. § 41-137-5 (2002, as amended March 27, 2023); Miss. Code Ann. § 41-137-9 (2022, as amended March 27, 2023); Miss. Code Ann. § 41-137-23 (2022, as amended March 27, 2023).

Rule 1.4 | Patient Record

~~A practitioner who assesses a patient for certification must maintain a complete record of his or her examination, evaluation and treatment of the patient. The record required by this rule must be maintained in the patient's medical records, and said records must be available for inspection by the representatives of the Mississippi State Board of Medical Licensure. Records shall be maintained for a minimum period of seven (7) years from the date of completion or the last certification occurred, assessment, just as with any other patient.~~

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

Rule 1.5 | Continuing Medical Education (CME)

~~Practitioners applying to register with the Board as a certifying practitioner for the first time must complete a minimum of eight (8) hours of CME in the area of medical cannabis before initial registration shall be approved. After the first year of registration, certifying practitioners shall complete at least five (5) hours of CME in the area of medical cannabis before a reapplication shall be approved. All CME hours in the area of medical cannabis must be earned in courses approved by the Mississippi State Department of Health. CME hours obtained under this rule are in addition to the standard number of CME hours required in Pts. 2610 and 2615.~~

- (a) A practitioner shall be registered to issue written certifications to qualifying patients by completing the required application process as set forth by the MDOH. The MDOH shall require a practitioner to complete a minimum of eight (8) hours of continuing education in medical cannabis in order to issue written certifications. After the first year of registration, these practitioners shall complete five (5) hours of continuing education in medical cannabis annually to maintain this registration.
- (b) A practitioner shall not be required to have any additional qualifications to be authorized to certify a qualifying patient for a registry identification card, other than

such requirements for practitioners as provided under the Mississippi Medical Cannabis Act.

- (c) A practitioner shall not be required to be registered to certify patients with any state agency or board other than the MDOH

Source: Miss. Code Ann. § 73-43-11 (1972, as amended); Miss. Code Ann. § 41-137-5 (2022, as amended March 27, 2023).

Rule 1.6 | Advertising

~~Advertising for cannabis certification must be professional in nature and may not be designed in such a way as to suggest that patients will obtain certification regardless of their condition or compliance with the requirements of the Act, or in any way that entices minors. Further, Title 15: Mississippi State Department of Health Part 22: Medical Marijuana Advertising and Marketing Chapter 1, Subchapters 1-5 Regulations for Advertisement and Marketing, provides additional requirements of licensees regarding advertising.~~

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

Rule 1.7 | Freedom of Choice and Conflicts of Interest

~~Patients are entitled to the same freedom of choice in selecting where to obtain their cannabis as they are in the choice of a certifying practitioner. The following conduct by any certifying practitioner is a direct violation of the Mississippi Medical Cannabis Act and is prohibited: (a) purposefully referring patients to a specific medical cannabis establishment or to a registered designated caregiver, (b) advertising in a medical cannabis establishment, or (c) issuing written certifications while holding a financial interest in a medical cannabis establishment.~~

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

Rule 1.8 | Mississippi Prescription Monitoring Program (MPMP) and Urine Drug Screening

~~Certifying Practitioners who certify patients for cannabis must review the MPMP at each patient encounter involving certification, re-certification, or follow up related to medical cannabis. MPMP data reviewed shall include all information since the previous review. The certifying practitioner shall note in the patient's chart that the MPMP was reviewed and provide appropriate information regarding the findings of said review.~~

~~As part of the in-person evaluation of a patient for initial certification or for re-certification each year, certifying practitioners shall conduct urine drug screening (UDS) and other laboratory tests necessary for full evaluation of the patient's eligibility for medical cannabis. In the absence of~~

~~urine, other testing methods may be used. Tests must include, at a minimum, assays for opioids, benzodiazepines, amphetamines, cocaine, and cannabis. Inconsistent UDS should be utilized as a tool to determine compliance with treatment.~~

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

~~Rule 1.9 | Concomitant Prescribing of Controlled Substances and Cannabis Certification~~

~~The concomitant prescribing of controlled substances after certification for cannabis is generally discouraged and should be considered with caution. There is a lack of data currently on the interactions between controlled substances and cannabis. When considering certification or recertification for cannabis, certifying practitioners should focus on improving their patient's quality of life while simultaneously assessing for contraindications to the concurrent use of controlled substances and cannabis, with the goal of greatly reducing or completely eliminating other mood-altering substances when possible.~~

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

~~Rule 1.106 | Violations~~

~~Violation of any of the rules or requirements in this Part 2640, Chapter 2, or of any provision of the Mississippi Medical Cannabis Act, constitutes unprofessional conduct in violation of Miss. Code Ann. § 73-25-29(8)(d) and may subject a licensee to discipline. Discipline under this Chapter and other provisions of the Administrative Code shall be in addition to any other civil, criminal, or administrative penalties available under state law.~~

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

The above rules pertaining to cannabis certification shall become effective August 26, 2022; as amended <DATE>.

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

SCOTT ELBERT NELSON, M.D.

SURRENDER OF MEDICAL LICENSE

WHEREAS, SCOTT ELBERT NELSON, M.D., hereinafter referred to as "Licensee," is the current holder of Mississippi Medical License No. 12527, issued on July 1, 1990, to practice medicine in the State of Mississippi;

WHEREAS, on or about November 3, 2017, an Indictment by a Grand Jury was filed in the United States District Court for the Northern District of Mississippi setting forth a number of counts and allegations against Licensee and other defendants, to include conspiracy to defraud a health care benefit program, namely Medicare and Medicaid, related to false certifications and referrals for patients to hospice;

WHEREAS, on or about April 4, 2022, the jury in the trial returned a verdict of guilty;


WHEREAS, the aforementioned guilty verdict constitutes conviction of a felony or misdemeanor involving moral turpitude, in violation of Miss. Code Ann. § 73-25-29(6) (1972), as amended, for which the Mississippi State Board of Medical Licensure may revoke said license, or take any other action the Board may deem proper under the circumstances.

NOW, THEREFORE, in order to resolve this matter now pending before the Board, Licensee hereby voluntarily surrenders his license (No. 12527) to practice medicine in the State of Mississippi and understands said Surrender shall be effective immediately upon

the start of Licensee's sentence. Licensee understands this is an unconditional surrender and is reportable to the National Practitioner 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, **SCOTT ELBERT NELSON, M.D.**, nevertheless, hereby waives his right to notice and a formal adjudication of charges and hereby voluntarily executes this **Surrender of Medical License**.

EXECUTED, this the 2nd, day of June, 2023.


SCOTT ELBERT NELSON, M.D.

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE LICENSE OF:

MEHYAR HEFAZI TORGHABEH, M.D. (No. 28866)

ORDER OF CONTINUANCE

THIS MATTER came on regularly for consideration by the Mississippi State Board of Medical Licensure in response to a request for continuance of the hearing set for this date by Mehayar Hefazi Torghabeh, M.D., (hereinafter "Licensee") through his counsel Douglas Mercier, Esq. After consideration of the matter, the Board finds Licensee's request to be well-taken, and is hereby **GRANTED**.

IT IS, THEREFORE, ORDERED, that this matter is continued until September 14, 2023.

SO ORDERED this, the 27th day of July 2023.

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

BY:



Michelle Y. Owens, M.D.
President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE LICENSE OF:

FATIMA YOUSEF HUSSEIN, M.D. (No.29421)


ORDER OF CONTINUANCE

THIS MATTER came on regularly for consideration by the Mississippi State Board of Medical Licensure in response to a request for continuance of the hearing set for this date by Fatima Yousef Hussein, M.D., (hereinafter "Licensee") through his counsel Douglas Mercier, Esq. After consideration of the matter, the Board finds Licensee's request to be well-taken, and is hereby **GRANTED**.

IT IS, THEREFORE, ORDERED, that this matter is continued until September 14th, 2023.

SO ORDERED this, the 27th day of July 2023.

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

BY: 
Michelle Y. Owens, M.D.
President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE LICENSE OF:

MICHAEL LAWRENCE SANDERS, M.D. (No. 15970)

THIRD ORDER OF CONTINUANCE

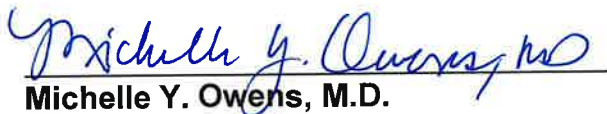
THIS MATTER came on regularly for consideration by the Mississippi State Board of Medical Licensure in response to a request for continuance of the hearing set for this date by Michael Lawrence Sanders, M.D., (hereinafter "Licensee") through his counsel Douglas Mercier, Esq. After consideration of the matter, the Board finds Licensee's request to be well-taken, and is hereby **GRANTED**.

IT IS, THEREFORE, ORDERED, that this matter is continued until September 14th, 2023.

SO ORDERED this, the 27th day of July 2023.

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

BY:



**Michelle Y. Owens, M.D.
President**

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE LICENSE OF:

STEPHEN DERRICK SUDDERTH, M.D. (No. 17597)

THIRD ORDER OF CONTINUANCE

THIS MATTER came on regularly for consideration by the Mississippi State Board of Medical Licensure in response to a request for continuance of the hearing set for this date by Stephen Sudderth, M.D., (hereinafter "Licensee") through his counsel Douglas Mercier, Esq. After consideration of the matter, the Board finds Licensee's request to be well-taken, and is hereby **GRANTED**.

IT IS, THEREFORE, ORDERED, that this matter is continued until September 14th, 2023.

SO ORDERED this, the 27th day of July 2023.

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

BY: 
Michelle Y. Owens, M.D.
President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE LICENSE OF:

FOLUSO A. FAKOREDE, M.D. (No. 23725)

ORDER OF CONTINUANCE

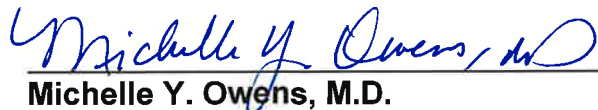
THIS MATTER came on regularly for consideration by the Mississippi State Board of Medical Licensure in response to a request for continuance of the hearing set for this date by Foluso A. Fakorede, M.D., (hereinafter "Licensee") through his counsel Douglas Mercier, Esq. After consideration of the matter, the Board finds Licensee's request to be well-taken, and is hereby **GRANTED**.

IT IS, THEREFORE, ORDERED, that this matter is continued until September 14th, 2023.

SO ORDERED this, the 27th day of July 2023.

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

BY:



**Michelle Y. Owens, M.D.
President**

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE LICENSE OF:

GREGORY A. AUZENNE, M.D. (No. 20220)

SECOND ORDER OF CONTINUANCE

THIS MATTER came on regularly for consideration by the Mississippi State Board of Medical Licensure in response to a request for continuance of the hearing set for this date by Gregory A. Auzenne, M.D., (hereinafter "Licensee") through his counsel Jeffery S. Moore, Esq. After consideration of the matter, the Board finds Licensee's request to be well-taken, and is hereby **GRANTED**.

IT IS, THEREFORE, ORDERED, that this matter is continued until September 14th, 2023.

SO ORDERED this, the 27th day of July 2023.

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

BY: Michelle Y. Owens, M.D.
Michelle Y. Owens, M.D.
President

**BEFORE THE MISSISSIPPI STATE
BOARD OF MEDICAL LICENSURE**

IN THE MATTER OF THE LICENSE OF:
MARK HOWARD FLETCHER, M.D.

ORDER REMOVING RESTRICTIONS

THIS MATTER came on regularly for hearing on July 27, 2023, before the Mississippi State Board of Medical Licensure (hereinafter “Board”), pursuant to Title 73, Chapter 25 of Mississippi Code (1972) Annotated. Mark Howard Fletcher, M.D. (“Licensee”), seeks removal of restrictions prohibiting him to work with nurse practitioners and prescribe controlled substances.

On January 12, 2017, a Consent Order placed Licensee on probation, with the removal of said probation subject to the following terms and conditions:

1. Licensee shall attend and successfully complete not less than 10 hours Continuing Medical Education (CME) courses in each of the areas of Medical Ethics, Prescribing of Controlled Substances, and Medical Record Keeping. Any credits for each CME course shall be in addition to the usual forty (40) hours of Category 1 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. The CME provider

must be approved by the Board and the Licensee shall submit documented proof to the Board of successful completion of the course(s).

2. Licensee shall obtain the services of a workplace monitor to provide monitoring services, such as those offered by Affiliated Monitors, Inc., or some other Board pre-approved monitor. The monitor shall submit written documentation of his or her credentials and training sufficient to demonstrate to the satisfaction of the Board that he or she possesses the knowledge, skills, and integrity which are reasonably necessary to provide all monitoring services required by the terms of this Order. The Board-approved monitor shall not be owned by or employ person(s) who: (a) is related to the Licensees by blood or marriage; (b) has had a social or professional relationship with Licensee prior to the execution of this Order; (c) receives any compensation of any nature from Licensee; or (d) otherwise has a conflict as determined by the Board.

Upon approval of the selected monitor by the Board, Licensee shall enter into a written agreement with the Board-approved monitor for the performance of the monitoring services. A copy of the agreement shall be submitted to the Board. This agreement shall specifically provide that:

- i) The terms of the Order shall be incorporated into the terms of the monitoring agreement;
- ii) Licensee shall cooperate with the Board-approved monitor and provide the monitor with full and complete access to any and all

notes, documents and other materials which the monitor deems reasonably necessary for the performance of the monitoring services described in the Order;

- iii) Licensee shall be solely responsible for assuring access to all necessary records and notifying any institutional custodian of medical records;
- iv) The monitor will promptly report to the Board any deficiencies in the Licensee's practice which threaten or may threaten the health, safety or welfare of any patients or the public;
- v) Any effort to influence the monitoring process, or the content of any report prepared by the monitor, will be reported to the Board immediately; and
- vi) Licensee is responsible for all costs associated with the execution of the monitoring services, and understands that failure to pay the cost of the monitoring services in accordance with the terms of the agreement for monitoring services may be treated by the Board as a failure to comply with the terms of this Order.

The Board-approved monitor shall conduct reviews of Licensee's practice and records. Such reviews shall occur at least monthly and may include in-person visits to the Licensee's practice location if the monitor deems such visits necessary. Record reviews shall focus on Licensee's prescribing of controlled substances; treatment of family members, friends, and colleagues; diagnosis

and treatment of narcolepsy and attention deficit disorder and hyperactivity; and overall medical practice. The monitor shall also determine if Licensee practices within recognized professional standards of care and complies with applicable laws and regulations. The Board-approved monitor shall randomly select not less than ten (10) patient charts to be reviewed each month. The Board-approved monitor or monitoring company shall report its findings to the Board, in writing, on a quarterly basis. If the Board-approved monitor or monitoring company identifies any problems with the Licensee's practices, Licensee shall submit a written plan for correction of those problems to the Board no later than thirty (30) days after Licensee's receipt of the monitoring report in which the problem was investigated. In the event the Board receives more than two (2) adverse reports in a twelve (12) month period, Licensee will be subject to further disciplinary action. This period of monitoring, which shall begin upon the acceptance by the Board of the above mentioned monitoring agreement, shall be for a period of not less than sixty (60) months or five (5) years, and may be extended if deemed necessary by the Board.

3. Licensee shall obey all federal, state and local laws, and all rules and regulations governing the practice of medicine.
4. Licensee expressly agrees he will not seek an appearance before the Board prior to the completion of the terms of this Order and, further, agrees the terms and conditions in this order, once executed, may not be appealed.

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

In September 2018, Licensee requested removal of the requirement that his practice be monitored by Affiliated Monitoring. The Board approved Licensee's request—noting that Licensee had complied with all other terms and conditions in the 2017 Order, and stating that “[a]ll other requirements imposed by virtue of the Consent Order dated January 12, 2017 shall remain in full force and effect.”

At the hearing on July 27, 2023, Licensee appeared before the Board without counsel. Complaint Counsel for the Board was Honorable Paul Barnes. Also present was Complaint Co-Counsel 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 Michelle Owens, M.D, President; Thomas Joiner, M.D.; David McClendon, Jr., M.D., Kirk Kinard, D.O.; Allen Gersh, M.D.; Roderick Givens, M.D.; William Loper, III, M.D.; and Renia Dotson, M.D. Consumer members present were Koomarie “Shoba” Gaymes and Wesley Breland.

The Board received proof that all requirements, including Continuing Medical Education, have been satisfied. Accordingly, the Board finds Licensee's request to remove all remaining restrictions on his license to be well-taken.

IT IS THEREFORE ORDERED that Licensee's request for removal of the restrictions to work with nurse practitioners and prescribe controlled substances is hereby approved. Licensee now holds an unrestricted license to practice medicine in the State of Mississippi.

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

SO ORDERED, this the 27th day of July 2023.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY: 
**MICHELLE Y. OWENS, M.D.
PRESIDENT**

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

COSMIN DOBRESCU, M.D.

ORDER OF TEMPORARY SUSPENSION

WHEREAS, COSMIN DOBRESCU, M.D., hereinafter referred to as "Licensee," is the current holder of expired Mississippi Medical License No. 31340. Licensee maintains the inchoate right of renewal, and is thus subject to the jurisdiction and authority of the Mississippi State Board of Medical Licensure, hereinafter referred to as the "Board";

WHEREAS, Licensee specializes in the sub-specialty area of Thoracic and Cardiovascular Surgery;

WHEREAS, evidence in support of this Order of Temporary Suspension and the Determination of Need are set forth in the Affidavit of Jonathan Dalton, Director of Investigations for the Board (hereinafter "Affiant"), attached hereto as Exhibit "A" and incorporated herein by reference;

WHEREAS, the Board has determined that the evidence in its possession indicates that Licensee's continued practice of medicine would constitute an immediate danger to public health and safety.

NOW, THEREFORE, IT IS HEREBY ORDERED, that pursuant to authority granted in Miss. Code Ann. § 73-25-89, Mississippi Medical License No. 31340 is hereby **temporarily suspended**, and Licensee shall be prohibited from the practice of medicine pending the outcome of a hearing as scheduled in the matter.

The above action is hereby taken on a temporary basis, without a hearing. Enclosed herewith and served as part of this Order of Temporary Suspension, is a copy of the Determination of the Board, wherein it was found that the Board has in its possession evidence indicating that Licensee's continuation in the practice of medicine would constitute an immediate danger to public health and safety. Pursuant to authority granted by Miss. Code Ann. § 73-25-89, the Board may suspend a license on a temporary basis, without a hearing, which it could otherwise take following a hearing, provided proceedings for a hearing before the Board are initiated simultaneously with such temporary action and, provided that Licensee be provided a hearing within fifteen (15) days of such action. Also enclosed is a Summons with supporting Affidavit which designates the time and place for a hearing as July 27, 2023, at 9:00 a.m., within the fifteen-day statutory requirement.

IT IS FURTHER ORDERED, that a copy of this Order shall be sent by registered mail or personally served upon Cosmin Dobrescu, M.D., and should be effective immediately upon receipt thereof.

ORDERED this the 24th of July 2023.

Mississippi State Board of Medical Licensure

A handwritten signature in blue ink that reads "Ken Cleveland". The signature is written in a cursive style and is positioned above a horizontal line.

KENNETH E. CLEVELAND, M.D.
EXECUTIVE DIRECTOR
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

COSMIN DOBRESU, M.D.

DETERMINATION OF NEED FOR TEMPORARY SUSPENSION

WHEREAS, the Mississippi State Board of Medical Licensure, hereinafter referred to as the "Board," has determined that there is clear, competent, and unequivocal evidence in its possession that the continued practice of medicine by COSMIN DOBRESU, M.D., hereinafter referred to as "Licensee," would constitute an imminent danger to the public health and safety. Said facts in support of this Determination are set forth by the Affidavit of Jonathan Dalton, Director of Investigations for the Board, attached hereto as Exhibit "A" and incorporated herein by reference;

WHEREAS, it is the duty of the Mississippi State Board of Medical Licensure to protect the public, and to especially do so in cases that demonstrate that immediate harm may be imminent or ongoing.

NOW, THEREFORE, IT IS HEREBY ORDERED, that temporary disciplinary action should be taken, without a hearing, suspending Licensee from the practice of medicine, provided that proceedings for a hearing before the Board are initiated simultaneously with said temporary action pursuant to authority granted in Miss. Code Ann. § 73-25-89 (1972);

IT IS FURTHER ORDERED, that a copy of this Determination shall be sent by registered mail or personally served upon Cosmin Dobrescu, M.D., and should be effective immediately upon receipt thereof.

ORDERED, this the 24th day of July, 2023.

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

A handwritten signature in blue ink, appearing to read "Ken Cleveland", written over a horizontal line.

Kenneth E. Cleveland, M.D.
Executive Director

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

COSMIN DOBRESCU, M.D.

SUMMONS

**TO: COSMIN DOBRESCU, M.D.
1658 N MILWAUKEE AVE
STE B
CHICAGO, IL 60647-5652**

LICENSE NO. 31340

YOU ARE HEREBY SUMMONED to appear before the Mississippi State Board of Medical Licensure in its Board Room, 1867 Crane Ridge Drive, Suite 200-B, Jackson, Hinds County, Mississippi, on July 27, 2023, at 9:00 a.m., to answer the charges filed against you in the matter now pending before this Board. The Mississippi State Board of Medical Licensure, charged by law with the licensing of medical practitioners in this state, under Title 73, Chapter 25, Miss. Code Ann. (1972), charges that you, a physician duly licensed under the authority of the Mississippi State Board of Medical Licensure and the laws of the State of Mississippi, are guilty of the suspension or other restriction imposed on a license by a licensing authority of another state or jurisdiction and are guilty of unprofessional conduct, which includes being guilty of dishonorable or unethical conduct likely to deceive, defraud or harm the public.

Pursuant to Section 73-25-29 (8)(d) and (9), and Section 73-25-83(a), Miss. Code Ann., as amended, such action constitutes grounds for which the Mississippi State Board of Medical Licensure may place your license on probation, the terms of which may be set by the Board, suspend your right to practice for a time deemed proper by the Board,

revoke your Mississippi medical license or take any other action in relation to your license as the Board may deem proper under the circumstances.

The Mississippi State Board of Medical Licensure further advises that you have the right to be present at the hearing, to be represented by counsel, to produce witnesses or evidence on your behalf, to cross-examine witnesses and to have subpoenas issued on your behalf by this Board.

You are advised to review and comply with Title 30, Part 2645, Rules of Procedure of the Administrative Code of the Board. A full text of the Board's "Rules of Procedure" can be found at the Board's website, www.msbml.ms.gov or can be obtained from the Board's office.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the 24th day of July, 2023.


KENNETH E. CLEVELAND, M.D.
EXECUTIVE DIRECTOR
MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE

Board Complaint Counsel:
Paul Barnes

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
IN THE MATTER OF THE MEDICAL LICENSE
OF
COSMIN DOBRESCU, M.D.

CERTIFICATE OF SERVICE

I, Jonathan Dalton, do hereby certify that I have this date served a true and correct copy of the following documents: 1. Order of Temporary Suspension, 2. Determination of Need For Temporary Action, 3. Summons, and 4. Affidavit, via Board-registered email to the person(s) hereinafter listed:

Cosmin Dobrescu, M.D.
1658 N Milwaukee Ave
Ste. B
Chicago, IL 60647-5652

Dated this the 24th day of July, 2023.

Signed:  _____

Title: Director of Investigations - MSBML

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

OF

WAYNE WEI-TEH LIOU, M.D.

CONSENT ORDER

WHEREAS, Wayne Wei-Teh Liou, M.D., hereinafter referred to as "Licensee," is the current holder of License No. 19256, issued March 13, 2006, for the practice of medicine in the State of Mississippi;

WHEREAS, on March 15, 2023, the Wisconsin Medical Examining Board, hereinafter referred to as the "Wisconsin Board," entered a Final Decision and Order, accepting the Stipulation of Licensee in regard to engaging in unprofessional conduct as defined in Wisconsin Administrative Code § Med 10.03 (2)(b), by departing from or failing to conform to the standard of minimally competent medical practice which creates an unacceptable risk to a patient or the public whether or not the act or omission resulted in actual harm to any person;

WHEREAS, as a part the Wisconsin Board Order, Licensee's Wisconsin medical license became Limited and was Reprimanded, and he was further required to complete three (3) hours of education on the topic of imaging and neurological emergencies in the spine;

WHEREAS, on April 19, 2023, after Licensee completed the aforementioned requirements, the Wisconsin Board issued a subsequent Order, returning Licensee's Wisconsin medical license back to full, unrestricted status;

WHEREAS, pursuant to Miss. Code Ann. § 73-25-29 (9) (1972), the aforementioned actions by the Wisconsin Board constitute action against Licensee's ability to practice in another jurisdiction, grounds for which the Mississippi State Board of Medical Licensure may revoke the Mississippi medical license of Licensee, suspend his right to practice for a time deemed proper by the Board, place his license on probation, the terms of which may be set by the Board, or take any other action in relation to his license as the Board may deem proper under the circumstances;

WHEREAS, Licensee wishes to avoid a hearing before the Mississippi State Board of Medical Licensure and, in lieu thereof, has consented to certain conditions on his license to practice medicine in the State of Mississippi.

NOW, THEREFORE, the Mississippi State Board of Medical Licensure, with consent of Licensee as signified by his joinder herein, does hereby formally **REPRIMAND** Licensee, subject to the following terms and conditions:

1. Licensee understands that nothing in this Order shall constitute a restriction or limitation on his license and therefore holds an unrestricted license in Mississippi.
2. Licensee understands and expressly acknowledges that, should Licensee challenge or dispute any provision or statement in this agreement during the Board approval process, this Consent Order will automatically be rendered null and void, and this matter shall be set for a full evidentiary hearing at the convenience of the Board.
3. Licensee shall obey all federal, state, and local laws, and all rules and regulations governing the practice of medicine. Any further acts of misconduct will result in further action.

4. Licensee shall reimburse the Board for all costs incurred in relation to the pending matter pursuant to Miss. Code Ann. § 73-25-30, said amount not to exceed \$10,000. Licensee shall be advised of the total assessment by separate written notification and shall tender to the Board a certified check or money order 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.

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.

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. Licensee further acknowledges that he may be required to personally appear before the Board on the scheduled hearing date to answer any questions which the Board may have. 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, including Licensee's answers to questions, shall not unfairly or illegally prejudice the Board or any of its members from participation in any further proceedings.

Licensee understands and expressly acknowledges that this Consent Order, if approved and executed by the Mississippi State Board of Medical Licensure, shall constitute a public record of the State of Mississippi. Licensee further acknowledges that the Board shall provide a copy of this Order to, among others, the Federation of State Medical Boards, and the Board makes no representation as to action, if any, which any other agency or jurisdiction may take in response to this Order.

Recognizing his right to notice of charges specified against him, to have such charges adjudicated pursuant to Miss. Code Ann. § 73-25-27, 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, **WAYNE WEI-TEH LIOU, M.D.** nonetheless, hereby waives his right to notice and a formal adjudication of charges and authorizes the Board to enter an order accepting this Consent Order.

EXECUTED, this the 16 day of June, 2023.


Wayne W. Liou, M.D.

ACCEPTED AND APPROVED this the 27th day of July, 2023, by the Mississippi State Board of Medical Licensure.


Michelle Y. Owens, M.D.
Board President