

BOARD MINUTES
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
May 18, 2023

The regularly scheduled meeting of the Mississippi State Board of Medical Licensure was held on Thursday May 18, 2023, in Hinds County, Jackson, Mississippi.

THE FOLLOWING MEMBERS WERE PRESENT:

David W. McClendon, Jr., M.D., Ocean Springs, President
C. Kenneth Lippincott, M.D., Tupelo, Secretary
Kirk L. Kinard, D.O., Oxford
Thomas Joiner, M.D., Jackson
H. Allen Gersh, M.D., Hattiesburg
Roderick Givens, M.D., Natchez
William E. Loper, M.D., Ridgeland
Shoba Gaymes, Jackson, 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
Jerod Smoote, IT Director
Kristin Wallace, Clinical Director of Physician Compliance
Jonathan Dalton, Director of Investigations
Frances Carrillo, Executive Assistant

NOT PRESENT:

Michelle Y. Owens, M.D., Jackson, Vice President
Renia Dotson, M.D., Greenville
Major General (Ret.) Erik Hearon, Jackson, Consumer Member
Wesley Breland, Hattiesburg, Consumer Member

The meeting was called to order at 9:00 am, by Dr. McClendon, President. The invocation was given by Dr. Loper, and the pledge was led by Dr. Kinard.

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

Executive Director Report

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

Review and Approval of Minutes of the Executive Committee dated March 22, 2023.

Upon review of the minutes of the Executive Committee Meeting dated March 22, 2023, Dr. Joiner 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 March 22, 2023.

Upon review of the minutes of the Board Meeting dated March 22, 2023, Dr. Kinard moved for approval of the minutes as submitted. Dr. Loper seconded the motion and it carried unanimously.

Report of May 17, 2023, Executive Committee Meeting

Dr. Lippincott reported on the matters discussed by the Executive Committee on May 17, 2023, and the recommendations made.

A motion was made by Dr. Kinard, seconded by Dr. Loper, 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. 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

Dr Lippincott reported that the Mississippi Physician Health Program Board of Directors meeting reported participation in the program, the Prescribers Summit and the planned retreat next month.

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

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

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

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

Physician Assistant Advisory Task Force - Dr. Owens (Chair), Dr. Kinard, 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 advised the Federation of State Medical Board, and the National Physician Assistant Association has approved the language for Physician Assistant compact licensure. Physician Assistant license portability has been passed in four states.

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

Dr. Joiner reported the Rules, Regulation & Legislative Committee is recommending:

Proposed changes:

Pt 2615 Chapter 1: The Practice of Physician Assistants

Pt 2640: Chapter 2: Cannabis Certification

Final Adopt:

Pt. 2605, Ch. 1 Licensure Requirements for the Practice of Allopathic Doctors and Osteopathic Physicians

Pt. 2605, Ch. 2 Licensure Requirements for the Practice of Podiatrists

Pt. 2605, Ch. 3 Temporary Licensure

Pt. 2601, Ch. 1 Licensure Rules Governing the Practice of Allopathic Physicians, Osteopathic Physicians, Podiatrists, Physician Assistants, Radiologist Assistants and Acupuncturist

Pt. 2601, Ch. 2 Effect of Application

Pt. 2640, Rule. 1.5 Use of Diet Medication

Dr. Joiner briefly reviewed the proposed language of the regulations and after discussion, a motion was made by Dr. McClendon, seconded by Dr. Kinard to final adopt the proposed changes of Pt. 2605, Ch. 1 Licensure Requirements for the Practice of Allopathic Doctors and Osteopathic Physicians, Pt. 2605, Ch. 2 Licensure Requirements for the Practice of Podiatrists, Pt. 2605, Ch. 3 Temporary Licensure, Pt. 2601, Ch. 1 Licensure Rules Governing the Practice of Allopathic Physicians, Osteopathic Physicians, Podiatrists, Physician Assistants, Radiologist Assistants and Acupuncturist, Pt. 2601, Ch. 2 Effect of Application, and Pt. 2640, Rule. 1.5 Use of Diet Medication and it carried unanimously.

A motion was made by Dr. Loper, seconded by Dr. Kinard to accept the proposed changes of Pt 2640: Chapter 2: Cannabis Certification and it carried unanimously.

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A motion was made by Dr. McClendon, seconded by Dr. Loper to accept the proposed changes of Pt 2615 Chapter 1: The Practice of Physician Assistants and it carried unanimously.

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

PERSONAL APPEARANCE OF NEVILLE DOSSABHOY, M.D., UMMC NEPHROLOGY DISPENSING INVESTIGATIONAL MEDICATION

Dr. Dossabhoj is seeking an exception to the requirement of having to register as a dispensing physician to dispense investigational medication for research protocols within the UMMC Nephrology to include the Jackson Medical Mall.

After discussion and questions from the Board, a motion by Dr. Lippincott, seconded by Dr. Loper, and carried that the request for an exception to register as a dispensing physician for the UMMC Nephrology Division to include the Jackson Medical Mall is granted.

HEARING IN THE CASE OF, MEHUL PIYUSH DIXIT, M.D., JACKSON, MS MISSISSIPPI MEDICAL LICENSE 21228

Mr. Barnes advised Dr. Dixit's attorney; Mr. Dennis Horne had formally requested for a reasonable continuance in this matter in light of recent publicized criminal matters. Mr. Barnes recommended to continue this hearing until January 2024. 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. Joiner, seconded by Dr. Kinard, and carried unanimously to accept the motion for a continuance until the January 2024 Board meeting.

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

FOR INFORMATIONAL PURPOSES

OSCAR D. ALMEIDA, M.D., MOBILE, AL, MISSISSIPPI MEDICAL LICENSE 18856

Surrender of medical license effective April 8, 2023.

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

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

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

A motion was made by Dr. Loper, seconded by Dr. Joiner, 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**

Mr. Barnes advised Dr. Fakorede is represented by Doug Mercier and that this is a first motion for a continuance in this matter.

A motion was made by Dr. Joiner, seconded by Dr. Kinard, 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 MICHAEL L. SANDERS, M.D., RIDGELAND, MS
MISSISSIPPI MEDICAL LICENSE 15970**

Mr. Barnes advised Dr. Sanders' attorney requested a continuance in this matter.

A motion was made by Dr. Loper, seconded by Dr. Kinard, 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**

Mr. Barnes advised Dr. Sudderth's attorney Mr. Doug Mercier had requested a continuance in this matter.

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

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

APPROVAL OF CONSENT ORDER FOR RACHEL N. HULL, M.D. MISSISSIPPI MEDICAL LICENSE 21690

Mr. Barnes briefly summarized the circumstances leading to the Consent Order. The Board had received a complaint reporting Dr. Hull had improperly accessed medical records in violation of HIPAA.

Mr. Barnes introduced Dr. Hull and she was sworn in by the court reporter. Mr. Barnes advised this is a request by Dr. Hull for approval of a proposed Consent Order.

Dr. Hull summarized to the Board the circumstances regarding the HIPAA violation and the resulting termination from Rush Hospital. Dr. Hull answered questions by Mr. Barnes and Board members.

A motion was made by Dr. Joiner, seconded by Dr. Kinard, and carried unanimously to approve the Consent Order.

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

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

APPROVAL OF CONSENT ORDER FOR MASSIE HEADLEY, M.D., BRANDON, MS MISSISSIPPI MEDICAL LICENSE 18856

Mr. Barnes introduced Dr. Headley and his counsel Mr. Sensing. Mr. Barnes briefly summarized the circumstances leading to the Consent Order. Dr. Headley's practice provided IV hydration therapy to patients without a qualified healthcare professional whereby assisting in the unlawful practice of medicine .

Mr. Sensing made a statement regarding this matter.

Dr. Headley was sworn in by the court reporter.

Dr. Headley summarized to the Board the circumstances regarding the IV therapy practice. Mr. Barnes reviewed the proposed consent order terms and conditions. Dr. Headley answered questions by Board members.

A motion was made by Dr. Loper, seconded by Dr. Gersh, and carried unanimously to approve the Consent Order.

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

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

THE BOARD RECESSED AT 10:39 AM AND RECONVENED AT 10:49 AM

**HEARING IN THE CASE OF LAURA PURDY, M.D., BRENTWOOD, TN
MISSISSIPPI MEDICAL LICENSE 25959**

Mr. Barnes summarized Dr. Purdy's charges of violations of the regulation regarding telemedicine and made an opening statement.

Mr. Chapman introduced as counsel for Dr. Purdy and made an opening statement.

Mr. Barnes introduced documents into the record.

Dr. Purdy was sworn in by the court reporter.

Dr. Purdy is called to the stand and is questioned by Mr. Barnes starting with a summary of her education and training and treatment of telemedicine patients.

Mr. Chapman questioned Dr. Purdy.

Dr. Purdy answered questions from Board members.

Mr. Barnes made a closing statement.

Mr. Chapman made a closing statement.

A motion was made by Dr. Loper, seconded by Dr. Joiner, and carried that the Board meeting be closed to discuss whether to enter into executive session on this matter.

A motion by Dr. Kinard, seconded by Dr. Loper, and carried that the Board enter into executive session to discuss and deliberate a matter related to alleged misconduct by Dr. Purdy and possible entry of an appealable order.

Upon a motion by Dr. Kinard, seconded by Dr. Loper and carried, the Board came out of executive session at which time Dr. McClendon asked Dr. Lippincott to report on its decision. Dr. Lippincott reported the Board finds Dr. Purdy guilty of violation of the rules and guilty of Counts 1 and 2. Licensee is suspended for three months with the suspension stayed, Licensee is to complete the CPEP Probe course, and is prohibited from practicing telemedicine until June 17 to reflect her self-imposed abstention from practicing since April. Licensee is to report to the Executive Director for review of her current telemedicine practice standard operating procedures in three months.

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

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

THE BOARD RECESSED FOR LUNCH AT 12:36 PM AND RETURNED AT 1:15 PM

PURSUANT TO MS CODE § 73-25-27, INVESTIGATIVE SUBPOENAS FOR APPROVAL, CASE NUMBERS: 2023-071, 2023-030 AND 2023-076.

A motion was made by Dr. Joiner, seconded by Dr. Lippincott, 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 2023-071, 2023-030 and 2023-076. (Agenda Item 19)

APPROVAL OF EXAMINING COMMITTEE REPORT PURSUANT TO MS CODE § 73-25-61

A motion was made by Dr. Owen, seconded by Dr. Loper, and carried that the Board meeting be closed to discuss whether to enter into executive session for the purpose of approving Examining Committee Report pursuant to MS Code § 73-25-61. (Agenda Item 20).

CLOSED SESSION

During closed session, a motion was made by Dr. Joiner, seconded by Dr. Loper, and carried that the Board enter executive session for the purpose of approving investigative subpoenas for case numbers 2023-071, 2023-030 and 2023-076. (Agenda Item 19), and approving Examining Committee Report pursuant to MS Code § 73-25-61 (Agenda Item 20). The Board entered executive session to consider those two (2) agenda items seriatim.

Upon a motion by Dr. Kinard, seconded by Dr. Joiner and carried unanimously, the Board came out of executive session. It was reported that the Board unanimously approved the investigative subpoenas for case numbers 2023-071, 2023-030 and 2023-076. (Agenda Item 19). 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. The Board also approved the Examining Committee Report pursuant to MS Code § 73-25-61. (Agenda Item 20)

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

Mr. Barnes advised the Board that this matter is under the disabled or impaired physician law and will be necessary to be held in executive session. Mr. Barnes requested the Board close the meeting to go into executive session.

A motion was made by Dr. Kinard, seconded by Dr. Joiner, and carried that the Board meeting be closed to discuss a matter in executive session pursuant to MS Code § 73-25-61.

Upon a motion by Dr. Joiner, seconded by Dr. Loper and carried unanimously, the Board came out of executive session.

PETITION TO LIFT RESTRICTIONS OF JAMES L. DELGADILLO, D.O., CORINTH, MS MISSISSIPPI MEDICAL LICENSE 25694

Mr. Barnes introduced Dr. Delgadillo and his attorney Ms. Elizabeth Hyde. Mr. Barnes provided the Board with a brief summary of this matter and advised that Dr. Delgadillo petition to be declared to have fulfilled his requirements under an existing Consent Order.

Ms. Hyde advised of Dr. Delgadillo compliance with the requirements of the May 20, 2021, Consent Order, and his plan to return to unrestricted practice.

Mr. Barnes advised that there were concerns that Dr. Delgadillo did not completely comply with the requirements in that he did not practice medicine in that time to develop a prescribing record to review his compliance.

Dr. Delgadillo was sworn in by the court reporter.

Documents were placed into the record.

THE BOARD RECESSED AT 6:45 PM AND RETURNED AT 6:51 PM

Dr. Delgadillo was called to the witness stand and he answered questions from Ms. Hyde, Mr. Barnes and Board members regarding his compliance with the Consent Order.

After discussion, a motion was made by Dr. Joiner, seconded by Dr. Gersh, and carried that the Board enter into executive session to consider this matter which the consideration could lead to an appeal of the Board's decision.

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Upon a motion by Dr. McClendon, seconded by Dr. Joiner, and carried, the Board came out of executive session at which time Dr. McClendon asked Dr. Lippincott to report on its decision. Dr. Lippincott reported that it was the Board's decision to approve Dr. Delgadillo's request to lift the Consent Order.

JULY 2023 BOARD MEETING DATES

The next regularly scheduled meeting of the board is set for Wednesday, July 12, 2023, and Thursday, July 13, 2023.

OTHER BUSINESS

Dr. Joiner commended Dr. McClendon for his service as President of the Board for the last two years. Dr. McClendon responded that it had been an honor to serve on the Medical Board.

Dr. McClendon advised the Nomination Committee met and discussed candidates for Board Officers and gave the slate of officers to be presented for vote are Dr. Owens for the position of President, Dr. Lippincott for the position as Vice President, and Dr. Joiner for the position of Secretary.

The Board unanimously voted to accept the slate of officers.

ADJOURNMENT

There being no further business, the meeting is adjourned at 7:24 p.m.

William David McClendon, Jr., M.D.
President

Minutes taken and transcribed.

By Frances Carrillo

Staff Officer

May 18, 2023

BOARD MEETING AGENDA
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
May 18, 2023, 9:00 am

1. Meeting called to order.
2. Invocation, Pledge
3. Announcements and Public Comments
4. Executive Director Report.
5. Approval of Minutes of the Executive Committee dated March 22, 2023.
6. Approval of Minutes of the Board Meeting dated March 22, 2023.
7. Report of May 17, 2023, Executive Committee Meeting.
8. Reports from Committees
 1. Scope of Practice: Dr. Kinard (Chair), Dr. Gersh, Dr. McClendon, Dr. Givens, Dr. Dotson, Mr. Breland, Ms. Gaymes
 2. Professionals Health Program: Dr. Lippincott (Chair), Dr. Gersh, Dr. Joiner, Dr. Loper, Maj Gen Hearon, Ms. Gaymes
 3. Telemedicine I Interstate Licensure Compact: Dr. Givens (Chair), Dr. Kinard, Dr. Lippincott, , Dr. Dotson, Maj Gen Hearon, Mr. Lucius
 4. Licensees Education and Communication: Dr. Owens (Chair), Dr. Gersh, Dr. Kinard, Dr. Joiner, Dr. Lippincott, Mr. Breland, Ms. Gaymes, Mr. Lucius
 5. Physician Assistant Advisory Task Force: Dr. Owens (Chair), Dr. Kinard, 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
 6. Rules, Regulation & Legislative: Dr. Joiner (Chair), Dr. Gersh, Dr. Loper, Dr. Owens, Dr. Lippincott, Mr. Breland
 - Proposed changes:
 - Pt 2615 Chapter 1: The Practice of Physician Assistants
 - Pt 2640: Chapter 2: Cannabis Certification
 - Final Adopt:
 - Pt. 2605, Ch. 1 Licensure Requirements for the Practice of Allopathic Doctors and Osteopathic Physicians
 - Pt. 2605, Ch. 2 Licensure Requirements for the Practice of Podiatrists
 - Pt. 2605, Ch. 3 Temporary Licensure
 - Pt. 2601, Ch. 1 Licensure Rules Governing the Practice of Allopathic Physicians, Osteopathic Physicians, Podiatrists, Physician Assistants, Radiologist Assistants and Acupuncturist
 - Pt. 2601, Ch. 2 Effect of Application
 - Pt. 2640, Rule. 1.5 Use of Diet Medication

09. Neville Dossabhoy, M.D., UMMC Nephrology
Dispensing Investigational Medication
10. Hearing in the Case of, Mehul Piyush Dixit, M.D., Jackson, MS
Mississippi Medical License 21228
11. For Informational Purposes:
Oscar D. Almeida, M.D., Mobile, AL
Mississippi Medical License 18856
Surrender of Medical License effective April 8, 2023
12. Hearing in the Case of Gregory A. Auzenne, M.D., Meridian, MS
Mississippi Medical License 25959
13. Hearing in the Case of Foluso A. Fakorede, M.D., Cleveland, MS
Mississippi Medical License 23725
14. Hearing in the Case of Michael L. Sanders, M.D., Ridgeland, MS
Mississippi Medical License 15970
15. Hearing in the Case of Stephen D. Sudderth, M.D., Vicksburg, MS
Mississippi Medical License 17597
16. Rachel N. Hull, M.D.
Mississippi Medical License 21690
Approval of Consent Order
17. Massie Headley, M.D.
Mississippi Medical License 18856
Approval of Consent Order
18. Hearing in the Case of Linda Purdy, M.D., Brentwood, TN
Mississippi Medical License 25959
19. Pursuant to MS Code §73-25-27, Investigative Subpoenas for approval, Case Number:
2023-071, 2023-030 and 2023-076. This is a matter for review and discussion to be
held in executive session due to material being exempt from the public records act.
20. Approval of Examining Committee Report Pursuant to MS Code §73-25-61
21. Pursuant to MS Code §73-25-61 A matter for Review and discussion to be held in
executive session due to material being exempt from the public records act.
22. Petition to lift restrictions of James L. Delgadillo, D.O., Corinth, MS
Mississippi Medical License 25694
23. July Board Meeting Dates, Wednesday, July 19, 2023 and Thursday, July 20, 2023.

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>.~~

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

Table with 3 columns: AGENCY NAME, CONTACT PERSON, TELEPHONE NUMBER; ADDRESS, CITY, STATE, ZIP; EMAIL, SUBMIT DATE, Name or number of rule(s).

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Proposed revision of the regulations regarding the licensure requirements for Allopathic and Osteopathic physicians.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann., §73-43-11

List all rules repealed, amended, or suspended by the proposed rule: Rules 1.1 – 1.4

ORAL PROCEEDING:

- An oral proceeding is scheduled for this rule on Date: Time: Place:
Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons.

ECONOMIC IMPACT STATEMENT:

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

Table with 3 columns: TEMPORARY RULES, PROPOSED ACTION ON RULES, FINAL ACTION ON RULES. Includes checkboxes for original filing, renewal, action proposed, and action taken.

Printed name and Title of person authorized to file rules: Jonathan Dalton, Director of Investigations

Signature of person authorized to file rules: [Handwritten Signature]

Official Filing Stamp area with three columns. Middle column contains a 'FILED' stamp dated APR 12 2023 and 'MISSISSIPPI SECRETARY OF STATE'. Includes 'Accepted for filing by' fields with signatures.

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

Part 2605 Chapter 1: Licensure Requirements for the Practice of Allopathic Physicians and Osteopathic Physicians

Rule 1.1 | Licensure by Credentials

The licensure requirements for licensure by credentials are as follows:

- A. Applicant must be twenty-one (21) years of age and of good moral character.
- B. Present a diploma from a reputable medical college or college of osteopathic medicine, subject to the following conditions:
 1. If the degree is from a medical college or a college of osteopathic medicine in the United States or Puerto Rico, the medical college must be accredited at the time of graduation by the LCME, a Joint Committee of the Association of American Medical Colleges (AAMC) and the AMA or the College of Osteopathic Medicine which must be accredited by the AOA.
 2. If the degree is from a Canadian medical school, the school must be accredited at the time of graduation by the LCME and by the Committee on Accreditation for Canadian Medical Schools.
 3. If the degree is from an international medical school, the medical school must be in the World Directory of Medical Schools or its equivalent. A graduate from an international medical school must either (i) possess a valid certificate from the ECFMG or (ii) document successful completion of a Fifth Pathway program and be currently board certified by a specialty board recognized by the ABMS. The Board will accept for licensure only those individuals completing Fifth Pathway Programs by December 31, 2009. Credentialing via Fifth Pathway Programs will be considered on an individual basis.
 4. Any diploma or other document required to be submitted to the Board by an applicant which is not in the English language must be accompanied by a certified translation thereof into English.
- C. If a graduate from a medical college or college of osteopathic medicine in the United States, Canada or Puerto Rico, applicant must present documentation of having completed at least one (1) year of postgraduate training in the United States accredited by the ACGME or by the AOA; or training in Canada accredited by the RCPSC or CCFP.
- D. Applicants who graduated from an international medical school must present documentation of having completed either:
 1. three (3) or more years of ACGME-approved postgraduate training in the United States or training in Canada approved by the RCPSC or CCFP; or
 2. one (1) year of ACGME-approved postgraduate training in the United States or training in Canada approved by the RCPSC or CCFP, be currently board certified by a specialty board recognized by the ABMS and must have approval by the Board or Executive Director.
- E. An applicant who otherwise possesses all of the qualifications for licensure by credentials, but has not taken a medical proficiency examination or licensure examination

within ten (10) years prior to filing his or her application, must pass the SPEX or COMVEX*, unless the applicant:

1. Submits satisfactory proof of current certification by an ABMS and participating in Maintenance of Certification (MOC) or AOA approved specialty board and participating in Osteopathic Continuous Certification (OCC); or
 2. Submits proof that the applicant's sole purpose for seeking licensure is to serve as the Dean, Chairman of the Department or Faculty of an ACGME or AOA approved training program. In such case, a license shall remain in effect so long as licensee is a member of the faculty of the ACGME or AOA approved training program.
- F. Submit certified copy of either (i) a birth certificate or (ii) a valid passport.
- G. Submit certified copy of legal name change, if applicable.
- H. Complete an application for medical license and submit it to the Board in a manner prescribed by the Board with a recent passport type photograph.
- I. Submit fee prescribed by the Board.
- J. Submit fingerprints for state and national criminal history background checks.

Adopted September 13, 1979; amended July 1, 1981; amended January 24, 1985; amended July 29, 1985; amended July 17, 1986; amended August 18, 1986; amended November 19, 1987; amended April 19, 1988; amended October 25, 1993; amended February 16, 2000; amended March 8, 2007; amended January 24, 2008; amended March 13, 2009; amended September 17, 2009; amended October 13, 2009; and amended March 20, 2015.

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

Rule 1.2 | Waiver

Notwithstanding the above requirements for Licensure by Credentials in Rule 1.1, the Board may, upon written request by the physician and after review of all relevant factors, choose to waive any or all of the existing requirements for licensure. To be considered for a waiver, the physician must:

- A. be a graduate of an approved medical school;
- B. have a current unrestricted license in another state; and
- C. have at least 3 years of clinical experience in the area of expertise.

In determining whether to grant the waiver, factors to be considered by the Board shall include, but not be limited to:

- A. the medical school from which the physician graduated and its reputation;

* SPEX (SPECIAL PURPOSE EXAMINATION) is a cognitive examination assisting licensing jurisdictions in their assessment of current competence requisite for general, undifferentiated medical practice by physicians who hold or have held a valid license in a U.S. jurisdiction. SPEX is made available through the Federation of State Medical Boards.

COMVEX-USA (COMPREHENSIVE OSTEOPATHIC MEDICAL VARIABLE EXAMINATION) is the evaluative instrument offered to osteopathic physicians who need to demonstrate current osteopathic medical knowledge. COMVEX-USA is made available through the National Board of Osteopathic Medical Examiners.

- B. post-graduate medical education training;
- C. appointment to a clinical academic position at a licensed medical school in the United States;
- D. publication in peer-reviewed clinical medical journals recognized by the Board;
- E. the number of years in clinical practice;
- F. specialty, if the physician plans to practice in Mississippi; and
- G. other criteria demonstrating expertise, such as awards or other recognition.

Requests for waivers must be submitted in writing to the Executive Director of the Board, who will then review each request with a committee appointed by the president of the Board, taking into account the above factors. The committee shall consist of the Executive Director and two voting members of the Board. Recommendations from the committee shall be presented to the Board for approval.

Adopted April 28, 2015.

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

Rule 1.3 | Licensure Examinations

The Board recognizes four (4) separate and distinct examinations: The examinations administered by the NBME, NBOME (COMLEX), FLEX and USMLE. The Board's requirements for the purpose of licensure is as follows:

A. FLEX

An applicant had seven (7) years to pass both components of the FLEX.

B. USMLE

Steps 1, 2 and 3 must be passed within a seven-year time period beginning when the examinee passes his or her first Step. The Board, at its discretion, may waive this requirement based on extraordinary circumstances. The Board encourages all applicants to take Step 3 of the USMLE as soon as possible following receipt of the M.D. or D.O. degree.

C. NBME or NBOME

NBME and NBOME examinations are administered in three (3) parts, Parts I, II and III, and must be passed within a seven-year time period beginning when the examinee passes his or her first Part.

D. EXAM COMBINATIONS

Now that the FLEX and examinations administered by the NBME have been phased out, the Board will accept passing scores for the following combinations of the FLEX, NBME and USMLE examinations:

EXAMINATION SEQUENCE	ACCEPTABLE COMBINATIONS
NBME Part I <i>plus</i> NBME Part II <i>plus</i> NBME Part III	NBME Part I or USMLE Step 1 <i>plus</i> NBME Part II or USMLE Step 2 <i>plus</i> NBME Part III or USMLE Step 3
FLEX Component I <i>plus</i> FLEX Component II	FLEX Component I <i>plus</i> USMLE Step 3 <i>or</i> NBME Part I or USMLE Step 1 <i>plus</i> NBME Part II or USMLE Step 2 <i>plus</i> FLEX Component II
USMLE Step 1 <i>plus</i> USMLE Step 2 <i>plus</i> USMLE Step 3	

Amended January 20, 1994; amended March 16, 1995; amended August 8, 1997; amended January 18, 2001; amended September 22, 2006; amended March 8, 2007; amended May 17, 2007; amended March 19, 2015; and amended March 16, 2017.

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

Rule 1.4 | Licensure via the Interstate Medical Licensure Compact – Supplemental Information

Miss. Code Ann. §73-25-101 *et seq* establishes Mississippi's participation in the Interstate Medical Licensure Compact (IMLC). In addition to the requirements set forth in this section, in conjunction with other requirements set forth in IMLC rules and policies, applicants for licensure under the IMLC are required to timely answer and provide any supplemental applications, questions, or other information requested by the Board in relation to the application for licensure via the IMLC.

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

Part 2605 Chapter 1: Licensure Requirements for the Practice of Allopathic DoctorsPhysicians and Osteopathic Physicians

Rule 1.1 | Licensure by Credentials

~~The Board endorses licenses to practice medicine obtained in most states by written examination prior to March 8, 1973. Subject to the provisions of Part 2605, Rule 1.2, all applicants for medical licensure who took the FLEX between March 8, 1973, and January 24, 1985, must have passed the FLEX taken in one three-day sitting with a weighted average of 75 or higher in order to obtain licensure in Mississippi. The Board will not accept scores of more than one administration of the FLEX which have been combined (factored) to provide a FLEX weighted average of 75 or higher. From and after January 24, 1985, an applicant for medical licensure by reciprocity must have passed both Components I and II of the FLEX with a score of 75 to be considered the passing grade for each component. From and after June 1994, the Board shall endorse licenses to practice medicine from applicants who have successfully taken Steps 1, 2 and 3 of the USMLE.~~

~~Those doctors of osteopathic medicine who graduated prior to June 1, 1973, will be considered only if they took and passed the same written licensure examination given in that state at that time to graduates of medical schools. A statement to this effect must be submitted to this Board from that licensing board.—~~

~~The Board may endorse Diplomates of the NBME; the NBOME (COMLEX), if examination completed on or after February 13, 1973, or licentiates of the Medical Council of Canada.~~

~~The Board may consider licensure to a graduate of an international medical school who was licensed in another state by written examination prior to March 8, 1973, if he or she is certified by a board recognized by the ABMS.~~

~~In addition to the above The licensure requirements for licensure by credentials, an individual shall meet the following requirements are as follows:~~

- A. Applicant must be twenty-one (21) years of age and of good moral character.
- B. Present a diploma from a reputable medical college or college of osteopathic medicine, subject to the following conditions:
 1. If the degree is from a medical college or a college of osteopathic medicine in the United States or Puerto Rico, the medical college must be accredited at the time of graduation by the LCME, a Joint Committee of the Association of American Medical Colleges (AAMC) and the AMA or the College of Osteopathic Medicine which must be accredited by the AOA.
 2. If the degree is from a Canadian medical school, the school must be accredited at the time of graduation by the LCME and by the Committee on Accreditation for Canadian Medical Schools.
 3. If the degree is from an international medical school, the medical school must be in the World Directory of Medical Schools or its equivalent. A graduate from an international medical school must either (i) possess a valid certificate from the ECFMG or (ii) document successful completion of a Fifth Pathway program and be currently board certified by a specialty board recognized by the ABMS. The Board will accept for licensure only those individuals completing Fifth Pathway Programs by December 31, 2009. Credentialing via Fifth Pathway Programs will be considered on an individual basis.
 4. Any diploma or other document required to be submitted to the Board by an applicant which is not in the English language must be accompanied by a certified translation thereof into English.

- C. If a graduate from a medical college or college of osteopathic medicine in the United States, Canada or Puerto Rico, applicant must present documentation of having completed at least one (1) year of postgraduate training in the United States accredited by the ACGME or by the AOA; or training in Canada accredited by the RCPSC or CCFP.
- D. Applicants who graduated from an international medical school must present documentation of having completed either:
 - 1. three (3) or more years of ACGME-approved postgraduate training in the United States or training in Canada approved by the RCPSC or CCFP; or
 - 2. one (1) year of ACGME-approved postgraduate training in the United States or training in Canada approved by the RCPSC or CCFP, be currently board certified by a specialty board recognized by the ABMS and must have approval by the Board or Executive Director.
- E. An applicant who otherwise possesses all of the qualifications for licensure by credentials, but has not taken a medical proficiency examination or licensure examination within ten (10) years prior to filing his or her application, must pass the SPEX or COMVEX*, unless the applicant:
 - 1. Submits satisfactory proof of current certification by an ABMS and participating in Maintenance of Certification (MOC) or AOA approved specialty board and participating in Osteopathic Continuous Certification (OCC); or
 - 2. Submits proof that the applicant's sole purpose for seeking licensure is to serve as the Dean, Chairman of the Department or Faculty of an ACGME or AOA approved training program. In such case, a license shall remain in effect so long as licensee is a member of the faculty of the ACGME or AOA approved training program.
- F. Submit certified copy of either (i) a birth certificate or (ii) a valid passport.
- G. Submit certified copy of legal name change, if applicable.
- H. Complete an application for medical license and submit it to the Board in a manner prescribed by the Board with a recent passport type photograph.
- I. Submit fee prescribed by the Board.
- J. Submit fingerprints for state and national criminal history background checks.

Adopted September 13, 1979; amended July 1, 1981; amended January 24, 1985; amended July 29, 1985; amended July 17, 1986; amended August 18, 1986; amended November 19, 1987; amended April 19, 1988; amended October 25, 1993; amended February 16, 2000; amended March 8, 2007; amended January 24, 2008; amended March 13, 2009; amended September 17, 2009; amended October 13, 2009; and amended March 20, 2015.

* SPEX (SPECIAL PURPOSE EXAMINATION) is a cognitive examination assisting licensing jurisdictions in their assessment of current competence requisite for general, undifferentiated medical practice by physicians who hold or have held a valid license in a U.S. jurisdiction. SPEX is made available through the Federation of State Medical Boards.

COMVEX-USA (COMPREHENSIVE OSTEOPATHIC MEDICAL VARIABLE EXAMINATION) is the evaluative instrument offered to osteopathic physicians who need to demonstrate current osteopathic medical knowledge. COMVEX-USA is made available through the National Board of Osteopathic Medical Examiners.

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

Rule 1.2 | Waiver

Notwithstanding the above requirements for Licensure by Credentials in Rule 1.1, the Board may, upon written request by the physician and after review of all relevant factors, choose to waive any or all of the existing requirements for licensure. To be considered for a waiver, the physician must:

- A. be a graduate of an approved medical school;
- B. have a current unrestricted license in another state; and
- C. have at least 3 years of clinical experience in the area of expertise.

In determining whether to grant the waiver, factors to be considered by the Board shall include, but not be limited to:

- A. the medical school from which the physician graduated and its reputation;
- B. post-graduate medical education training;
- C. appointment to a clinical academic position at a licensed medical school in the United States;
- D. publication in peer-reviewed clinical medical journals recognized by the Board;
- E. the number of years in clinical practice;
- F. specialty, if the physician plans to practice in Mississippi; and
- G. other criteria demonstrating expertise, such as awards or other recognition.

Requests for waivers must be submitted in writing to the Executive Director of the Board, who will then review each request with a committee appointed by the president of the Board, taking into account the above factors. The committee shall consist of the Executive Director, ~~a staff employee of the Board,~~ and two voting members of the Board. Recommendations from the committee shall be presented to the Board for approval.

Adopted April 28, 2015.

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

Rule 1.3 | Licensure Examinations

The Board recognizes four (4) separate and distinct examinations, ~~to-wit:~~ The examinations administered by the NBME, NBOME (COMLEX), FLEX and USMLE. ~~The Board adopted the FLEX as a method of licensure by examination on March 8, 1973. Prior to this date, the Board administered a written examination and endorsed licenses to practice medicine or osteopathic medicine obtained in most states by written examination. A separate discussion of each examination and this~~ The Board's requirements for the purpose of licensure is as follows:

- A. FLEX
 1. ~~The Board adopted the FLEX as the method of licensure by examination on March 8, 1973. The last regular administration of the FLEX was December 1993. The Board will recognize FLEX as a valid medical licensing examination subject to all requirements heretofore and hereinafter set forth.~~
 2. ~~Prior to January 24, 1985, the FLEX examination was divided into three components:~~
 - ~~Day I – Basic Science~~
 - ~~Day II – Clinical Science~~

~~Day III – Clinical Competence~~

~~In order to pass this examination, each applicant must have obtained a FLEX weighted average of 75 with Day I given a value of 1/6 of the entire examination, Day II given a value of 2/6, and Day III given a value of 3/6. 1. The Board may make an exemption to the weighted average of 75 if the applicant has completed an approved residency program and is currently certified by a specialty board recognized by the ABMS or the AOA.~~

~~After January 24, 1985, the Board approved administration of a new FLEX examination with a different design from that administered since 1973. This examination was a three-day examination, and was comprised of two components. Component I consisted of one and one-half (1½) days and judged the readiness of a physician to practice medicine in a supervised setting. Component II consisted of one and one-half (1½) days and judged the readiness of a physician to practice independently. 2. A score of 75 is considered a passing grade for each component.~~

~~3. An applicant had seven (7) years in which to pass both components of the FLEX.~~

B. USMLE

~~1. The USMLE is a three-step examination for medical licensure in the United States and is sponsored by the FSMB and NBME. The Board adopted the USMLE as an additional method of licensure by examination on September 16, 1993. The USMLE replaced FLEX and the NBME certification examinations during a phase-in period from 1992 to 1994. Unlike the three-day (two-component) FLEX, USMLE is a three-step examination that consists of three two-day examinations, Step 1, Step 2, and Step 3. Each step is complementary to the other; no step can stand alone in the assessment of readiness for medical licensure. The clinical skills examination is a separately administered component of Step 2 and is referred to as Step 2 Clinical Skills, or Step 2 CS. Unlike the FLEX, which was taken upon or after graduation from medical school most applicants will take Step 1 and 2 of the USMLE during their medical school years. Step 3 will be taken after graduation.~~

~~2. USMLE Steps 1, 2 and 3 must be passed within a seven-year time period beginning when the examinee passes his or her first Step. The Board, at its discretion, may waive this requirement based on extraordinary circumstances. The Board encourages all applicants to take Step 3 of the USMLE as soon as possible following receipt of the M.D. or D.O. degree.~~

C. NBME or NBOME

~~The Board recognizes diplomates of the NBME and on or after February 13, 1973, diplomates of the NBOME (COMLEX). Both NBME and NBOME examinations are administered in three (3) parts, Parts I, II and III and must be passed within a seven-year time period beginning when the examinee passes his or her first Part.~~

D. EXAM COMBINATIONS

~~Now that the FLEX and examinations administered by the NBME have been phased out, The Board will accept passing scores for the following combinations of the FLEX, NBME and USMLE examinations:~~

EXAMINATION SEQUENCE	ACCEPTABLE COMBINATIONS
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NBME Part I <i>plus</i> NBME Part II <i>plus</i> NBME Part III	NBME Part I or USMLE Step 1 <i>plus</i> NBME Part II or USMLE Step 2 <i>plus</i> NBME Part III or USMLE Step 3
FLEX Component I <i>plus</i> FLEX Component II	FLEX Component I <i>plus</i> USMLE Step 3 <i>or</i> NBME Part I or USMLE Step 1 <i>plus</i> NBME Part II or USMLE Step 2 <i>plus</i> FLEX Component II
USMLE Step 1 <i>plus</i> USMLE Step 2 <i>plus</i> USMLE Step 3	

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

Amended January 20, 1994; amended March 16, 1995; amended August 8, 1997; amended January 18, 2001; amended September 22, 2006; amended March 8, 2007; amended May 17, 2007; amended March 19, 2015; and amended March 16, 2017.

Rule 1.4 | Licensure via the Interstate Medical Licensure Compact – Supplemental Information

Miss. Code Ann. §73-25-101 et seq establishes Mississippi’s participation in the Interstate Medical Licensure Compact (IMLC). In addition to the requirements set forth in this section, in conjunction with other requirements set forth in IMLC rules and policies, applicants for licensure under the IMLC are required to timely answer and provide any supplemental applications, questions, or other information requested by the Board in relation to the application for licensure via the IMLC.

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

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi State Board of Medical Licensure		CONTACT PERSON Jonathan Dalton	TELEPHONE NUMBER 601-987-3079	
ADDRESS 1867 Crane Ridge Drive, Suite 200-B		CITY Jackson	STATE MS	ZIP 39216
EMAIL mboard@msbml.ms.gov	SUBMIT DATE 4/12/2023	Name or number of rule(s): 30 Miss. Admin. Code, Pt. 2605, Ch. 2: <i>Licensure Requirements for the Practice of Podiatrists</i>		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Proposed revision of the regulations regarding the licensure requirements for Podiatrists. A requirement was added to the application process for the applicant to provide, if applicable, a copy of their legal name change.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann., §73-43-11

List all rules repealed, amended, or suspended by the proposed rule: Rule 2.1

ORAL PROCEEDING:

- An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____
- Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

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

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

Printed name and Title of person authorized to file rules: Jonathan Dalton, Director of Investigations

Signature of person authorized to file rules: 

OFFICIAL FILING STAMP _____ Accepted for filing by	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP  Accepted for filing by 	OFFICIAL FILING STAMP _____ Accepted for filing by
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Part 2605 Chapter 2: Licensure Requirements for the Practice of Podiatrists***Rule 2.1 | Licensure by Credentials***

If the original license of an applicant was obtained by state board examination, the applicant must have the state board where original license was obtained by written examination submit a certified copy of the examination directly to the Board.

The Board may grant licenses to Diplomates of the NBPME. If a Diplomate of the NBPME, the applicant must have certification of endorsement from that Board submitted directly to the Board. Applicants graduating podiatry school on or after January 1, 2010, must take and pass all three (3) parts of the APMLE.

In addition to the above, an individual shall meet the following requirements:

- A. Applicant must be twenty-one (21) years of age, and of good moral character.
- B. Applicant must have had at least four (4) years high school and be graduate of same; he or she shall have at least one (1) year pre-podiatry college education.
- C. Present a diploma from a college of podiatric medicine recognized by the Board as being in good standing, subject to the following conditions.
 1. Any diploma or other document required to be submitted to the Board by an applicant which is not in the English language must be accompanied by a certified translation thereof into English.
 2. No college of podiatry or chiropody shall be accredited by the Board as a college of good standing which does not require for graduation a course of study of at least four (4) years (eight and one-half [8½] months each) and be accredited by the CPME at the time of graduation.
- D. Present proof of completion of one (1) year of APMA-approved postgraduate training in the U.S. or Canada. If the podiatrist graduated from an accredited college of podiatric medicine prior to 1990, has continuously practiced for the past ten (10) years and has held unrestricted license(s) to practice podiatry, the one (1) year of APMA-approved postgraduate training may be waived at the Board's discretion.
- E. Submit certified copy of birth certificate or valid passport.
- F. Submit a certified copy of legal name change, if applicable.
- G. Complete an application for podiatry license and submit it to the Board in the manner prescribed by the Board with a recent passport type photograph.
- H. Submit fee prescribed by the Board.
- I. Submit fingerprints for state and national criminal history background checks.

Amended November 19, 1987; amended February 19, 2003; amended March 8, 2007; amended May 17, 2007; amended January 24, 2008; amended November 20, 2008; amended March 20, 2015; amended November 13, 2015; and amended March 16, 2017.

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

Part 2605 Chapter 2: Licensure Requirements for the Practice of Podiatrists

Rule 2.1 | Licensure by Credentials

If the original license of an applicant was obtained by state board examination, the applicant must have the state board where original license was obtained by written examination submit a certified copy of the examination directly to the Board.

The Board may grant licenses to Diplomates of the NBPME. If a Diplomate of the NBPME, the applicant must have certification of endorsement from that Board submitted directly to the Board. Applicants graduating podiatry school on or after January 1, 2010, must take and pass all three (3) parts of the APMLE.

In addition to the above, an individual shall meet the following requirements:

- A. Applicant must be twenty-one (21) years of age, and of good moral character.
- B. Applicant must have had at least four (4) years high school and be graduate of same; he or she shall have at least one (1) year pre-podiatry college education.
- C. Present a diploma from a college of podiatric medicine recognized by the Board as being in good standing, subject to the following conditions.
 1. Any diploma or other document required to be submitted to the Board by an applicant which is not in the English language must be accompanied by a certified translation thereof into English.
 2. No college of podiatry or chiropody shall be accredited by the Board as a college of good standing which does not require for graduation a course of study of at least four (4) years (eight and one-half [8½] months each) and be accredited by the CPME at the time of graduation.
- D. Present proof of completion of one (1) year of APMA-approved postgraduate training in the U.S. or Canada. If the podiatrist graduated from an accredited college of podiatric medicine prior to 1990, has continuously practiced for the past ten (10) years and has held unrestricted license(s) to practice podiatry, the one (1) year of APMA-approved postgraduate training may be waived at the Board's discretion.
- E. Submit certified copy of birth certificate or valid passport.
- F. Submit a certified copy of legal name change, if applicable.
- G. Complete an application for podiatry license and submit it to the Board in the manner prescribed by the Board with a recent passport type photograph.
- H. Submit fee prescribed by the Board.
- I. Submit fingerprints for state and national criminal history background checks.

Amended November 19, 1987; amended February 19, 2003; amended March 8, 2007; amended May 17, 2007; amended January 24, 2008; amended November 20, 2008; amended March 20, 2015; amended November 13, 2015; and amended March 16, 2017.

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

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi State Board of Medical Licensure		CONTACT PERSON Jonathan Dalton	TELEPHONE NUMBER 601-987-3079	
ADDRESS 1867 Crane Ridge Drive, Suite 200-B		CITY Jackson	STATE MS	ZIP 39216
EMAIL mboard@msbml.ms.gov	SUBMIT DATE 4/12/2023	Name or number of rule(s): 30 Miss. Admin. Code, Pt. 2605, Ch. 3: <i>Temporary Licensure</i>		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Proposed revision of the regulations regarding temporary licensure. Striking antiquated language related to temporary licensure which the Board does not utilize. Updating language related to temporary licensees and the requirement to maintain and utilize their own DEA registration.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann., §73-43-11

List all rules repealed, amended, or suspended by the proposed rule: Rule 3.1

ORAL PROCEEDING:

- An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____
- Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

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

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

Printed name and Title of person authorized to file rules: Jonathan Dalton, Director of Investigations

Signature of person authorized to file rules: 

OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by _____	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP  Accepted for filing by  	OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by _____
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Part 2605 Chapter 3: Temporary Licensure

Rule 3.1 | Temporary Licensure

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

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

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

- B. The Board may issue a temporary license to practice medicine for a period not to exceed 90 days at a youth camp licensed by the State Department of Health to any nonresident physician who is not licensed to practice medicine in this state or to any resident physician who is retired from the active practice of medicine in this state while serving as a volunteer at such camp.
1. Nonresident Physician
 - a. must have favorable references from two physicians with whom the applicant has worked or trained within the last year;
 - b. must have written certification from the medical licensing authority in the state in which he or she holds a currently valid license to practice medicine; and
 - c. must submit fee prescribed by the Board.
 2. Retired Resident Physician
 - a. must be in good standing with the Board, and
 - b. must submit fee as prescribed by the Board.
- C. Any licensee issued a temporary license to practice medicine who prescribes controlled substances must have and utilize their own, individual controlled substance registration certificate issued by the U.S. Drug Enforcement Administration.

Adopted September 13, 1979; amended July 1, 1981; amended March 16, 1995; amended May 17, 2007; amended March 20, 2015; amended January 22, 2019; and amended August 27, 2021.

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

Rule 3.2 | Limited Institutional Licensure

- A. Pursuant to Section 73-25-23, Mississippi Code, a limited institutional license is available only to graduates of Board-approved international medical schools who are employed or are being considered for employment to practice medicine in one or more Mississippi state-supported institutions located in the same county.
- B. Graduates of international medical schools holding a limited institutional license, and who are employed by and enrolled in an approved ACGME or AOA postgraduate training program in a state-supported institution, shall be authorized to participate only in such approved postgraduate educational program or affiliated training program sites.
- C. An application for limited institutional licensure may be accepted by the Board only upon the written request of the state-supported institution which has employed or is considering employing a graduate of an international medical school to practice medicine.
- D. A limited institutional license may be issued for a period of one (1) year for practice in a particular institution after a review and favorable recommendations by a majority of the following:
 1. President or Secretary, Board of Trustees of Institution
 2. Director of Institution
 3. President or Secretary, Local Chartered Medical Society in area in which institution is located
 4. Member, Board of Trustees, Mississippi State Medical Association in area in which institution is located
 5. Member, Mississippi State Board of Medical Licensure from district in which institution is located
 6. Executive Officer, Mississippi State Board of Medical Licensure
- E. In addition to the above requirements for a limited institutional license, an applicant shall meet the following requirements:
 1. Must be at least twenty-one (21) years of age and of good moral character.
 2. Must submit copy of diploma and certification of completion from a medical school listed in the World Director of Medical Schools or its equivalent.
 3. Must submit certified copy of valid certificate from the ECFMG or its successor.
 4. Must submit an application completed in every detail with recent passport type photograph.
 5. Must submit fee prescribed by the Board.
 6. Submit fingerprints for state and national criminal background checks.
- F. Pursuant to Section 73-25-23, Mississippi Code, a limited institutional license must be renewed annually, after such review as the Board considers necessary. A graduate of an

international medical school so licensed may hold such limited institutional license no longer than five (5) years.

- G. A limited institutional license shall become void immediately upon termination of employment of the licensee at the institution, or institutions, at which practice is authorized under the license.
- H. An annual renewal fee shall be prescribed by the Board.

Amended November 19, 1998; amended March 8, 2007; amended May 17, 2007; amended March 20, 2015; and amended March 16, 2017.

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

Rule 3.3 | Temporary Training License for Out-of-State Residents

An individual enrolled in an out-of-state postgraduate training program wishing to rotate through an ACGME or AOA approved training program within Mississippi, shall not be required to obtain a restricted temporary license provided the rotation lasts no longer than four (4) weeks. However, the individual must submit the following to the Board:

- A. A completed information form which has been supplied by the Board.
- B. A letter from the physician's postgraduate training program stating that he or she is going to be participating in a rotation in Mississippi and the duration.
- C. A letter from the training program in Mississippi stating the physician will be training with them and the duration.
- D. Verification of a current license (limited or training), permit, or letter from the state in which the individual is enrolled in a training program.
- E. A licensure fee in the amount of \$50.

The individual may not participate in the Mississippi training program until a valid training license has been issued. The license will be effective the date the individual is to begin the Mississippi rotation and will become null and void the day the individual completes the rotation.

If during the duration of the training, it is determined that the physician may stay longer than four (4) weeks, the temporary training license may be renewed for an additional four (4) weeks. Under no circumstances will the license be renewed after eight (8) weeks. An individual anticipating on rotating through a Mississippi training program for a period longer than eight (8) weeks shall be required to obtain a Restricted Temporary Medical License.

The Board reserves the right to deny issuance of a temporary training license as provided herein based on any of the statutory grounds as enumerated in Mississippi Code, Sections 73-25-29 and 73-25-83.

Adopted September 20, 2007.

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

Rule 3.4 | Short-Term Training for Out-of-State Physicians

The Board is aware that there are Mississippi physicians assisting out-of-state physicians in expanding professional knowledge and expertise by offering short-term training to the out-of-state physician. The Mississippi physician wishing to offer this training to the unlicensed out-of-state physician(s) must have their short-term training program approved by the Board.

The Mississippi physician must submit a detailed letter stating the purpose of the short-term training program, the objectives of the course, approximately how long the course will last, and any supporting documentation that would assist the Board in determining the approval status of the program.

An individual wishing to attend the Board approved short-term training is not required to obtain a permanent Mississippi medical license; however, the individual must submit the following to the Board:

- A. A completed information form which has been supplied by the Board.
- B. A letter from the mentor of the Board approved training program stating that the applicant is going to be participating in the short-term training program and the duration.
- C. Verification of a current unrestricted permanent license from the state in which the individual is currently practicing.
- D. A permit fee in the amount of \$25.

The individual may not participate in the short-term training program until a valid training permit has been issued. The permit will be effective the date the individual is to begin the training and will become null and void the day the individual completes the training.

A short-term training permit is typically valid for two to three days; however, it can be issued up to fifteen (15) days. If during the duration of the training, it is determined that the physician may stay longer than fifteen (15) days, the temporary training permit may be renewed for an additional (15) days. Under no circumstances will the permit be renewed after thirty (30) days. An individual anticipating training for a period longer than thirty (30) days will be required to obtain a permanent Mississippi medical license.

Adopted July 12, 2007.

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

*Part 2605 Chapter 3: Temporary Licensure**Rule 3.1 | Temporary Licensure*

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

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

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

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

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

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

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

2. Retired Resident Physician

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

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

Any licensee issued a temporary license to practice medicine who prescribes controlled substances must maintain and utilize their own, individual controlled substance registration certificate issued by the U.S. Drug Enforcement Administration.

Adopted September 13, 1979; amended July 1, 1981; amended March 16, 1995; amended May 17, 2007; amended March 20, 2015; amended January 22, 2019; and amended August 27, 2021.

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

Rule 3.2 | Limited Institutional Licensure

- I. Pursuant to Section 73-25-23, Mississippi Code, a limited institutional license is available only to graduates of Board-approved international medical schools who are employed or are being considered for employment to practice medicine in one or more Mississippi state-supported institutions located in the same county.
- J. Graduates of international medical schools holding a limited institutional license, and who are employed by and enrolled in an approved ACGME or AOA postgraduate training program in a state-supported institution, shall be authorized to participate only in such approved postgraduate educational program or affiliated training program sites.
- K. An application for limited institutional licensure may be accepted by the Board only upon the written request of the state-supported institution which has employed or is considering employing a graduate of an international medical school to practice medicine.
- L. A limited institutional license may be issued for a period of one (1) year for practice in a particular institution after a review and favorable recommendations by a majority of the following:
 - 1. President or Secretary, Board of Trustees of Institution
 - 2. Director of Institution
 - 3. President or Secretary, Local Chartered Medical Society in area in which institution is located
 - 4. Member, Board of Trustees, Mississippi State Medical Association in area in which institution is located
 - 5. Member, Mississippi State Board of Medical Licensure from district in which institution is located
 - 6. Executive Officer, Mississippi State Board of Medical Licensure
- M. In addition to the above requirements for a limited institutional license, an applicant shall meet the following requirements:
 - 1. Must be at least twenty-one (21) years of age and of good moral character.
 - 2. Must submit copy of diploma and certification of completion from a medical school listed in the World Director of Medical Schools or its equivalent.
 - 3. Must submit certified copy of valid certificate from the ECFMG or its successor.
 - 4. Must submit an application completed in every detail with recent passport type photograph.
 - 5. Must submit fee prescribed by the Board.
 - 6. Submit fingerprints for state and national criminal background checks.
- N. Pursuant to Section 73-25-23, Mississippi Code, a limited institutional license must be renewed annually, after such review as the Board considers necessary. A graduate of an international medical school so licensed may hold such limited institutional license no longer than five (5) years.
- O. A limited institutional license shall become void immediately upon termination of employment of the licensee at the institution, or institutions, at which practice is authorized under the license.
- P. An annual renewal fee shall be prescribed by the Board.

Amended November 19, 1998; amended March 8, 2007; amended May 17, 2007; amended March 20, 2015; and amended March 16, 2017.

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

Rule 3.3 | Temporary Training License for Out-of-State Residents

An individual enrolled in an out-of-state postgraduate training program wishing to rotate through an ACGME or AOA approved training program within Mississippi, shall not be required to obtain a restricted temporary license provided the rotation lasts no longer than four (4) weeks. However, the individual must submit the following to the Board:

- F. A completed information form which has been supplied by the Board.
- G. A letter from the physician's postgraduate training program stating that he or she is going to be participating in a rotation in Mississippi and the duration.
- H. A letter from the training program in Mississippi stating the physician will be training with them and the duration.
- I. Verification of a current license (limited or training), permit, or letter from the state in which the individual is enrolled in a training program.
- J. A licensure fee in the amount of \$50.

The individual may not participate in the Mississippi training program until a valid training license has been issued. The license will be effective the date the individual is to begin the Mississippi rotation and will become null and void the day the individual completes the rotation.

If during the duration of the training, it is determined that the physician may stay longer than four (4) weeks, the temporary training license may be renewed for an additional four (4) weeks. Under no circumstances will the license be renewed after eight (8) weeks. An individual anticipating on rotating through a Mississippi training program for a period longer than eight (8) weeks shall be required to obtain a Restricted Temporary Medical License.

The Board reserves the right to deny issuance of a temporary training license as provided herein based on any of the statutory grounds as enumerated in Mississippi Code, Sections 73-25-29 and 73-25-83.

Adopted September 20, 2007.

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

Rule 3.4 | Short-Term Training for Out-of-State Physicians

The Board is aware that there are Mississippi physicians assisting out-of-state physicians in expanding professional knowledge and expertise by offering short-term training to the out-of-state physician. The Mississippi physician wishing to offer this training to the unlicensed out-of-state physician(s) must have their short-term training program approved by the Board.

The Mississippi physician must submit a detailed letter stating the purpose of the short-term training program, the objectives of the course, approximately how long the course will last, and any supporting documentation that would assist the Board in determining the approval status of the program.

An individual wishing to attend the Board approved short-term training is not required to obtain a permanent Mississippi medical license; however, the individual must submit the following to the Board:

- E. A completed information form which has been supplied by the Board.
- F. A letter from the mentor of the Board approved training program stating that the applicant is going to be participating in the short-term training program and the duration.
- G. Verification of a current unrestricted permanent license from the state in which the individual is currently practicing.
- H. A permit fee in the amount of \$25.

The individual may not participate in the short-term training program until a valid training permit has been issued. The permit will be effective the date the individual is to begin the training and will become null and void the day the individual completes the training.

A short-term training permit is typically valid for two to three days; however, it can be issued up to fifteen (15) days. If during the duration of the training, it is determined that the physician may stay longer than fifteen (15) days, the temporary training permit may be renewed for an additional (15) days. Under no circumstances will the permit be renewed after thirty (30) days. An individual anticipating training for a period longer than thirty (30) days will be required to obtain a permanent Mississippi medical license.

Adopted July 12, 2007.

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

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi State Board of Medical Licensure		CONTACT PERSON Jonathan Dalton	TELEPHONE NUMBER 601-987-3079	
ADDRESS 1867 Crane Ridge Drive, Suite 200-B		CITY Jackson	STATE MS	ZIP 39216
EMAIL mboard@msbml.ms.gov	SUBMIT DATE 4/12/2023	Name or number of rule(s): 30 Miss. Admin. Code, Pt. 2601, Ch. 1: <i>Licensure Rules Governing the Practice of Allopathic Physicians, Osteopathic Physicians, Podiatrists, Physician Assistants, Radiologist Assistants and Acupuncturists</i>		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Proposed revision of the regulations regarding the licensure rules governing the practice of Allopathic and Osteopathic physicians, Podiatrists, Physician Assistants, Radiologist Assistants, and Acupuncturists. The change adds a new definition related to Canadian training and removes competency exceptions for licensees performing charity work or research.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann., §73-43-11

List all rules repealed, amended, or suspended by the proposed rule: Rules 1.1 – 1.3

ORAL PROCEEDING:

- An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____
- Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

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

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

Printed name and Title of person authorized to file rules: Jonathan Dalton, Director of Investigations

Signature of person authorized to file rules: *Jonathan Dalton*

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		
Accepted for filing by	Accepted for filing by <u><i>26054</i></u> <u><i>Blz</i></u>	Accepted for filing by

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

Part 2601 Chapter 1: Licensure Rules Governing the Practice of Allopathic Physicians, Osteopathic Physicians, Podiatrists, Physician Assistants, Radiologist Assistants and Acupuncturists

Rule 1.1 | Scope

These rules apply to all applicants for licensure to practice allopathic medicine, osteopathic medicine, podiatric medicine, or acupuncture in the state of Mississippi and to all individuals practicing allopathic medicine, osteopathic medicine, podiatric medicine, or acupuncture within the state whether licensed or unlicensed.

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

Rule 1.2 | Definitions

For the purpose of these rules, the following terms have the meanings indicated:

- A. “Board” means the Mississippi State Board of Medical Licensure.
- B. “Physician” means any person with a valid doctor of medicine, doctor of osteopathy or doctor of podiatry degree.
- C. “LCME” means the Liaison Committee on Medical Education, the organization recognized by the American Medical Association for accrediting American medical schools.
- D. “ACGME” means Accreditation Council of Graduate Medical Education.
- E. “RCPSC” means Royal College of Physicians and Surgeons of Canada.
- F. “CCFP” means College of Family Physicians of Canada.
- G. “ABMS” means American Board of Medical Specialties.
- H. “AMA” means the American Medical Association.
- I. “FSMB” means the Federation of State Medical Boards.
- J. “FLEX” means the Federation Licensing Examination administered through the FSMB.
- K. “NBME” means National Board of Medical Examiners.
- L. “USMLE” means United States Medical Licensing Examination administered jointly through the FSMB and NBME.
- M. “SPEX” means the Special Purpose Examination administered through the FSMB.
- N. “NBOME” means the National Board of Osteopathic Medical Examiners.
- O. “COMLEX” means the Comprehensive Osteopathic Medical Licensing Examination administered through the NBOME.
- P. “COMVEX” means the Comprehensive Osteopathic Medical Variable-Purpose Examination administered through the NBOME.
- Q. “AOA” means American Osteopathic Association.
- R. “LMCC” means Licentiate of the Medical Council of Canada.
- S. “APMA” means American Podiatric Medical Association.
- T. “ABPM” means American Board of Podiatric Medicine.
- U. “ABPS” means American Board of Podiatric Surgery.
- V. “FPMB” means Federation of Podiatric Medical Boards.
- W. “CPME” means Council on Podiatric Medical Education.

- X. “NBPME” means National Board of Podiatric Medical Examiners.
- Y. “APMLE” means American Podiatric Medical Licensing Examination administered through the NBPME.
- Z. “NPDB” means National Practitioner Data Bank.
- AA. “ECFMG” means the Education Commission for Foreign Medical Graduates.
- BB. “Foreign Medical School” means any medical college or college of osteopathic medicine located outside the United States, Canada or Puerto Rico.
- CC. “IMED” means International Medical Education Directory.
- DD. “Good Moral Character” as applied to an applicant, means that the applicant has not, prior to or during the pendency of an application to the Board, been guilty of any act, omission, condition or circumstance which would provide legal cause under Sections 73-25-29 or 73-25-83, Mississippi Code, for the suspension or revocation of medical licensure.

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

Rule 1.3 | Duty to Obtain License

Any physician, physician assistant, radiologist assistant or acupuncturist desiring to practice in this state must first obtain a license to do so by completing an application for licensure and submitting all requested documentation to the Board.

A physician, physician assistant, radiologist assistant or acupuncturist who is participating in or who has participated in an impaired professionals program as approved by the Board must document a two-year period of abstinence from any abusive use of mood-altering drugs, which shall include, but not be limited to, alcohol and all substances listed in Schedules I through V of the Uniform Controlled Substances Law, Mississippi Code, from the date of completion of the program before he or she is eligible for a permanent license to practice medicine, podiatry or acupuncture in Mississippi.

Prior to the issuance of, or reinstatement of a license, any physician, physician assistant, radiologist assistant or acupuncturist who has not actively practiced for a three (3) year period shall be required to participate in a Board approved assessment program, clinical skills assessment program or re-entry program to assure post-licensure competency.

A physician, physician assistant, radiologist assistant, or acupuncturist shall be deemed to have not “actively” practiced medicine if during said three (3) year period the physician, physician assistant, radiologist assistant or acupuncturist has not treated any patients for remuneration, other than friends and family.

Amended April 15, 1999. Amended May 17, 2007. Amended March 15, 2017.

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

Part 2601 Chapter 1: Licensure Rules Governing the Practice of Allopathic Physicians, Osteopathic Physicians, Podiatrists, Physician Assistants, Radiologist Assistants and Acupuncturists

Rule 1.1 | Scope

These rules apply to all applicants for licensure to practice allopathic medicine, osteopathic medicine, podiatric medicine, or acupuncture in the state of Mississippi and to all individuals practicing allopathic medicine, osteopathic medicine, podiatric medicine, or acupuncture within the state whether licensed or unlicensed.

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

Rule 1.2 | Definitions

For the purpose of these rules, the following terms have the meanings indicated:

- A. “Board” means the Mississippi State Board of Medical Licensure.
- B. “Physician” means any person with a valid doctor of medicine, doctor of osteopathy or doctor of podiatry degree.
- C. “LCME” means the Liaison Committee on Medical Education, the organization recognized by the American Medical Association for accrediting American medical schools.
- D. “ACGME” means Accreditation Council of Graduate Medical Education.
- E. “RCPSC” means Royal College of Physicians and Surgeons of Canada.
- F. “CCFP” means College of Family Physicians of Canada.
- G. “ABMS” means American Board of Medical Specialties.
- H. “AMA” means the American Medical Association.
- I. “FSMB” means the Federation of State Medical Boards.
- J. “FLEX” means the Federation Licensing Examination administered through the FSMB.
- K. “NBME” means National Board of Medical Examiners.
- L. “USMLE” means United States Medical Licensing Examination administered jointly through the FSMB and NBME.
- M. “SPEX” means the Special Purpose Examination administered through the FSMB.
- N. “NBOME” means the National Board of Osteopathic Medical Examiners.
- O. “COMLEX” means the Comprehensive Osteopathic Medical Licensing Examination administered through the NBOME.
- P. “COMVEX” means the Comprehensive Osteopathic Medical Variable-Purpose Examination administered through the NBOME.
- Q. “AOA” means American Osteopathic Association.
- R. “LMCC” means Licentiate of the Medical Council of Canada.
- S. “APMA” means American Podiatric Medical Association.
- T. “ABPM” means American Board of Podiatric Medicine.
- U. “ABPS” means American Board of Podiatric Surgery.
- V. “FPMB” means Federation of Podiatric Medical Boards.
- W. “CPME” means Council on Podiatric Medical Education.

- X. “NBPME” means National Board of Podiatric Medical Examiners.
- Y. “APMLE” means American Podiatric Medical Licensing Examination administered through the NBPME.
- Z. “NPDB” means National Practitioner Data Bank.
- AA. “ECFMG” means the Education Commission for Foreign Medical Graduates.
- BB. “Foreign Medical School” means any medical college or college of osteopathic medicine located outside the United States, Canada or Puerto Rico.
- CC. “IMED” means International Medical Education Directory.
- DD. “Good Moral Character” as applied to an applicant, means that the applicant has not, prior to or during the pendency of an application to the Board, been guilty of any act, omission, condition or circumstance which would provide legal cause under Sections 73-25-29 or 73-25-83, Mississippi Code, for the suspension or revocation of medical licensure.

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

Rule 1.3 | Duty to Obtain License

Any physician, physician assistant, radiologist assistant or acupuncturist desiring to practice in this state must first obtain a license to do so by completing an application for licensure and submitting all requested documentation to the Board.

A physician, physician assistant, radiologist assistant or acupuncturist who is participating in or who has participated in an impaired professionals program as approved by the Board must document a two-year period of abstinence from any abusive use of mood-altering drugs, which shall include, but not be limited to, alcohol and all substances listed in Schedules I through V of the Uniform Controlled Substances Law, Mississippi Code, from the date of completion of the program before he or she is eligible for a permanent license to practice medicine, podiatry or acupuncture in Mississippi.

Prior to the issuance of, or reinstatement of a license, any physician, physician assistant, radiologist assistant or acupuncturist who has not actively practiced for a three (3) year period shall be required to participate in a Board approved assessment program, clinical skills assessment program or re-entry program to assure post-licensure competency.

A physician, physician assistant, radiologist assistant, or acupuncturist shall be deemed to have not “actively” practiced medicine if during said three (3) year period the physician, physician assistant, radiologist assistant or acupuncturist has not treated any patients for remuneration, other than friends and family.

~~The preceding three paragraphs exclude those physicians, physician assistants, radiologist assistants or acupuncturists who perform charity work or work in research.~~

Amended April 15, 1999. Amended May 17, 2007. Amended March 15, 2017.

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

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi State Board of Medical Licensure		CONTACT PERSON Jonathan Dalton	TELEPHONE NUMBER 601-987-3079	
ADDRESS 1867 Crane Ridge Drive, Suite 200-B		CITY Jackson	STATE MS	ZIP 39216
EMAIL mboard@msbml.ms.gov	SUBMIT DATE 4/12/2023	Name or number of rule(s): 30 Miss. Admin. Code, Pt. 2601, Ch. 2: <i>Effect of Application</i>		

Short explanation of rule/amendment/pepeal and reason(s) for proposing rule/amendment/pepeal: Proposed revision of the regulations regarding the licensure rules governing the practice of Allopathic and Osteopathic physicians, Podiatrists, Physician Assistants, Radiologist Assistants, and Acupuncturists. The change allows the Board to waive the one-year time limit to complete an application.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann., §73-43-11

List all rules repealed, amended, or suspended by the proposed rule: Rule 2.1

ORAL PROCEEDING:

- An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____
- Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/pepeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

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

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

Printed name and Title of person authorized to file rules: Jonathan Dalton, Director of Investigations

Signature of person authorized to file rules: 

OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by _____	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP <div style="border: 1px solid black; padding: 10px; text-align: center;">  </div> Accepted for filing by  	OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by _____
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Part 2601 Chapter 2: Effect of Application

Rule 2.1 | Effect of Application

The submission of an application for licensing to the Board shall constitute and operate as an authorization by the applicant to each educational institution at which the applicant has matriculated; each state or federal agency to which the applicant has applied for any license, permit, certificate or registration; each person, firm, corporation, clinic, office or institution by whom or with whom the applicant has been employed in the practice of medicine; each physician or other health care practitioner whom the applicant has consulted or seen for diagnosis or treatment and each professional organization or specialty board to which the applicant has applied for membership, to disclose and release to the Board any and all information and documentation concerning the applicant which the Board deems material to consideration of the application. With respect to any such information or documentation, the submission of an application for licensing to the Board shall equally constitute and operate as a consent by the applicant to disclosure and release of such information and documentation and as a waiver by the applicant of any privilege or right of confidentiality which the applicant would otherwise possess with respect thereto.

By submission of an application for licensing to the Board, an applicant shall be deemed to have given his or her consent to submit to physical or mental examinations if, when and in the manner so directed by the Board and to waive all objections as to the admissibility or disclosure of findings, reports or recommendations pertaining thereto on the grounds of privileges provided by law. The expense of any such examination shall be borne by the applicant.

The submission of an application for licensing to the Board shall constitute and operate as an authorization and consent by the applicant to the Board to disclose and release any information or documentation set forth in or submitted with the applicant's application or obtained by the Board from other persons, firms, corporations, associations or governmental entities pursuant to Part 2601, Chapter 2, Rule 2.1 paragraphs 1 and 2, to any person, firm, corporation, association or governmental entity having a lawful, legitimate and reasonable need therefore, including, without limitation, the medical licensing authority of any state; The FSMB; the AMA and any component state and county or parish medical society, including the Mississippi State Medical Association and component societies thereof; the AOA and any component state and county or parish osteopathic medical society, including the Mississippi Osteopathic Medical Association and component societies thereof; the U.S. Drug Enforcement Administration; the Mississippi State Bureau of Narcotics; federal, state, county or municipal health and law enforcement agencies and the Armed Services. It is the intent and purpose of this rule to authorize release of only that licensure information not prohibited from release under Section 73-52-1, Mississippi Code.

Upon submission of an application for licensure to the Board, the applicant shall promptly provide all information deemed necessary by the Board to process the application, including, but not limited to certification of graduation from medical school, photograph of applicant, internship certification and birth certificate. The Board shall have a reasonable period of time within which to collect and assimilate all required documents and information necessary to issue a medical license. If, after submitting an application for medical license, an applicant has failed to respond or make a good faith effort to pursue licensure for a period of three (3) months, the application will be considered null and void, and applicant will have to reapply for licensure, including, but

not limited to, all fees, application, and certifications. Additionally, if after one year from the date of receipt of application, applicant has not received a medical license, the application will be considered null and void, and applicant will have to reapply for licensure, including, but not limited to, all fees, application, and certifications.

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

Part 2601 Chapter 2: Effect of Application

Rule 2.1 | Effect of Application

The submission of an application for licensing to the Board shall constitute and operate as an authorization by the applicant to each educational institution at which the applicant has matriculated; each state or federal agency to which the applicant has applied for any license, permit, certificate or registration; each person, firm, corporation, clinic, office or institution by whom or with whom the applicant has been employed in the practice of medicine; each physician or other health care practitioner whom the applicant has consulted or seen for diagnosis or treatment and each professional organization or specialty board to which the applicant has applied for membership, to disclose and release to the Board any and all information and documentation concerning the applicant which the Board deems material to consideration of the application. With respect to any such information or documentation, the submission of an application for licensing to the Board shall equally constitute and operate as a consent by the applicant to disclosure and release of such information and documentation and as a waiver by the applicant of any privilege or right of confidentiality which the applicant would otherwise possess with respect thereto.

By submission of an application for licensing to the Board, an applicant shall be deemed to have given his or her consent to submit to physical or mental examinations if, when and in the manner so directed by the Board and to waive all objections as to the admissibility or disclosure of findings, reports or recommendations pertaining thereto on the grounds of privileges provided by law. The expense of any such examination shall be borne by the applicant.

The submission of an application for licensing to the Board shall constitute and operate as an authorization and consent by the applicant to the Board to disclose and release any information or documentation set forth in or submitted with the applicant's application or obtained by the Board from other persons, firms, corporations, associations or governmental entities pursuant to Part 2601, Chapter 2, Rule 2.1 paragraphs 1 and 2, to any person, firm, corporation, association or governmental entity having a lawful, legitimate and reasonable need therefore, including, without limitation, the medical licensing authority of any state; The FSMB; the AMA and any component state and county or parish medical society, including the Mississippi State Medical Association and component societies thereof; the AOA and any component state and county or parish osteopathic medical society, including the Mississippi Osteopathic Medical Association and component societies thereof; the U.S. Drug Enforcement Administration; the Mississippi State Bureau of Narcotics; federal, state, county or municipal health and law enforcement agencies and the Armed Services. It is the intent and purpose of this rule to authorize release of only that licensure information not prohibited from release under Section 73-52-1, Mississippi Code.

Upon submission of an application for licensure to the Board, the applicant shall promptly provide all information deemed necessary by the Board to process the application, including, but not limited to certification of graduation from medical school, photograph of applicant, internship certification and birth certificate. The Board shall have a reasonable period of time within which to collect and assimilate all required documents and information necessary to issue a medical license. If, after submitting an application for medical license, an applicant has failed to respond or make a good faith effort to pursue licensure for a period of three (3) months, the application will be considered null and void, and applicant will have to reapply for licensure, including, but

not limited to, all fees, application, and certifications. Additionally, if after one year from the date of receipt of application, applicant has not received a medical license, the application will be considered null and void, and applicant will have to reapply for licensure, including, but not limited to, all fees, application, and certifications. ~~Under no circumstances will the one year time limit be waived.~~

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

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi State Board of Medical Licensure		CONTACT PERSON Jonathan Dalton	TELEPHONE NUMBER 601-987-3079	
ADDRESS 1867 Crane Ridge Drive, Suite 200-B		CITY Jackson	STATE MS	ZIP 39216
EMAIL mboard@msbml.ms.gov	SUBMIT DATE 4/7/2023	Name or number of rule(s): 30 Miss. Admin. Code, Pt. 2640 R. 1.5 <i>Use of Diet Medication</i>		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Proposed revision of the regulations regarding the use of diet medications. The change allows the Board to waive FDA requirements for good cause.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann., §73-43-11

List all rules repealed, amended, or suspended by the proposed rule: Rule 1.5

ORAL PROCEEDING:

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

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

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

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

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

Printed name and Title of person authorized to file rules: Jonathan Dalton, Director of Investigations

Signature of person authorized to file rules: *Jonathan Dalton*

OFFICIAL FILING STAMP _____ Accepted for filing by	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP  Accepted for filing by <i>26848 [Signature]</i>	OFFICIAL FILING STAMP _____ Accepted for filing by
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Rule 1.5 Use of Diet Medication.

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

Prescribing or dispensing a controlled substance for weight reduction or the treatment of obesity should be based on accepted scientific knowledge and sound clinical grounds. All such prescribing and dispensing must be in compliance with applicable state and federal laws.

The licensee providing comprehensive treatment of obesity must be present at the facility when he or she prescribes or dispenses¹ controlled substances for the purpose of weight reduction or the treatment of obesity. A licensee may administer, order, dispense or prescribe controlled substances for the purpose of weight loss or the treatment of obesity only as an adjunct to a clearly documented comprehensive program of behavior modification, comprehensive nutritional education, and exercise or physical therapy intervention. The licensee must comply with all of the following conditions:

- A. An initial comprehensive evaluation is to be conducted by and thoroughly recorded by the prescribing licensee prior to the prescribing, ordering, dispensing or administering of any drug. Such evaluation should include a thorough history and thorough physical exam of the patient to include at a minimum:
1. Past medical history, past surgical history, social history, family history, weight history, dietary history, gynecological history, review of systems, allergies and medications.
 2. A physical exam to include height; weight; blood pressure; pulse; % body fat or waist circumference/weight hip ratio; lungs; heart; abdomen; and extremities.
 3. Appropriate testing related to medical weight loss (CBC, comprehensive metabolic profile, lipid panel, thyroid panel, EKG, if prior or present history of cardiac disease, hypertension, diabetes, dyslipidemia, or strong family history of cardiac disease age >60)
 4. The licensee must determine and record the patient's Body Mass Index ("BMI"). No patient should receive anorexic medications unless the patient has (i) a BMI of ≥ 30.0 in a normal otherwise healthy patient, or (ii) a BMI ≥ 27.0 in an individual with at least one associated co-morbidity, or (iii) current body weight ≥ 120 percent of a well-documented, long standing healthy weight that the patient maintained after the age of 18, or (iv) body fat $\geq 30\%$ in females, or body fat $\geq 25\%$ in males, or (v)-waist-hip circumference such that the individual is known to be at increased cardiovascular and/or co-morbidity risk because of abdominal visceral fat, or presence of a co-morbidity condition or conditions aggravated by the patients excessive adiposity. The indication for anorexic therapy must be documented in the record and re-evaluated at each visit or with each prescription refill.
 5. Absolute contraindications of Schedule III or IV anorectic drugs for purposes of weight loss management are pregnancy, breast feeding, or severe allergic reactions to these medications. Relative contraindications of Schedule III and IV anorectics for the purpose of weight loss management are uncontrolled bipolar, uncontrolled epilepsy,

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

- uncontrolled hypertension, episodic tachyarrhythmia, excessive stimulation, history of substance abuse, severe anticholinergic effects, such as, extreme dryness of mouth or unmanageable constipation should be addressed with licensee prior to starting weight loss medications. Schedule III and IV anorectics can be used in conjunction with any other medications deemed safe by the licensee.
- B. The licensee must not utilize any Schedules III, IV or V controlled substance when he or she knows or has reason to believe an absolute contraindication exists or relative contraindication exists that would be harmful to the patient.
 - C. A licensee is not permitted to prescribe, order, or dispense controlled substances for the purpose of weight reduction or treatment of obesity greater than a 30-day supply. Exempted from this requirement are those licensees defined in Rule 1.2(M) and those licensees treating patients resulting from a referral to those licensees defined in Rule 1.2(M).
 - D. A patient continued on a controlled substance for the purpose of weight reduction or the treatment of obesity must undergo an in-person re-evaluation once every 30 days; however, those licensees defined in Rule 1.2(M) may re-evaluate patients once every 90 days. A recording of weight, BMI, blood pressure, pulse, and/or any other test which may be necessary for monitoring potential adverse effects of drug therapy should be completed at each visit. Once medically established goals have been met for an individual patient, the need for ongoing medication should be re-evaluated and documented in the record.
 - E. Continuation of the prescribing, ordering, dispensing, or administering of controlled substances should occur only if the patient has continued progress toward achieving or maintaining medically established goals and has no significant adverse effects from the medication.
 - F. A licensee must not utilize a schedule III, IV or V controlled substance or legend drug for purposes of weight loss unless it has an FDA approved indication for this purpose and then only in accordance with all of the above enumerated conditions. The purpose of this rule is to prohibit the use of such drugs as diuretics and thyroid medications for the sole purpose of weight loss.

Off-label use of any medication that does not have Food and Drug Administration approval for use in the treatment of weight loss is prohibited if administered solely for the purpose of weight loss. Thyroid hormone, diuretics, vitamin B12, B1, B2, B6, methionine, choline, inositol, chromium picolate, and human chorionic gonadotropin are examples of medications that may not be used in this manner. This prohibition does not apply to FDA categories of nutritional supplements sold without prescription.

Licensees may request the Board waive the FDA requirements set forth in Rule 1.5(F) on a per-medication or class of medications basis, for good cause. Temporary waiver may be approved by the Executive Director until the request can be heard before the Board.

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

Rule 1.5 Use of Diet Medication.

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

Prescribing or dispensing a controlled substance for weight reduction or the treatment of obesity should be based on accepted scientific knowledge and sound clinical grounds. All such prescribing and dispensing must be in compliance with applicable state and federal laws.

The licensee providing comprehensive treatment of obesity must be present at the facility when he or she prescribes or dispenses² controlled substances for the purpose of weight reduction or the treatment of obesity. A licensee may administer, order, dispense or prescribe controlled substances for the purpose of weight loss or the treatment of obesity only as an adjunct to a clearly documented comprehensive program of behavior modification, comprehensive nutritional education, and exercise or physical therapy intervention. The licensee must comply with all of the following conditions:

- A. An initial comprehensive evaluation is to be conducted by and thoroughly recorded by the prescribing licensee prior to the prescribing, ordering, dispensing or administering of any drug. Such evaluation should include a thorough history and thorough physical exam of the patient to include at a minimum:
 1. Past medical history, past surgical history, social history, family history, weight history, dietary history, gynecological history, review of systems, allergies and medications.
 2. A physical exam to include height; weight; blood pressure; pulse; % body fat or waist circumference/weight hip ratio; lungs; heart; abdomen; and extremities.
 3. Appropriate testing related to medical weight loss (CBC, comprehensive metabolic profile, lipid panel, thyroid panel, EKG, if prior or present history of cardiac disease, hypertension, diabetes, dyslipidemia, or strong family history of cardiac disease age >60)
 4. The licensee must determine and record the patient's Body Mass Index ("BMI"). No patient should receive anorexic medications unless the patient has (i) a BMI of ≥ 30.0 in a normal otherwise healthy patient, or (ii) a BMI ≥ 27.0 in an individual with at least one associated co-morbidity, or (iii) current body weight ≥ 120 percent of a well-documented, long standing healthy weight that the patient maintained after the age of 18, or (iv) body fat $\geq 30\%$ in females, or body fat $\geq 25\%$ in males, or (v)-waist-hip circumference such that the individual is known to be at increased cardiovascular and/or co-morbidity risk because of abdominal visceral fat, or presence of a co-morbidity condition or conditions aggravated by the patients excessive adiposity. The indication for anorexic therapy must be documented in the record and re-evaluated at each visit or with each prescription refill.
 5. Absolute contraindications of Schedule III or IV anorectic drugs for purposes of weight loss management are pregnancy, breast feeding, or severe allergic reactions to these medications. Relative contraindications of Schedule III and IV anorectics for the

² Part 2640, Rule 1.9, controls in all cases. Physician assistants are not permitted to dispense medication.

- purpose of weight loss management are uncontrolled bipolar, uncontrolled epilepsy, uncontrolled hypertension, episodic tachyarrhythmia, excessive stimulation, history of substance abuse, severe anticholinergic effects, such as, extreme dryness of mouth or unmanageable constipation should be addressed with licensee prior to starting weight loss medications. Schedule III and IV anorectics can be used in conjunction with any other medications deemed safe by the licensee.
- B. The licensee must not utilize any Schedules III, IV or V controlled substance when he or she knows or has reason to believe an absolute contraindication exists or relative contraindication exists that would be harmful to the patient.
 - C. A licensee is not permitted to prescribe, order, or dispense controlled substances for the purpose of weight reduction or treatment of obesity greater than a 30-day supply. Exempted from this requirement are those licensees defined in Rule 1.2(M) and those licensees treating patients resulting from a referral to those licensees defined in Rule 1.2(M).
 - D. A patient continued on a controlled substance for the purpose of weight reduction or the treatment of obesity must undergo an in-person re-evaluation once every 30 days; however, those licensees defined in Rule 1.2(M) may re-evaluate patients once every 90 days. A recording of weight, BMI, blood pressure, pulse, and/or any other test which may be necessary for monitoring potential adverse effects of drug therapy should be completed at each visit. Once medically established goals have been met for an individual patient, the need for ongoing medication should be re-evaluated and documented in the record.
 - E. Continuation of the prescribing, ordering, dispensing, or administering of controlled substances should occur only if the patient has continued progress toward achieving or maintaining medically established goals and has no significant adverse effects from the medication.
 - F. A licensee must not utilize a schedule III, IV or V controlled substance or legend drug for purposes of weight loss unless it has an FDA approved indication for this purpose and then only in accordance with all of the above enumerated conditions. The purpose of this rule is to prohibit the use of such drugs as diuretics and thyroid medications for the sole purpose of weight loss.

Off-label use of any medication that does not have Food and Drug Administration approval for use in the treatment of weight loss is prohibited if administered solely for the purpose of weight loss. Thyroid hormone, diuretics, vitamin B12, B1, B2, B6, methionine, choline, inositol, chromium picolate, and human chorionic gonadotropin are examples of medications that may not be used in this manner. This prohibition does not apply to FDA categories of nutritional supplements sold without prescription.

Licensees may request the Board waive the FDA requirements set forth in Rule 1.5(F) on a per-medication or class of medications basis, for good cause. Temporary waiver may be approved by the Executive Director until the request can be heard before the Board.

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

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE LICENSE OF:

AMHUL PIYUSH DIXIT, M.D. (No.21228)

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 made by Amhul Piyush Dixit, M.D. (hereinafter "Licensee"). After consideration of the matter, the Board finds Licensee's motion to be well taken.

IT IS, THEREFORE, ORDERED, that this matter is continued until January 18, 2024.

IT IS FURTHER ORDERED, that pending the hearing on this matter, the Order of Temporary Suspension issued by the Board on May 12, 2023, shall remain in full force and effect, such that Licensee shall be prohibited from practicing medicine in the state of Mississippi.

SO ORDERED, this the 18th day of May, 2023.

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

BY:



William David McClendon, Jr., M.D.
President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
IN THE MATTER OF THE PHYSICIAN'S LICENSE
OF
OSCAR DOMINGO ALMEIDA, M.D.
SURRENDER OF MEDICAL LICENSE

WHEREAS, OSCAR DOMINGO ALMEIDA, M.D., hereinafter referred to as "Licensee," is the current holder of License Number 18856 issued on April 4, 2005, to practice medicine in the State of Mississippi;

WHEREAS, Medical License number 18856 expired June 30, 2022; however, Licensee retains the inchoate right to renew said license;

WHEREAS, on December 10, 2021, Licensee was issued an Order of Temporary Action by the Mississippi State Medical Board of Licensure, hereinafter referred to as "The Board," suspending his license based upon action taken by the Alabama Board of Examiners having issued an immediate suspension of Licensee's medical license due to reported sexual misconduct;

WHEREAS, on July 21, 2022, Licensee was suspended indefinitely by The Board, the suspension was stayed and Licensee was placed on probation subject to the same terms and conditions of probation as decreed by the Medical Licensure Commission of Alabama in its April 20, 2022 Order;

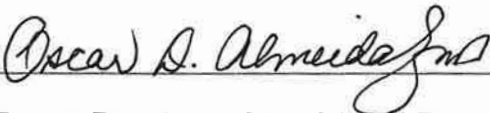
WHEREAS, on February 28, 2023, Licensee voluntarily surrendered his license to practice medicine or osteopathy in the state of Alabama.

NOW THEREFORE, Licensee agrees to voluntarily surrender his medical license (No. 18856) to practice medicine in the State of Mississippi and understands said Surrender shall be effective immediately upon execution. Licensee understands this is an

unconditional surrender, is reportable to the National Practitioner 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, **Oscar Domingo Almeida, M.D.**, nevertheless, hereby waives his right to notice and a formal adjudication of charges and authorizes the Board to enter an Order accepting this Surrender of Medical License to practice medicine in the State of Mississippi.

EXECUTED AND EFFECTIVE, this the 8TH day of April, 2023.

A handwritten signature in cursive script, reading "Oscar D. Almeida, M.D.", written over a horizontal line.

Oscar Domingo Almeida, M.D.

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE LICENSE OF:

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

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 July 20, 2023.

SO ORDERED this, the 18th day of May 2023.

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

BY: 
William David McClendon, Jr., 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 July 20, 2023.

SO ORDERED this, the 18th day of May 2023.

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

BY:



William David McClendon, Jr., 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)

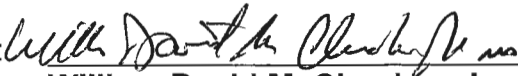
SECOND ORDER OF CONTINUANCE

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 Michael Lawrence Sanders, M.D., (hereinafter "Licensee") through his counsel Julie Mitchell, 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 July 20, 2023.

SO ORDERED this, the 18th day of May 2023.

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

BY: 

William David McClendon, Jr., 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)


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 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 July 20, 2023.

SO ORDERED this, the 18th day of May 2023.

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

BY: 
William David McClendon, Jr., M.D.
President

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

OF

RACHEL NICOLE HULL, M.D.

CONSENT ORDER

WHEREAS, RACHEL NICOLE HULL, M.D., hereinafter referred to as "Licensee," is the current holder of Mississippi Medical License No. 21690, issued August 17, 2011, and said license number expires on June 30, 2023;

WHEREAS, on August 8, 2022, Licensee received notice from her employer at the time, Ochsner Rush Health, that an audit had been conducted and Licensee was guilty of a Health Insurance Portability and Accountability Act (HIPAA) violation, in which Licensee accessed confidential patient medical information without proper justification;

WHEREAS, on September 7, 2022, Ochsner Rush Health placed Licensee on administrative leave, and terminated her without cause, effective thirty (30) days from the date of notice, on October 6, 2022;

WHEREAS, on January 27, 2023, the Mississippi State Board of Medical Licensure, hereinafter referred to as "Board", requested an explanation of events, and Licensee responded on February 1, 2023, acknowledging the HIPAA violation she committed, and subsequent termination of her employment by Ochsner Rush Health;

WHEREAS, the allegations, if established before the Board, constitute violations of the Mississippi Medical Practice Act, specifically, Miss. Code Ann. (1972) §§ 73-25-83

(a) and (c), and 73-25-29(8)(d) as amended, for which the Board may revoke the medical license of Licensee, suspend it for a time deemed proper by the Board, or take any other action as the Board may deem proper under the circumstances;

WHEREAS, Licensee acknowledges committing the violations of the Mississippi Medical Practice Act;

WHEREAS, it is the desire of Licensee to avoid an evidentiary hearing before the Board and, in lieu thereof, has agreed to enter into this Consent Order, thereby admitting the facts and allegations set forth herein, subject to the terms, conditions and restrictions as specified below.

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

1. Licensee's medical license (No. 21690) to practice medicine in the State of Mississippi is hereby suspended for a period of six (6) months, with the suspension immediately stayed.
2. Licensee shall attend and successfully complete Continuing Medical Education (CME) courses in the areas of Boundaries and Medical Ethics. The CME courses required herein shall be obtained by attending a course in the subjects noted above as provided by Board-approved providers. Licensee shall submit proof of her successful completion to the Board, to include any twelve-month follow-up documentation required herein, on a timely basis. Licensee shall register for, and attend, said courses within the next one (1) year. If additional time is needed for attendance, Licensee shall submit a written request for an

extension, to be approved in advance by the Executive Director of the Board. All costs relating to CME requirements of this paragraph are borne by Licensee. This is in addition to the forty (40) hours of CME requirements as cited in Title 30, Part 2610, Chapter 2 of the Board's Rules and Regulations.

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

This Consent Order shall be subject to approval by the Board. If the Board fails to approve this Consent Order, in whole or in part, it shall have no force or effect on the parties. It is further understood and agreed that the purpose of this Consent Order is to avoid a hearing before the Board. In this regard, Licensee authorizes the Board to review and examine any documentary evidence or material concerning the Licensee prior to or in conjunction with its consideration of this Consent Order. Should this Consent Order not be accepted by the Board, it is agreed that presentation to and consideration of this Consent Order and other documents and matters pertaining thereto by the Board shall not unfairly or illegally prejudice the Board or any of its members from participation in any further proceedings.

Licensee understands and expressly acknowledges that, 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, formal charges will be brought, and this matter shall be set for a full evidentiary hearing at the convenience of the Board.

Should the Board hereafter receive documented evidence of Licensee's 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.

Licensee understands and expressly acknowledges that this Consent Order, if approved and executed by the Mississippi State Board of Medical Licensure, shall constitute a public record of the State of Mississippi. Licensee further acknowledges that the Board shall provide a copy of this Order to, among others, the U.S. Drug Enforcement Administration, and the Board makes no representation as to action, if any, which the U.S. Drug Enforcement Administration, insurance company, insurance panel, healthcare network, agency or jurisdiction may take in response to this Order.

Recognizing her right to notice of charges specified against her, to have such charges adjudicated pursuant to Miss. Code Ann. § 73-25-27, to be represented therein by legal counsel of her choice, and to a final decision rendered upon written findings of fact and conclusions of law, **RACHEL NICOLE HULL, M.D.**, nevertheless, hereby waives her right to notice and a formal adjudication of charges and authorizes the Board

to enter an order accepting this Consent Order, thereby **REPRIMANDING** her medical license, subject to those terms and conditions listed above.

Executed, this the 14 day of April 2023.


RACHEL NICOLE HULL, M.D.

ACCEPTED AND APPROVED, this the 18th day of May, 2023, by the Mississippi State Board of Medical Licensure.


WILLIAM D. MCCLENDON, M.D.
Board President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN LICENSE

OF

MASSIE H. HEADLEY, M.D.

CONSENT ORDER

WHEREAS, MASSIE H. HEADLEY, M.D., hereinafter referred to as "Licensee," is the current holder of Mississippi Medical License No. 14432, said license number expires on June 30, 2023;

WHEREAS, the Investigative Division of the Mississippi State Board of Medical Licensure has conducted an investigation of Licensee and has in its possession evidence which, if produced during the course of an evidentiary hearing before the Mississippi State Board of Medical Licensure (hereinafter the "Board"), would substantiate that Licensee has violated provisions of the Board's Administrative Code and is guilty of unprofessional conduct, which includes being guilty of any dishonorable or unethical conduct likely to deceive, defraud or harm the public, advertising weight loss by any means, failing to register as a Bariatric Medicine Practice, failing to provide oversight for mid-level providers who authorized unapproved medications for the treatment of weight loss, and who also prescribed, administered, or dispensed medications without a good faith prior examination or medical indication, as well as knowingly performing acts which assisted in the practice of medicine by an unlicensed person;

WHEREAS, as a result of this investigation on August 22, 2022, Licensee was served an affidavit which laid out charges for the aforementioned violations and during the course of the

continued investigation, additional violations became known to investigators which resulted in an amended affidavit being served upon Licensee on February 20, 2023;

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

WHEREAS, it is the desire of Licensee to avoid an evidentiary hearing before the Board and, in lieu thereof, has agreed to enter into this Consent Order.

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

1. Licensee's certificate (No. 14432) is hereby suspended for a period of twelve (12) months, with said suspension stayed after six (6) months.
2. Licensee shall speak or present at two (2) physician group meetings or medical student meetings (approved in advance by the Board, including substance and content) regarding his case and the importance of honoring supervisory/oversight responsibilities of mid-level providers over the next six (6) months. Completion of each speaking engagement would stay an additional month of Dr. Headley's remaining active suspension. By completing two (2) speaking engagements, Dr. Headley's six (6) month active suspension could be reduced to as little as four (4) months.
3. Licensee (his wife, and any other family members) will divest themselves of all financial interest in Core Cryotherapy.

4. Licensee agrees not to practice in the area of hydration therapy for the life of his practice.
5. Licensee shall, within six (6) months of the acceptance and approval of this Order, successfully complete a Board-approved Continuing Medical Education (CME) course, specifically the CPEP PROBE course covering the areas of (i) Ethics, (ii) Boundaries, and (iii) supervision of mid-level providers. Licensee shall provide proof of attendance and participation in each aspect of the courses required herein to the Board's Compliance Officer. Any credit received for such CME shall be in addition to the usual forty (40) hours of Category I credits required by the Board's Administrative Code.
6. 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.
7. 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 of this Order, once executed, may not be appealed or reconsidered.
8. Licensee shall reimburse the Board for all costs incurred in relation to the pending matter pursuant to Miss. Code Ann. § 73-25-30, said amount not to exceed \$10,000. Licensee shall be advised of the total assessment by separate written notification and shall tender to the Board a certified check or money order made payable to the Mississippi State Board of Medical Licensure, on or before forty (40) days from the date the assessment is mailed to Licensee via U.S. Mail to Licensee's current mailing address.

This Consent Order shall be subject to approval by the Board. If the Board fails to approve this Consent Order, in whole or in part, it shall have no force or effect on the parties. It is further understood and agreed that the purpose of this Consent Order is to avoid a hearing before the

Board. In this regard, Licensee authorizes the Board to review and examine any documentary evidence or material concerning the Licensee prior to or in conjunction with its consideration of this Consent Order. Should this Consent Order not be accepted by the Board, it is agreed that presentation to and consideration of this Consent Order and other documents and matters pertaining thereto by the Board shall not unfairly or illegally prejudice the Board or any of its members from participation in any further proceedings.

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, formal charges will be brought, and this matter shall be set for a full evidentiary hearing at the convenience of the Board.


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.

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

Recognizing his right to notice of charges specified against him, to have such charges adjudicated pursuant to Miss. Code Ann. § 73-25-27 (1972), to be represented therein by legal counsel of his choice, and to a final decision rendered upon written findings of fact and

conclusions of law, **MASSIE H. HEADLEY, M.D.**, nevertheless, hereby waives his right to notice and a formal adjudication of charges and authorizes the Board to enter an order accepting this Consent Order, thereby suspending his medical license, subject to those terms and conditions listed above.

EXECUTED, this the 5th day of May, 2023.

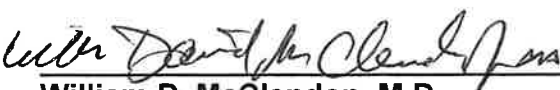


MASSIE H. HEADLEY, M.D.




Tim Sensing, Esq.
Counsel for Licensee

ACCEPTED AND APPROVED, this the 18th day of May, 2023, by the Mississippi State Board of Medical Licensure.



William D. McClendon, M.D.
Board President



Paul Barnes, Esq.
Board Complaint Counsel

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

**IN THE MATTER OF THE LICENSE OF:
LAURA PURDY, M.D.**

CORRECTED DETERMINATION AND ORDER

THIS MATTER came before the Mississippi State Board of Medical Licensure (hereinafter “Board”) in Jackson, Hinds County, Mississippi, on May 18, 2023, pursuant to a Summons and Affidavit issued to Laura Purdy, M.D. (hereinafter “Licensee”). A hearing was conducted on May 18, 2023.

At the hearing, Board Counsel Paul Barnes, Esq. presented the charges set forth in the Affidavit. Licensee, having been served with the Summons and being fully informed of her rights to a formal hearing before the Board, was present and represented by Johnny Chapman, Esq. Alexis Morris, Esq., Special Assistant Attorney General, served as Administrative Hearing Officer, presided at the hearing and was directed to prepare the Board’s written decision in accordance with its deliberations.

Board members present for the proceedings were David McClendon, M.D.; Ken Lippincott, M.D.; Thomas Joiner, M.D.; Kirk Kinard, D.O.; Allen Gersh, M.D.; Roderick Givens, M.D.; and William Eugene Loper, III, M.D. The Consumer member

present was Koomarie “Shoba” Gaymes. Accordingly, a quorum of the Board members was present throughout the hearing and deliberation in this matter.

FINDINGS OF FACT

1. The Board is established pursuant to the Mississippi State Board Medical Licensure Act, Title 73, Chapter 43 of the Mississippi Code of 1972 as amended, and is charged with the duty of licensing and regulating the practice of medicine in the State of Mississippi pursuant to Title 73, Chapter 25 of the Mississippi Code of 1972 as amended.
2. Sections 73-25-29, 73-25-83 and 73-25-87 of the Mississippi Code Annotated (1972) as amended provide that the Board may revoke or suspend a license or take any other actions as deemed necessary if a license has violated any provisions therein.
3. All parties have been properly noticed of the matter now pending.
4. Laura Purdy, M.D., hereby referred to as “Licensee,” currently holds Mississippi Medical License Number 25959, and said number is valid until June 30, 2023.
5. Licensee is licensed to practice medicine in all 50 states and the District of Columbia.
6. On or about May 23, 2022, the Board received a complaint from a physician alleging that Licensee was prescribing medications such as Ozempic via telehealth with no audio and or video contact with at least one (1) patient. It

was also alleged that side effects of those drugs were not discussed with the patient prior to prescribing.

7. During the Board's investigation, it was discovered that Licensee was also prescribing medications to at least two (2) other patients in the State of Mississippi. The investigation found that that all patient encounters were conducted via instant messages through a phone application and website called "Push Health."
8. Communication for all patient encounters was conducted via instant messages on the website "Push Health." *See* MSB 000036-MSB 000043 and MSB 000054-000055.
9. Licensee testified that she only reviewed questionnaires completed by patients when they registered for "Push Health" prior to prescribing medication. Other than the instant messages, Licensee testified that she does not ask any questions or engage in any relevant communication with patients to establish the physician/patient relationship needed to practice telemedicine in the state of Mississippi.
10. Licensee did not contest **Count I** of the Affidavit; however, she testified that she did not willfully violate the Board's Administrative Code, Title 30, Part 2635, Rules 5.4 and 5.5.

CONCLUSIONS OF LAW

1. The Board has jurisdiction in this matter under Miss. Code Ann. 73-25-29 and 73-25-83(a). Venue is likewise properly placed before the Board to hear this

matter in Hinds County, Mississippi.

2. These proceedings were duly and properly convened, and all substantive and procedural requirements under law have been satisfied. This matter is, therefore, properly before the Board.
3. The Board is authorized to license and regulate persons who apply for or hold medical licenses and prescribe conditions under which persons may practice to protect the public health, safety, and welfare.
4. The Board made certain amendments to the regulations in Part 2635, Chapter 5: Practice of Telemedicine, effective July 26, 2022. The violations of the Board's Administrative Code by Licensee occurred prior to July 26, 2022, which required that Licensee be charged under the old version(s) of the applicable regulations, and the old version(s) were cited in the Affidavit.
5. Based on the evidence and testimony presented, Licensee is guilty of **Count I** of the Affidavit, that is guilty of failing to establish a valid physician patient relationship and utilizing a questionnaire in lieu of a physical examination, all in violation of Miss Code Ann. § 73-25-29(13).
6. Based on the evidence and testimony presented, Licensee is guilty of **Count II** of the Affidavit, that is, guilty of unprofessional conduct, which includes but is not limited to, being guilty of any dishonorable or unethical conduct likely to deceive, defraud, or harm the public, all in violation of Miss. Code Ann. §§ 73-25-29(8)(d) and 73-25-83(a).

Based upon the above Findings of Fact and Conclusions of Law, the Board finds the following order to be appropriate under the circumstances.

ORDER

IT IS THEREFORE ORDERED that Mississippi Medical license No. 25959, issued to Laura Purdy, M.D. is hereby suspended for three (“3”) months—with the suspension immediately stayed.

IT IS FURTHER ORDERED that Licensee shall successfully complete the PROBE course offered by CPEP and provide confirmation of completion to the Board.


IT IS FURTHER ORDERED that Licensee is prohibited from practicing medicine via telehealth in the state of Mississippi until June 17, 2023.

IT IS FURTHER ORDERED that Licensee must report to the Board for review of her current telehealth standard operating procedures prior to returning to practicing telehealth 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 Laura Purdy, M.D.

SO ORDERED, this the 18th day of May 2023.

MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE

BY: 
WILLIAM D. MCCLENDON, JR., M.D.,
PRESIDENT

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

IN THE MATTER OF THE LICENSE OF:
JAMES LAWRENCE DELGADILLO, M.D.

ORDER REMOVING RESTRICTIONS

THIS MATTER came before the Mississippi State Board of Medical Licensure (hereinafter “Board”), pursuant to Title 73, Chapter 25 of Mississippi Code (1972) Annotated. James Lawrence Delgadillo, M.D. (“Licensee”) seeks removal of the restrictions on his license to practice medicine in the state of Mississippi under Miss. Code Ann. Section 73-25-32. A hearing was conducted on May 18, 2023.

At the hearing, Licensee was present and represented by Honorable Elizabeth Hyde. Complaint Counsel for the Board was Honorable Paul Barnes. 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 David McClendon, Jr., M.D, President; Ken Lippincott, M.D.; Thomas Joiner, M.D.; Kirk Kinard, D.O.; Allen Gersh, M.D.; Roderick Givens, M.D.; and William Loper, III, M.D. The Consumer member present was Koomarie “Shoba” Gaymes.

On or about September 4, 2020, Licensee signed a Stipulation Order before the Medical Examining Board of the State of Wisconsin. As a result, the last formal action of this Board occurred on May 20, 2021, wherein the Board placed restrictions on Licensee's Mississippi medical license by virtue of a Consent Order—based on actions taken by the Wisconsin State Medical Licensure on Licensee's license to practice medicine in Wisconsin.

The Board advised Licensee that he had a right to petition and return to practice, provided, however, that Licensee successfully complete the following requirements:

1. Provide the Board a written explanation as to why he failed to correctly answer the affidavit questions related to his original application for permanent licensure and his subsequent renewal application. Said documentation shall provide a detailed timeline of events and is due within ten ("10") business days of the below execution date.
2. Obtain his Prescriber Activity Report via the Mississippi Prescription Monitoring Program each quarter. Licensee shall analyze said report and provide the Board's Compliance Director the analysis in a written statement. Licensee shall provide said statement no later than fifteen ("15") business days after the conclusion of each quarter. The first quarter due shall include April, May, and June 2021.
3. Licensee's practice of medicine shall be subject to periodic surveillance by the Mississippi State Board of Medical Licensure to monitor compliance with this

Consent Order. The Board's Executive Director, any member of the Board or Investigative staff may perform at any time, unannounced, a patient chart review of a representative sample of those patients treated by Licensee.

4. Licensee expressly agrees he will not seek an appearance before the Board for removal of part or all of the aforementioned restrictions prior to the completion of eight (“8”) quarterly reviews after the date of this order. There shall be no right to petition for reconsideration until after Licensee has the restrictions from Wisconsin's aforementioned Stipulation Order lifted, or upon the completion of eight (“8”) quarterly reviews, whichever comes first.
5. Licensee shall reimburse the Board for all costs incurred in relation to the pending Matter pursuant to Miss. Code Ann. § 73-25-30. Licensee shall be advised of the total assessment by separate written notification and shall tender to the Board a certified check or money order made payable to the Mississippi State Board of Medical Licensure, on or before forty (“40”) days from the date the assessment is mailed to Licensee via U.S. Mail to Licensee's current mailing address.

Licensee provided the Board with the written documentation regarding his application for licensure, which Licensee submitted prior to the hearing on May 20, 2021. *See* MSB 000106-108. Additionally, Licensee submitted the quarterly analyses of his Prescriber Activity Report via the Mississippi Prescription Monitoring Program. Licensee testified that he had been unemployed since 2021 and had not prescribed. As a result, after the four (“4”) reports, the remaining quarterly reports

were blank. However, he maintained that he made every effort to gain employment and di not turn down any jobs.

Licensee also submitted his final quarterly report to the Board on or about March 31, 2023. *See* MSB 000110. Licensee remitted to the Board all associated costs incurred in relation to this matter. *See* MSB000111-00013.

Accordingly, the Board finds the same to be well-taken.

IT IS THEREFORE ORDERED that Licensee's request for the removal of restrictions on his Mississippi medical license is hereby granted. 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, James Lawrence Delgadillo, M.D.

SO ORDERED, this the 18th day of May 2023.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY: 
**WILLIAM D. MCCLENDON, JR., M.D.,
PRESIDENT**