

**BOARD MINUTES**  
**MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE**  
**November 15 and 16, 2023**

A regularly called meeting of the Mississippi State Board of Medical Licensure was held on November 15 & 16, 2023, at 1867 Crane Ridge Drive, Suite 200B, Jackson, MS, after being duly noticed on the Mississippi Public Notice website, this Board's website, and the front door of the Board's offices in accordance with law.

**A QUORUM OF SEVEN (7) VOTING MEMBERS WAS PRESENT ON NOVEMBER 15, 2023:**

Michelle Y. Owens, M.D., Jackson, President  
C. Kenneth Lippincott, M.D., Tupelo, Vice President  
Thomas Joiner, M.D., Jackson, Secretary  
Kirk L. Kinard, D.O., Oxford  
H. Allen Gersh, M.D., Hattiesburg  
Renia Dotson, M.D., Greenville  
Roderick Givens, M.D., Natchez - Zoom  
Shoba Gaymes, Jackson, Consumer Member  
Wesley Breland, Hattiesburg, Consumer Member

**ALSO PRESENT:**

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

**NOT PRESENT:**

David W. McClendon, Jr., M.D., Ocean Springs  
William E. Loper, M.D., Ridgeland  
Major General (Ret.) Erik Hearon, Jackson, Consumer Member

The meeting was called to order at 10:33 am, by Dr. Owens, President. The invocation was given by Dr. Dotson, and the pledge was led by Dr. Kinard.

Dr. Owens introduced Alexis Morris, Special Assistant Attorney General who will serve as the Board's Hearing Officer, and Lori Busick, Court Reporter with Brown Court Reporting. Dr. Owens also recognized Representative Lee Yancy who was present for this meeting.

### **Executive Director Report**

Dr. Cleveland provided an updated summary regarding Licensure and Investigative Division operations for the months of September and October 2023. Dr. Cleveland announced that he has been reelected as Treasurer of the Interstate Medical Licensure Compact Commission for a term of one year.

### **Review and Approval of Minutes of the Executive Committee dated September 13, 2023.**

Upon review of the minutes of the Executive Committee Meeting dated September 13, 2023, Dr. Kinard moved for approval of the minutes as submitted. Dr. Dotson seconded the motion and it carried unanimously.

### **Review and Approval of Minutes of the Board Meeting dated September 13 & 14, 2023.**

Upon review of the minutes of the Board Meeting dated September 13 & 14, 2023, Dr. Kinard moved for approval of the minutes as submitted. Dr. Givens seconded the motion and it carried unanimously.

### **Approval of Minutes of the Specially Called Board Meeting dated September 26, 2023.**

Upon review of the minutes of the Board Meeting dated September 26, 2023, Dr. Dotson moved for approval of the minutes as submitted. Dr. Kinard seconded the motion and it carried unanimously.

### **Report of November 15, 2023, Executive Committee Meeting**

Dr. Joiner reported on the matters considered by the Executive Committee on November 15, 2023, and the recommendations made.

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

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

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

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

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

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

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

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

Dr Kinard advised there was no new information to report.

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

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

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

Final Adopt:

- Part 2640, Rule 1.2 Definitions
- Part 2640, Rule 1.6 Bariatric Medicine, Medical Weight Loss, or Weight Management Practice

Dr. Joiner reported to the Board on the proposed changes. Discussion occurred for several minutes. Mr. Barnes noted that the Board had received eight (8) written comments regarding the proposed changes, and that the record should reflect that the comments had been reviewed and considered by the Board.

A motion was made by Dr. Kinard, seconded by Dr. Dotson to **FINAL ADOPT** the regulation. After a further period of discussion, the motion carried unanimously.

Copies of the regulation are attached hereto and incorporated by reference including eight (8) public written comments that were submitted to and considered by the Board.

Final Adopt:

- Part 2625: Chapter 1 The Practice of Acupuncture

Dr. Joiner explained the proposed amendments. Discussion occurred. Jerusha Stephens, LAc, a licensed acupuncturist, offered comments to the Board. After discussion concluded, a motion was made by Dr. Kinard, seconded by Dr. Dotson to **FINAL ADOPT** the regulation, and it carried unanimously.

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

**APPROVAL OF CONSENT ORDER FOR NIDAL RAHAL, M.D.**  
**MISSISSIPPI MEDICAL LICENSE 21452**

Mr. Barnes briefly summarized the circumstances leading to this Consent Order, which mirrored action by the Tennessee Board of Medical Examiners.

After discussion, a motion was made by Dr. Kinard, seconded by Dr. Joiner, and carried unanimously to **APPROVE** the consent order.

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

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

**PETITION FOR REINSTATEMENT BY JAMES L. WOOTTON, III, M.D.**  
**MISSISSIPPI MEDICAL LICENSE 25172**

Mr. Barnes introduced Dr. Wootton, who addressed the Board to petition for consideration to change the states he may apply to for a medical license. Dr. Wootton briefly summarized the reasons for this change and will continue all of the requirements of his March 22, 2023, Board Order.

Dr. Wootton answered questions regarding the requirements of the March 22, 2023, Board Order.

After discussion, a motion was made by Dr. Lippincott to **GRANT** Dr. Wootton's request that he be permitted to seek licensure in Louisiana and Kansas, seconded by Dr. Gersh, and carried unanimously.

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

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

**HEARING IN THE CASE OF JAMES L. HOLZHAUER, M.D., COLUMBUS, MS**

**MISSISSIPPI MEDICAL LICENSE 11477**  
**MOTION FOR A CONTINUANCE**

Mr. Barnes advised that Dr. Holzhauer's attorney had requested a continuance until the January 2024 board meeting.

A motion was made by Dr. Dotson, seconded by Dr. Kinard, and carried unanimously to **ACCEPT** the motion to continue this matter until the January 2024 Board meeting.

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

**APPROVAL OF CONSENT ORDER FOR CHARLES E. SCHLOSSER, M.D.**  
**MISSISSIPPI MEDICAL LICENSE 25865**

Mr. Barnes briefly summarized the circumstances leading to this Consent Order which mirrored action by the Louisiana State Board of Medical Examiners. Dr. Schlosser entered into a Consent Order with the Mississippi State Board of Medical Licensure which was accepted on January 19, 2023. Dr. Schlosser failed to successfully complete the Board ordered course which is a violation of the January 2023 board order. Dr. Schlosser has agreed to a new consent order requiring him to successfully complete the PROBE course and pay costs.

Mr. Tristan Armer introduced himself to the Board as Dr. Schlosser counsel. Mr. Armer briefly summarized the circumstances regarding this violation.

After discussion, a motion was made by Dr. Lippincott, seconded by Dr. Kinard, and carried unanimously to **APPROVE** the consent order.

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

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

**TO DISCUSS POTENTIAL LITIGATION, THIS IS A MATTER FOR REVIEW AND DISCUSSION TO BE HELD IN EXECUTIVE SESSION DUE TO MATERIAL BEING EXEMPT FROM THE PUBLIC RECORDS ACT.**

A motion was made by Dr. Kinard, seconded by Dr. Dotson, and carried that the Board meeting be closed to discuss whether to enter into executive session for the purpose of discussing potential litigation, with the Board Attorney where an open meeting would be detrimental to the Board's litigating position. (Agenda Item 14)

**PURSUANT TO MS CODE § 73-25-27, INVESTIGATIVE SUBPOENAS FOR APPROVAL, CASE NUMBERS: 2024-029 and 2024-040.**

A motion was made by Dr. Kinard, seconded by Dr. Dotson, 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 2024-029 and 2024-040. (Agenda Item 15)

**CLOSED SESSION**

During closed session, a motion was made by Dr. Joiner, seconded by Dr. Kinard, and carried that the Board enter executive session for the purpose of approving investigative subpoenas for case numbers 2024-029 and 2024-040. (Agenda Item 15), and to discuss potential litigation (Agenda Item 15). The Board entered executive session to consider those two (2) agenda items seriatim.

Upon a motion by Dr. Joiner, seconded by Dr. Kinard and carried unanimously, the Board came out of executive session. It was reported that the Board unanimously approved the investigative subpoenas for case numbers 2024-029 and 2024-040. (Agenda Item 15). 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 MEETING IS RECESSED AT 12:47 PM AND WILL RESUME THURSDAY,  
NOVEMBER 16 AT 8:00 AM**

**A QUORUM OF SEVEN (7) VOTING MEMBERS WAS PRESENT ON NOVEMBER 16, 2023.**

**THE FOLLOWING MEMBERS WERE PRESENT:**

Michelle Y. Owens, M.D., Jackson, President  
C. Kenneth Lippincott, M.D., Tupelo, Vice President  
Thomas Joiner, M.D., Jackson, Secretary  
David W. McClendon, Jr., M.D., Ocean Springs  
Renia Dotson, M.D., Greenville  
Kirk L. Kinard, D.O., Oxford  
H. Allen Gersh, M.D., Hattiesburg  
Roderick Givens, M.D., Natchez - Zoom  
Shoba Gaymes, Jackson, Consumer Member  
Wesley Breland, Hattiesburg, Consumer Member

**ALSO PRESENT:**

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

**NOT PRESENT:**

William E. Loper, M.D., Ridgeland  
Major General (Ret.) Erik Hearon, Jackson, Consumer Member

The meeting was called to order at 8:35 am, by Dr. Owens, President. Dr. Owens acknowledged Alexis Morris, Special Assistant Attorney General who will serve as the Board's Hearing Officer, and Lori Busick, Court Reporter with Brown Court Reporting.

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

Exhibits are introduced into the record.

Objections were heard and ruled on by the Hearing Officer.

All Witnesses were sworn in by the court reporter.

Mr. Barnes made an opening statement.

Mr. Mercier made an opening statement.

Complaint Counsel called Dr. Sudderth to the witness stand and Mr. Barnes questioned him about his education, training, and treatment of bariatric patients.

**THE BOARD RECESSED AT 11:25 AM AND RECONVENED AT 12:08 AM**

Dr. Sudderth completed his testimony and exited the witness stand.

Dr. Chance was called to the witness stand as an expert witness for the Board and briefly summarized his education and training. Dr. Chance was questioned by Mr. Barnes and Mr. Mercier. Mr. Mercier moved to exclude Dr. Chance as an expert witness because he specialized in Family Medicine.

**THE BOARD RECESSED FOR LUNCH AT 11:25 AM AND RECONVENED AT 11:43 AM**

Mr. Barnes recommended to the Board that all charges be dismissed summarily against Dr. Sudderth. The Board accepted this recommendation, and this matter was concluded.

**JANUARY 2023 BOARD MEETING DATES**

After discussion regarding dates the next regularly scheduled meeting of the board was set for Wednesday, January 10, 2024, and Thursday, January 11, 2024.

**ADJOURNMENT**

There being no further business, the meeting was adjourned at 1:09 p.m.



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

**Minutes taken and transcribed by:**  
Frances Carrillo, Executive Assistant  
November 16, 2023



**BOARD MEETING AGENDA**  
**MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE**  
**November 15, 2023 at 10:30 am and November 16, 2023 at 8:00 am**

1. Meeting called to order.
  2. Invocation, Pledge
  3. Announcements and Public Comments  
Julie Pace
  4. Executive Director Report.
  5. Approval of Minutes of the Executive Committee dated September 13, 2023.
  6. Approval of Minutes of the Board Meeting dated September 13 & 14, 2023.
  7. Approval of Minutes of the Specially Called Zoom Meeting dated September 26, 2023.
  8. Report of November 15, 2023, Executive Committee Meeting.
  9. Reports from Committees
    1. Scope of Practice: Dr. Kinard (Chair), Dr. Gersh, Dr. McClendon, Dr. Givens, Dr. Dotson, Mr. Breland, Ms. Gaymes, Dr. Cleveland
    2. Professionals Health Program: Dr. Lippincott (Chair), Dr. Gersh, Dr. Joiner, Dr. Loper, Maj Gen Hearon, Ms. Gaymes, Dr. Cloy, Dr. Cleveland
    3. Telemedicine I Interstate Licensure Compact: Dr. Givens (Chair), Dr. Kinard, Dr. Lippincott, Dr. Dotson, Maj Gen Hearon, Dr. Cleveland, Mr. Lucius
    4. Licensees Education and Communication: Dr. McClendon (Chair), Dr. Gersh, Dr. Kinard, Dr. Joiner, Dr. Lippincott, Mr. Breland, Ms. Gaymes, Dr. Cleveland, Mr. Lucius, Ms. Young
    5. Physician Assistant Advisory Task Force: Dr. Kinard (Chair), Mr. Dalton, Maj Gen Hearon, Joanna Mason, PA-C, Tristen Harris, PA-C, Stephen English, PA-C, Steve Martin, PA-C, Deb Munsell, PA-C, Vanessa Perniciaro, PA-C, Dr. Cleveland, Mr. Ledbetter
    6. Rules, Regulation & Legislative: Dr. Joiner (Chair), Dr. Gersh, Dr. Loper, Dr. Lippincott, Mr. Breland, Dr. Cleveland, Mr. Ledbetter
- Final Adopt:
- Part 2640, Rule 1.2 Definitions
  - Part 2640, Rule 1.6 Bariatric Medicine, Medical Weight Loss, or Weight Management Practice
- Proposed changes to:
- Part 2625: Chapter 1 The Practice of Acupuncture

10. Nidal Rahal, M.D.  
Mississippi Medical License 21452  
Approval of Consent Order
11. Personal Appearance of James L. Wootton, III, M.D.  
Mississippi Medical License 25172  
Petition
12. Hearing in the Case of James L. Holzhauer, M.D., Columbus, MS  
Mississippi Medical License 11477
13. Charles E. Schlosser, M.D., Metairie, LA  
Mississippi Medical License 25865  
Approval of Consent Order
14. To Discuss Potential Litigation, This is a matter for review and discussion to be held in executive session due to material being exempt from the public records act.
15. Pursuant to MS Code §73-25-27, Investigative Subpoenas for approval, Case Number: #2024-029. This is a matter for review and discussion to be held in executive session due to material being exempt from the public records act.
16. Hearing in the Case of Stephen D. Sudderth, M.D., Vicksburg, MS  
Mississippi Medical License 17597
17. January 2024 Board Meeting Dates, Wednesday, January 10, 2024 and Thursday, January 11, 2024.

**Mississippi State Board of Medical Licensure  
Board Meeting  
November 16, 2023, 8:00 am  
Rules, Regulation & Legislative Committee**

**The Board accepted proposed changes on September 13, 2023.**

**Final adoption :**

- Part 2640 Rule 1.2 Definitions
- Part 2640 Rule 1.6 Bariatric Medicine, Medical Weight Loss, or Weight Management Practice

*Rule 1.2 Definitions.*

For the purpose of Part 2640, Chapter 1 only, the following terms have the meanings indicated:

- A. **Administer, Controlled Substances,** and **Ultimate User** shall have the same meaning as set forth in Mississippi Code, Section 41-29-105, unless the context otherwise requires.
- B. **Board** means the Mississippi State Board of Medical Licensure.
- C. **Physician** means any person licensed to practice medicine, osteopathic medicine or podiatric medicine in the state of Mississippi.
- D. **Physician Assistant** means any person meeting the requirements of licensure in the state of Mississippi as required by Part 2617, Chapter 1.
- E. **Licensee** means any person licensed by this Board who has prescriptive authority.
- F. **Prescriptive Authority** means the legal authority of a professional licensed to practice medicine in the state of Mississippi to prescribe, administer, or dispense legend drugs. Licensees holding or possessing certain license types and training, such as Medical Doctors (MD) and Doctors of Osteopathic Medicine (DO) for example, are conferred prescriptive authority by virtue of their training and licensure by the board.
- G. **Prescribe** means to designate or order by means of either a written or oral prescription the delivery of a controlled substance or legend drug to an ultimate user.
- H. **Dispense** means to deliver a controlled substance or legend drug other than by administering or prescribing to an ultimate user or research subject including the packaging, labeling, or compounding necessary to prepare the substance for that delivery.
- I. For the purpose of enforcement of the labeling requirements set forth in this chapter, Part 2640, Rule 1.7.B, **Dispensing Physician** means any physician who dispenses to a patient for the patient's use any controlled substance, legend drug or other medication where such medication is purchased by the physician for resale to a patient whether or not a separate charge is made. As stated in Part 2615, it is understood that Physician Assistants may not dispense medications.
- J. **Prescription Drug** or **Legend Drug** means a drug required under federal law to be labeled with the following statement prior to being dispensed or delivered; "Caution: Federal law prohibits dispensing without prescription," or a drug which is required by any applicable federal or state law or regulation to be dispensed on prescription only or is restricted to use by licensees only.
- K. **Pain Management Practice** means a public or privately-owned practice for which 50% or more of the patients are issued, on a regular or recurring basis, a prescription for opioids, barbiturates, benzodiazepines, carisoprodol, butalbital compounds, or tramadol for the treatment of chronic non-cancerous/non-terminal pain. Included in this definition is any practice that advertises and/or holds itself out to provide pain management services. Patients who are treated for pain resulting from a terminal illness do not count against the percentage stated herein.
- L. **Inpatient** means a patient in a hospital, nursing home, long term care facility, inpatient (not home-bound) hospice, or any other facility wherein medications are dispensed to a patient by a third party who is duly licensed and/or certified to dispense medications in a healthcare or related facility.

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

*Rule 1.2 Definitions.*

For the purpose of Part 2640, Chapter 1 only, the following terms have the meanings indicated:

- A. **Administer, Controlled Substances,** and **Ultimate User** shall have the same meaning as set forth in Mississippi Code, Section 41-29-105, unless the context otherwise requires.
- B. **Board** means the Mississippi State Board of Medical Licensure.
- C. **Physician** means any person licensed to practice medicine, osteopathic medicine or podiatric medicine in the state of Mississippi.
- D. **Physician Assistant** means any person meeting the requirements of licensure in the state of Mississippi as required by Part 2617, Chapter 1.
- E. **Licensee** means any person licensed by this Board who has prescriptive authority.
- F. **Prescriptive Authority** means the legal authority of a professional licensed to practice medicine in the state of Mississippi who prescribes, administer, or dispense legend drugs, controlled substances and is registered with the U. S. Drug Enforcement Administration in compliance with Title 21 CFR, Part 1301 Food and Drugs. Licensees holding or possessing certain license types and training, such as Medical Doctors (MD) and Doctors of Osteopathic Medicine (DO) for example, are conferred prescriptive authority by virtue of their training and licensure by the board.
- G. **Prescribe** means to designate or order by means of either a written or oral prescription the delivery of a controlled substance or legend drug to an ultimate user.
- H. **Dispense** means to deliver a controlled substance or legend drug other than by administering or prescribing to an ultimate user or research subject including the packaging, labeling, or compounding necessary to prepare the substance for that delivery.
- I. For the purpose of enforcement of the labeling requirements set forth in this chapter, Part 2640, Rule 1.7.B, **Dispensing Physician** means any physician who dispenses to a patient for the patient's use any controlled substance, legend drug or other medication where such medication is purchased by the physician for resale to a patient whether or not a separate charge is made. As stated in Part 2615, it is understood that Physician Assistants may not dispense medications.
- J. **Prescription Drug** or **Legend Drug** means a drug required under federal law to be labeled with the following statement prior to being dispensed or delivered; "Caution: Federal law prohibits dispensing without prescription," or a drug which is required by any applicable federal or state law or regulation to be dispensed on prescription only or is restricted to use by licensees only.
- K. **Pain Management Practice** means a public or privately-owned practice for which 50% or more of the patients are issued, on a regular or recurring basis, a prescription for opioids, barbiturates, benzodiazepines, carisoprodol, butalbital compounds, or tramadol for the treatment of chronic non-cancerous/non-terminal pain. Included in this definition is any practice that advertises and/or holds itself out to provide pain management services. Patients who are treated for pain resulting from a terminal illness do not count against the percentage stated herein.
- L. **Inpatient** means a patient in a hospital, nursing home, long term care facility, inpatient (not home-bound) hospice, or any other facility wherein medications are dispensed to a patient by a third party who is duly licensed and/or certified to dispense medications in a healthcare or related facility.

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

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

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

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

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

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

- A. ~~No bariatric medicine, medical weight loss, or weight management practice shall operate in Mississippi unless the owner, or operator, or medical director of the facility is a Mississippi licensed physician. This licensee must meet all requirements below at all times while the facility is in operation. For the purposes of this rule, physicians who collaborate with mid-level providers will be considered an operator of the practice in the context of that collaborative arrangement.~~
- B. ~~The physician owner/operator of the bariatric medicine, medical weight loss, weight management practice must register with the MSBML using a form prescribed by the board. Only the primary physician is required to register with the Board. All licensees associated with the practice, whether in the capacity as the owner or as a practitioner, must meet all regulations governing the treatment of obesity/medical weight loss. Each practice location must be entered on the physician's online licensure gateway.~~
- C. ~~Any physician who wishes to practice bariatric medicine, medical weight loss, or weight management practice, as defined in R.1.2, may not operate in the state of Mississippi without registering with the Mississippi State Board of Medical Licensure.~~
- D. ~~Registration is valid for one year and must be renewed annually along with practitioner's license to practice medicine in the state of Mississippi.  
If a physician's practice is a bariatric medicine, medical weight loss, or weight management practice as defined above or the physician collaborates, manages, oversees, or employs any licensed professional providing comprehensive treatment of obesity, the licensee must have 100 AMA or AOA Category 1 CME in the core content of bariatric medicine or be currently certified by a board in bariatric medicine. Reference is made to exclusions noted in R.1.2 (M). Licensees must biennially obtain 60 AMA or AOA Category 1 CME in the core content of bariatric medicine prior to renewing with the Board.~~
- E. ~~A Medical Spa practice, Wellness practice, or other practice that meets the definition of Bariatric Medicine, Medical Weight Loss, or Weight Management Practice will be subject to all rules pertaining to Bariatric Medicine, Medical Weight Loss, or Weight Management Practice if the facility has a Mississippi licensee affiliated in any manner.~~

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

**Mississippi State Board of Medical Licensure  
Board Meeting  
November 16, 2023, 8:00 am  
Rules, Regulation & Legislative Committee**

**Final adoption of** Part 2640 Rule 1.6 Bariatric Medicine, Medical Weight Loss, or Weight Management Practice.

**PUBLIC COMMENTS ATTACHED**



**From:** [alyssa.jeffries](#)  
**To:** [THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE](#)  
**Subject:** [EXTERNAL]Attention: Jonathan Dalton  
**Date:** Tuesday, November 7, 2023 4:25:40 PM

---

I stand strong with the current guidelines that MSBML has for doctors to practice weight loss medicine. I understand that they have been in place for more over 10 years now and I believe they have made a positive difference for patients struggling with obesity. I strongly oppose any changes to their educational requirements. It would mean going backwards and reducing the quality of care for our state. Obesity is a chronic disease and these patients deserve to have the best care they can. I believe that if these guidelines are not in place then these patients who are truly struggling with this disease will not be given appropriate care.

Sincerely ,  
Alyssa Jeffries

**From:** [christopher williams](#)  
**To:** [THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE](#)  
**Subject:** [EXTERNAL]MS Board  
**Date:** Tuesday, November 7, 2023 4:37:30 PM

---

The current guidelines that MSBML has for doctors to practice weight loss medicine is what we need on the coast. I personally stand with the board guide lines because it holds everyone to a standard. The standard should be kept through out the state, to make sure doctors are following a written code. I understand that the board has been in place for over 10 years now and I believe they are making a difference to protect all the patients struggling with obesity. I strongly oppose to any changes to the educational requirements. We have come so far, and it would be ashamed to revert back to bad habits. The guidelines that we have in place is helping our community more with obesity.

**From:** [randyeasterling51@gmail.com](mailto:randyeasterling51@gmail.com)  
**To:** [Kenneth Cleveland](#)  
**Subject:** [EXTERNAL]FW: Weight loss  
**Date:** Tuesday, November 7, 2023 11:00:45 AM  
**Attachments:** [image281382.png](#)  
[image381665.png](#)  
[image106434.png](#)  
[Dr. Easterling response to Mississippi Admin Code PT Ch 1 Rule 1.6 final draft.docx](#)

---

Good morning, the attachment is my request opposing the changing of the Rules and Regs that govern the practice of non-surgical weight loss. I sent it also to the Borad email address. Thank you and have a good day. Randy

---

**From:** Nona S. White, MBA <nwhite@hhjackson.org>  
**Sent:** Tuesday, November 7, 2023 10:35 AM  
**To:** Randy Easterling <randyeasterling51@gmail.com>  
**Subject:**



**NONA S. WHITE, MBA**  
Medical Office Manager / MAT Coordinator

**T** [601-371-7335](tel:601-371-7335)

**D** [601-714-1653](tel:601-714-1653)

**F** [769-333-5753](tel:769-333-5753)

**E** [nwhite@hhjackson.org](mailto:nwhite@hhjackson.org)

[www.hhjackson.org](http://www.hhjackson.org)

5354 I-55 South Frontage Rd. East  
Jackson, MS 39272

Restoring Patients, Families and Communities since 1973



Confidentiality and Disclaimer: This e-mail communication and any attachments transmitted with it are confidential and may be protected from disclosure under the Health Insurance Portability and Accountability Act (HIPAA) and other laws. This information is intended only for the use of the original addressee(s). If you are not the intended recipient or received this communication in error, please notify the sender via email, and delete or destroy the original and any copies. Any review, dissemination, distribution, copying or action taken in reliance on the contents of this communication is strictly prohibited. FEDERAL REGULATIONS, INCLUDING 42 CFR, PART 2 FINAL RULE, AND STATE LAWS MAY PROHIBIT REDISCLOSURE OF THIS INFORMATION WITHOUT SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS.

Confidentiality and Disclaimer: This e-mail communication and any attachments transmitted with it are confidential and may be protected from disclosure under the Health Insurance Portability and Accountability Act (HIPAA) and other laws. This information is intended only for the use of the original addressee(s). If you are not the intended recipient or received this communication in error, please notify the sender via email, and delete or destroy the original and any copies. Any review, dissemination, distribution, copying or action taken in reliance on the contents of this

I fully support the current Mississippi Admin Code, PT. 2640, Ch 1, Rule 1.6 approved on September 27, 2012 which ensures physician training in comprehensive bariatric medicine. I am opposed to the proposed changes to Rule 1.6 striking, in its entirety, the regulations regarding bariatric physicians training. The rules and regulations governing medical weight loss in 1.6 ensures the protection of patients receiving obesity treatment in Mississippi, significantly reducing the exploitation of patients from unqualified providers, significantly elevating the quality of care being delivered by medical providers and collaborative midlevel providers in the field of medical weight loss in Mississippi. Mississippi has some of the most comprehensive and dynamic bariatric medicine guidelines in the country today and often looked at by other states as a guide to develop their own regulations. Our state started out with 6 trained comprehensive obesity physicians in 2012 and now we have over 29 trained Bariatricians in Mississippi. It's important to remember, any provider who has a practice with less than 30% of non-surgical bariatric medicine as part of their practice can definitely continue to extend treatment to any patient without restrictions. Our focus was to never limit physicians, by any means, it's just indicating that if you're going to have greater than 30% patient population in your practice for comprehensive weight loss/non-surgical bariatric medicine, the physician is required to have comprehensive training to do so. This guideline has been in place for 13 years and has worked to achieve the goals of physician training and eliminating a very large number of pill mills around Mississippi.

Please be reminded that if Rule 1.6 is struck from the rules and regulations of the Mississippi State Board of Medical Licensure, there will be no rules governing weight loss clinics. I had very good training in my residency in obstetrics. I delivered babies when I went into private practice. I did so safely, but gave that portion of my practice up for various and several different reasons. However, during that time I never called myself an OBGYN and rightly so. The board is very clear that to call yourself a specialist you have to complete a ABMS approve residency in that specialty. I dare say that there are very few people that practice medicine today that have formal training in weight loss or non-surgical bariatric medicine.

These rules and regulations have stood for over 10 years and have been beneficial in assuring that the patients in Mississippi get safe and evidence based non-surgical bariatric medicine. To do away with these rules gives the board virtually no authority to regulate quote, "The Bad Actors" in non-surgical bariatric medicine.

Please reconsider your position on this and leave Section 6.1 as it is. I would be available for any discussion further on this issue.

Thank you,

Randy Easterling, M.D., FAAFP, FASAM  
Past Mississippi State Board of Medical Licensure Member  
Past President of the Mississippi State Board of Medical Licensure

**From:** [THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE](#)  
**To:** [Paul Barnes](#); [Jonathan Dalton](#)  
**Cc:** [Frances Carrillo](#)  
**Subject:** FW: [EXTERNAL]Proposed Changes to Bariatric Medicine Code Pt 2640, Ch1, R. 1.6  
**Date:** Tuesday, November 7, 2023 9:01:17 AM

---

**From:** Lawrence Hubacek <[lawrencehubacek@gmail.com](mailto:lawrencehubacek@gmail.com)>  
**Sent:** Monday, November 6, 2023 7:23 PM  
**To:** THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE <[Mboard@msbml.ms.gov](mailto:Mboard@msbml.ms.gov)>;  
[jeffhubacek@yahoo.com](mailto:jeffhubacek@yahoo.com)  
**Subject:** [EXTERNAL]Proposed Changes to Bariatric Medicine Code Pt 2640, Ch1, R. 1.6

I found this proposal on the website while looking for something else. I think those practicing in this field should have been directly informed of the proposal. Nevertheless, I have serious concerns and I want to request an oral proceeding on this matter for the following reasons:

1. Deleting 1.6 in its entirety sets Mississippi back 13 years in its progress towards demanding qualified obesity management providers. Before these rules were approved, out of state "pill mills" were operating all over the state providing no guidance, education or expertise. Let us not forget why Mississippi had to put those rules into place originally.
2. A commission of physicians board certified by the American Board of Obesity Medicine should be assembled and consulted. With hundreds of hours of education in the management of obesity as a chronic disease and treatment of the disease, these are the doctors that should be making these decisions or at the least the proposals, and at the very least, consulted.
3. There are other ways to make access to weight management care more available to the public without compromising the quality of care. We should discuss ways of providing better access before we lower our standards of care.

Respectfully,

Lawrence Jeffrey Hubacek, MD  
510 Pine Hill Place  
Flowood, MS 39232  
769-798-2921  
[jeffhubacek@yahoo.com](mailto:jeffhubacek@yahoo.com)

**From:** [THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE](#)  
**To:** [Paul Barnes](#); [Jonathan Dalton](#)  
**Cc:** [Frances Carrillo](#)  
**Subject:** FW: [EXTERNAL]Proposal to strike Pt 2640 Ch1, Rule 1.6  
**Date:** Tuesday, November 7, 2023 9:01:07 AM

---

**From:** Right Weigh Medical Clinic <[rightweighclinic@gmail.com](mailto:rightweighclinic@gmail.com)>  
**Sent:** Monday, November 6, 2023 7:40 PM  
**To:** THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE <[Mboard@msbml.ms.gov](mailto:Mboard@msbml.ms.gov)>  
**Subject:** [EXTERNAL]Proposal to strike Pt 2640 Ch1, Rule 1.6

To Whom It May Concern,

My name is Karen Hubacek and I have been made aware of the proposed change to Rule 1.6 removing any standards of qualifications for those treating people with the disease of obesity. I have been the director of Right Weigh Clinic for 12 years. We have modeled our treatment plan in accordance with the four pillars of treatment that the Obesity Medical Association recommends. We have exercise physiologists, nurses, an obesity board certified doctor, a dietician consultant, basically all the expertise needed to properly treat people with obesity. We have a large classroom where we teach classes on understanding the disease. We have all of this because the pillars are important to long term treatment.

I am asking for an oral proceeding so that the experts in this field can be involved in the decision making process. I have a great deal of respect for all the doctors in our state that have pursued all the training and testing required to become board certified in obesity medicine.

I understand the purpose of the proposal is to make health care for weight management more widely available. This is a much more complicated disease than treatment with medication. Please consider opening this for discussion before removing the rule.

--

Karen McCaughan Hubacek  
Right Weigh Clinic Medical Clinic  
[khubacek@gmail.com](mailto:khubacek@gmail.com)  
601-668-8488

110 A Airport Rd  
Pearl, MS 39208

**From:** [THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE](#)  
**To:** [Paul Barnes](#); [Jonathan Dalton](#)  
**Cc:** [Frances Carrillo](#)  
**Subject:** FW: [EXTERNAL]Proposal to strike regulations regarding bariatric registration and the requirements therein  
**Date:** Tuesday, November 7, 2023 9:01:29 AM

---

**From:** Bryan Lantrip <[lantrip@bellsouth.net](mailto:lantrip@bellsouth.net)>  
**Sent:** Monday, November 6, 2023 4:43 PM  
**To:** THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE <[Mboard@msbml.ms.gov](mailto:Mboard@msbml.ms.gov)>  
**Subject:** [EXTERNAL]Proposal to strike regulations regarding bariatric registration and the requirements therein

To Whom it may concern:

I recently became aware of the Mississippi State Board of Medical Licensure's (MSBML) proposal to strike, in its entirety, the regulations regarding bariatric registration and the requirements therein. Being a native Mississippian and obese for a majority of my life, I acknowledge and completely understand the obesity epidemic that has swept not only our state, but most of the nation. Not many people know, including *many* health care providers, that obesity is not just a matter of "lack of willpower" or "calories in must be less than calories out." Rather, it is a chronic, progressive, relapsing disease for which there is no cure. Even after weight loss, patients need to continue treatment, similar to diabetics, or as many studies have shown, they will regain their weight and most likely gain even more weight.

With that in mind, these patients need to seek health care from providers who have specialized in this field. Providers that understand the four pillars of obesity medicine—nutrition therapy, physical activity, behavior modification, and pharmacotherapy. Omitting even one of these pillars more often than not leads to ultimate failure for these patients and continues the viscous cycle that is seen in patients with obesity and the many chronic diseases that are caused by or exacerbated by obesity. Recently, the rapid increase in the prescribing of anti-obesity medicine (AOMs) that has been seen in the United States (and around the globe) has led the MSBML to step in and regulate this portion of medical practice. Despite this, the general public now has developed false assumptions and perceptions that these "miracle" drugs are really all that is necessary to lose weight with no regard to increasing physical activity, nor changing their diet or behavior. Sadly, a majority of these patients are not getting proper education about the need to make lifestyle changes from their health care providers. In many practices, the staff either doesn't have adequate time or expertise in nutrition or exercise to help these patients. Again, what this downfall will do is only set up these patients for failure.

Up until this proposal, Mississippi required that for a person to register and practice obesity medicine, they must either be board certified by the American Board of Obesity Medicine (ABOM), or complete 100 hours of AMA Category I continuing medical education (CME). Although I specifically am not aware of the current curriculum offered in medical schools and residencies around the nation, I recently researched and found that there are just over 2 dozen academic centers that offer pediatric and/or adult obesity medicine fellowships. Since family medicine as well as obstetrics/gynecology physicians likely account for the majority of providers who see and potentially treat patients with obesity, it is doubtful many seek post graduate

fellowship training in obesity medicine. The remaining physicians are favorably internists, who trainees more often go into the many other medical subspecialties. While Mississippi has seen a remarkable expansion of its health care providers through nurse practitioners and physician assistants, these do not have the same opportunity to obtain additional training in obesity medicine through fellowships. Moreover, in my opinion and based on my observations during my 20+ years of practice, many of these physician extenders are not being adequately supervised by their supervising physicians in this state. Furthermore, MSBML doesn't regulate NPs in this state.

I'm not naive, I know there is a physician shortage in this nation, and even more so in Mississippi, We are also rank in the top 5 in many studies as a state with a larger percentage of people with obesity (39.1%). We definitely need to increase access to obesity treatment to our citizens of this state, but completely striking any regulations in regards to demonstrating any expertise much less competence is bordering on malpractice itself. If not requiring certification by a governing board, I strongly recommend providers obtain a certain number of CME hours in obesity medicine (e.g. 20-25 hours). There has been many recent discoveries in obesity medicine regarding pathophysiology as well as its causation in many chronic adult disease, not just advancements in pharmacotherapy. This board requires all physicians to obtain 5 hours of CME regarding narcotics (and some don't even prescribe scheduled drugs).

This proposal states that presently no oral meeting is scheduled. I believe this topic deserves one, although there may not be the required number of people to request such. Broadly striking all regulations without replacing them with thoughtful, planned, meaningful, guidelines is not beneficial in the long term for the patients of the state of Mississippi.

Respectfully

Bryan S. Lantrip, MD  
243 Northwind Drive  
Brandon, MS  
(601) 497-5698  
[lantrip@bellsouth.net](mailto:lantrip@bellsouth.net)



**From:** [Olivia Stuart](#)  
**To:** [THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE](#)  
**Subject:** [EXTERNAL]30 Miss. Admin. Code, Pt. 2640, CH 1 R 1.6 Bariatric Medicine, Medical Weight Loss, or Weight Management Practice  
**Date:** Tuesday, November 7, 2023 9:09:16 PM

---

Good evening,

It has come to my attention that a proposal with the Secretary of State has been filed to repeal 30 Miss. Admin. Code, Pt. 2640, CH 1 R 1.6 Bariatric Medicine, Medical Weight Loss, or Weight Management Practice in an attempt to expand weight loss access to patients. I oppose this proposition and ask that the current code remain the same. Requiring CME in the core content of bariatric medicine allows for the comprehensive treatment of obesity, a multifactorial disease state, and allows for practitioners who treat greater than 30% of their patient population for weight loss to subspecialize in a dynamic field. Rather than expanding access to weight loss treatment, eliminating this and other requirements will likely result in a resurgence of "pill mills" and may jeopardize patient safety. Our state has made great strides in the practice of obesity medicine since these restrictions were implemented over ten years ago, and I would hate to see these efforts wasted. I support the current Miss Admin Code, Pt. 2640, which serves to protect patients and educate providers in bariatric medicine.

Sincerely,

Olivia Moran, PA-C

**From:** [THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE](#)  
**To:** [Paul Barnes](#); [Jonathan Dalton](#)  
**Cc:** [Frances Carrillo](#)  
**Subject:** Response Relating to Public Posting, Mississippi Secretary of State, Repeal of Existing Rule 1.6 Dated October 13, 2023  
**Date:** Tuesday, November 7, 2023 9:00:23 AM

---

**From:** Lisa Sudderth <lsudderth@hotmail.com>  
**Sent:** Monday, November 6, 2023 10:37 PM  
**To:** THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE <Mboard@msbml.ms.gov>  
**Subject:** [EXTERNAL]Response Relating to Public Posting, Mississippi Secretary of State, Repeal of Existing Rule 1.6 Dated October 13, 2023

To whom this may concern:

I fully support the current Mississippi Admin Code, PT. 2640, Ch 1, Rule 1.6. approved on September 27, 2012 which ensures physician training in comprehensive bariatric medicine. I am opposed to the proposed changes to Rule 1.6 striking, in its entirety, the regulations regarding bariatric physician training. The rules and regulations governing medical weight loss in 1.6 ensures the protection of patients receiving obesity treatment in Mississippi, significantly reducing the exploitation of patients from unqualified providers, significantly elevating the quality of care being delivered by medical providers and collaborative midlevel providers in the field of medical weight loss in Mississippi. Mississippi has some of the most comprehensive & dynamic bariatric medicine guidelines in the country today and often looked at by other states as a guide to develop their own regulations. Our state started out with 6 trained comprehensive obesity physicians in 2012 and now we have over 29 trained Bariatricians in Mississippi. It's important to remember, any provider who has a practice with less than 30% of non-surgical bariatric medicine as part of their practice can definitely continue to extend treatment to any patient without restrictions. Our focus was to never limit physicians, by any means, it's just indicating that if you're going to have greater than 30% patient population in your practice for comprehensive weight loss/non-surgical bariatric medicine, the physician is required to have comprehensive training to do so. This guideline has been in place for 13 years and has worked to achieve the goals of physician training and eliminating a very large number of pill mills around Mississippi. The Mississippi State Board of Medical Licensure members take an oath to protect the safety of our patients and Rule 1.6 has done just that. I stand strong with the regulations in place and strongly oppose the removal of Rule 1.6 relating to physician training. Rule 1.6 has never limited patient access seeking comprehensive weight loss treatment by their primary care physicians. What Rule 1.6 has ensured is that a physician who desires to focus his or her practice on comprehensive weight loss treatment as a subspecialty should obtain the necessary CME and the annual CME in core content of bariatric medicine. CMEs in core content of bariatric medicine are easy to obtain and available through many online sources for providers. The preservation of patient safety was and has always been the number 1 priority.

Obesity is defined as a “chronic, progressive, relapsing, and treatable multi-factorial, neuro behavioral disease, wherein an increase in body fat promotes adipose tissue dysfunction and abnormal fat mass physical forces, resulting in adverse metabolic, biochemical, and psycho social health consequences.” \* Obesity Algorithm 2021, Obesity Medicine Association, p. 9.

The practice of obesity medicine is not just about providing medication for obesity, it has to be given in conjunction with clearly documented comprehensive program of behavior modification, comprehensive nutritional education, and exercise or physical therapy intervention. There is no magic pill or magic shot given by prescription and it's not as easy as telling your patient to stop eating. This chronic disease process requires a multifaceted approach to obesity treatment.

We cannot lose 13 years of progress in the practice of comprehensive evidence-based obesity treatment in Mississippi! I oppose the proposed actions filed with the Secretary of State on October 13, 2023 to repeal the existing Rule 1.6 relating to comprehensive physician training through CME in core content bariatric medicine. There have been two changes after the original guidelines were adopted to grandfather in bariatric surgeons in 2018 and to eliminate the physician/clinic registration process in 2022, but to remove Rule 1.6 in its entirety would have a profound negative impact on the rules governing bariatric medicine; completely eliminating the comprehensive physician training necessary to deliver gold standard, evidence-based obesity treatment; ensuring comprehensive physician's training when calibrating with Nurse Practitioners and Physician Assistant's rendering weight loss treatment and compromise the Board's ability to enforce physician training. These rules have been a strong deterrent to unreputable weight loss franchises in our state and unreputable physicians with malintent for patient exploitation. Before these comprehensive bariatric rules were in place, this state was saturated with unreputable clinics and untrained physicians in weight loss medicine as I presented to the Board in 2011. As stated, our focus was never to limit treatment by the patient's primary physician or hinder patient access to evidence-based non-surgical bariatric medicine, but to ensure if a specialist in the field of obesity is needed, there are trained Bariatricians specializing in non-surgical obesity medicine for patients. I have been a strong advocate for non-surgical bariatric medicine, patient education and patient access to evidence-based treatment plans with sound clinical grounds delivered by trained obesity specialist in Mississippi, as well as, at the federal level over the years. Patient safety, compliance and comprehensive physician training in weight loss has always been the priority. Mississippi has some of the most comprehensive & dynamic bariatric medicine guidelines in the country today. How can we revisit this issue with an oral proceeding to further discuss this proposal?

My name is Lisa Sudderth, contact information is 204 West Jackson Street, Suite B, Ridgeland, MS 39157; email is [lsudderth@hotmail.com](mailto:lsudderth@hotmail.com); telephone number 601-831-2799.

Warmest Regards,

Lisa Sudderth

**Mississippi State Board of Medical Licensure  
Board Meeting  
November 16, 2023, 8:00 am  
Rules, Regulation & Legislative Committee**

**The Committee met on October 27, 2023 to review proposed changes.**

**Proposed changes to regulations:**

Part 2625: Chapter 1 The Practice of Acupuncture

***Part 2625: Chapter 1 The Practice of Acupuncture***

*Rule 1.1 | Scope of Practice*

The following rules pertain to licensed practitioners performing traditional or modern methods or techniques of acupuncture, as permitted by the Mississippi Acupuncture Act. Prior to treating patients utilizing acupuncture, practitioners must conform to all requirements set forth in Miss. Code Ann. § 73-71-1 et. seq., to include the requirement that an evaluation by a licensed physician must take place prior to treatment via acupuncture, as found in § 73-71-7. While treating a patient, the practitioner shall not make a medical diagnosis, but may provide pattern differentiation according to Traditional Chinese Medicine. If a patient's condition is not improving or a patient requires emergency medical treatment, the practitioner shall consult promptly with a physician.

*Source: Miss. Code Ann. §73-71-13 (1972, as amended).*

*Rule 1.2 | Definitions*

For the purpose of Part 2625, Chapter 1 only, the following terms have the meanings indicated:

- A. **Board** means the Mississippi State Board of Medical Licensure.
- B. **Council** means the Mississippi Council of Advisors in Acupuncture.
- C. **NCCAOM** means the National Certification Commission for Acupuncture and Oriental Medicine.
- D. **ACAAM** means the Accreditation Commission of Acupuncture and Herbal Medicine.
- E. **CCAAM** means the Council of Colleges of Acupuncture and Herbal Medicine.
- F. **AMA** means the American Medical Association.
- G. **AOA** means the American Osteopathic Association.

*Source: Miss. Code Ann. §73-71-13 (1972, as amended).*

*Rule 1.3 | Physician Acupuncture Licensure Requirements*

Acupuncture may be performed in the state of Mississippi by a physician licensed to practice medicine and adequately trained in the art and science of acupuncture. Adequately trained will be defined as a minimum of 200 hours of AMA or AOA approved Category I continuing medical education (CME) in the field of acupuncture. Said CME must include at least 100 clinical hours and 100 didactic hours of training. Such licensed individuals wishing to utilize acupuncture in their practice may do so provided that any and all portions of the acupuncture treatment are performed by the person so licensed, and no surrogate is authorized in this state to serve in his or her stead. The practice of acupuncture by a physician should follow the same quality of standard that the physician, or any other physician in his or her community, would render in delivering any other medical treatment. The applicable standard of care shall include all elements of a doctor-patient relationship. The elements of this valid relationship are:

- A. verify that the person requesting the medical treatment is in fact who they claim to be;

- B. conduct an appropriate examination of the patient that meets the applicable standard of care and is sufficient to justify the differential diagnosis and proposed therapies;
- C. establish a differential diagnosis through the use of accepted medical practices, i.e., a patient history, mental status exam, physical exam and appropriate diagnostic and laboratory testing;
- D. discuss with the patient the diagnosis, risks and benefits of various treatment options and obtain informed consent;
- E. insure the availability of appropriate follow-up care including use of traditional medicine; and
- F. maintain a complete medical record.

The Board of Medical Licensure must have on file copies of required CME prior to any Mississippi licensed physician being approved to provide treatment by acupuncture. Licensees approved by the Mississippi State Board of Medical Licensure to practice acupuncture prior to January 2011 shall not be required to meet the aforementioned CME requirements.

*Rule 1.4 | Non-Physician Qualifications for Licensure.*

Applicants for acupuncture licensure must meet the following requirements:

- A. Satisfy the Board that he or she is at least twenty-one (21) years of age and of good moral character.
- B. Satisfy the Board that he or she is a citizen or permanent resident of the United States of America.
- C. Submit an application for license on a form supplied by the Board, completed in every detail with a recent photograph (wallet-size/passport type) attached. A Polaroid or informal snapshot will not be accepted.
- D. Pay the appropriate fee as determined by the Board.
- E. Present a certified copy of birth certificate or valid and current passport.
- F. Submit proof of legal change of name if applicable (notarized or certified copy of marriage or other legal proceeding).
- G. Provide information on registration or licensure in all other states where the applicant is or has been registered or licensed as an acupuncturist.
- H. Provide favorable references from two (2) acupuncturists licensed in the United States with whom the applicant has worked or trained.
- I. Provide proof, directly from the institution, of successful completion of an educational program for acupuncturists that are in candidacy status or accredited by ACAOM, NCCAOM or its predecessor or successor agency that is at least three (3) years in duration and includes a supervised clinical internship to ensure that applicants with an education outside the US are recognized because of the NCCAOM review process for foreign applicants.
- J. Possess current and active NCCAOM Diplomate status in Acupuncture or Oriental Medicine.
- K. If applicant is a graduate of an international educational program, provide proof that the applicant is able to communicate in English as demonstrated by one of the following:

1. Passage of the required NCCAOM examination taken in English.
2. Passage of the TOEFL (Test of English as a Foreign Language) with a score of 560 or higher on the paper-based test or with a score of 220 or higher on the computer based test.
3. Passage of the TSE (Test of Spoken English) with a score of 50 or higher.
4. Passage of the TOEIC (Test of English for International Communication) with a score of 500 or higher.
- L. Provide proof of current cardiopulmonary resuscitation (CPR) certification from either the American Heart Association or the American Red Cross.
- M. Provide proof of malpractice insurance with a minimum of \$1 million dollars in coverage.
- N. Submit fingerprints for state and national criminal history background checks.

*Source: Miss. Code Ann. §73-71-13 (1972, as amended).*

#### *Rule 1.5 | Practice Standards*

The acupuncturist shall obtain informed consent from the patient after advising them of potential risks and benefits of acupuncture treatment plan.

The acupuncturist shall obtain a detailed medical history that would identify contraindications to acupuncture such as a bleeding disorder.

An acupuncture practitioner shall only use sterilized, single-use, disposable needles and equipment that has been sterilized according to standards of the Centers for Disease Control and Prevention (CDC).

An acupuncturist shall comply with all applicable state and municipal requirements regarding public health.

*Source: Miss. Code Ann. §73-71-13 (1972, as amended).*

#### *Rule 1.6 | Patient Records*

A licensed acupuncturist shall maintain a complete and accurate record of each patient. The record shall be sufficient to demonstrate a valid acupuncturist-patient relationship:

- A. verify that the person requesting the medical treatment is in fact who they claim to be;
- B. conduct and appropriate examination of the patient that meets the applicable standard of care and is sufficient to justify the differential diagnosis and proposed therapies;
- C. establish a differential diagnosis through the use of accepted medical practices, i.e., a patient history, mental status exam, physical exam and appropriate diagnostic and laboratory testing;
- D. discuss with the patient the diagnosis, risks and benefits of various treatment options and obtain informed consent;

- E. insure the availability of appropriate follow-up care including use of traditional medicine; and
- F. maintain a complete medical record.

Patient records must be maintained for a period of seven (7) years from the date of last treatment or longer if required by future statute or regulation.

At a patient's request, the acupuncturist shall provide the patient or other authorized person a copy of the acupuncture record. Refer to Administrative Code Part 2635 Chapter 10, Release of Medical Records.

Acupuncturists are subject to a peer review process conducted by the Council.

*Source: Miss. Code Ann. §73-71-13 (1972, as amended).*

#### *Rule 1.7 | Informed Consent*

Before treating a patient, the acupuncturist shall advise the patient that acupuncture is not a substitute for conventional medical diagnosis and treatment and shall obtain the informed consent of the patient. On initially meeting a patient in person, the acupuncturist shall provide in writing the acupuncturist's name, business address, and business telephone number, and information on acupuncture, including the techniques that are used. While treating a patient, the acupuncturist shall not make a diagnosis. If a patient's condition is not improving or a patient requires emergency medical treatment, the acupuncturist shall consult promptly with a physician and take the appropriate medical steps.

*Source: Miss. Code Ann. §73-71-13 (1972, as amended).*

#### *Rule 1.8 | Duty to Notify Board of Change of Address*

Any acupuncturist who is licensed to practice in this state and changes their 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 acupuncturists. 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. §73-71-13 (1972, as amended).*

#### *Rule 1.9 | Continuing Education.*



- A. Every acupuncturist must earn or receive not less than thirty (30) hours of acupuncture related continuing education courses as precedent to renewing their license for the next fiscal year. This thirty (30) hours is per two-year cycle. Excess hours may not be carried over to another two-year cycle. *For the purpose of this regulation, the two-year period begins July 1, 2010, and every two years thereafter.* Continuing education courses must be sponsored and/or approved by one of the following organizations:
1. Mississippi Council of Advisors in Acupuncture
  2. Mississippi Oriental Medicine Association
  3. American Society of Acupuncturists
  4. National Certification Commission for Acupuncture and Oriental Medicine
  5. American Acupuncture Council
  6. The Acupuncture and TCM Board of Reproductive Medicine
  7. Future NCCAOM approved CEU organizations
- B. All persons licensed as acupuncturists must comply with the following continuing education rules as a prerequisite to license renewal.
1. Acupuncturists receiving their initial license to perform acupuncture in Mississippi after June 30 are exempt from the minimum continuing education requirement for the two-year period following their receiving a license. The thirty (30) hour continuing education certification will be due within the next two-year cycle.
  2. The approved hours of any individual course or activity will not be counted more than once in a two (2) year period toward the required hour total regardless of the number of times the course or activity is attended or completed by any individual.
  3. The Board may waive or otherwise modify the requirements of this rule in cases where there is illness, military service, disability or other undue hardship that prevents a license holder from obtaining the requisite number of continuing education hours. Requests for waivers or modification must be sent in writing to the Executive Director prior to the expiration of the renewal period in which the continuing education is due.
  4. Submission of current four-year cycle NCCAOM recertification may count as sufficient in fulfilling the two-year cycle CME requirements in Mississippi, at the discretion of the Executive Director of the board.

*Source: Miss. Code Ann. §73-71-13 (1972, as amended).*

#### *Rule 1.10 | Violations*

Any acupuncturist who falsely attests to completion of the required continuing education, or who fails to obtain the required continuing education may be subject to disciplinary action pursuant to Mississippi Code, Section 73-71-33 and 73-71-35, and may not be allowed to renew their license.

If continuing education deficiencies are discovered during an audit of the licensee, the licensee shall be suspended from practice for the longer of (i) a period of 3 months or (ii) until deficiencies are remedied. Any licensee suspended as a result of a continuing education audit may request a hearing for the purpose of appealing the suspension. Suspension as a result of falsified certification

of continuing education shall begin upon determination of the false certification and shall not require notice or hearing as described below.

Continuing education obtained as a result of compliance with the terms of the Board Orders in any disciplinary action shall not be credited toward the continuing education required to be obtained in any two (2) year period, unless approved by the Executive Director.

*Source: Miss. Code Ann. §73-71-13 (1972, as amended).*

#### *Rule 1.11 | Renewal Schedule*

The license of every person licensed to practice as an acupuncturist in the state of Mississippi shall be renewed annually.

On or before May 1 of every year, the State Board of Medical Licensure shall notify every acupuncturist who is currently licensed of the forthcoming annual renewal of license. 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 with the renewal fee of an amount established by the Board. The payment of the annual license renewal fee shall be optional with all acupuncturists 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 license of renewal for the ensuing one (1) year period, beginning July 1 and expiring June 30 of the succeeding licensure period.

An acupuncturist practicing in Mississippi who allows a license to lapse by failing to renew the license as provided in the foregoing paragraph may be reinstated by the Board on satisfactory explanation for such failure to renew, by completion of a reinstatement form, and upon payment of the renewal fee for the current year. If the license has not been renewed within ninety (90) days after its expiration, the renewal shall be assessed a late fee of \$200.

Any acupuncturist who allows a license to lapse shall be notified by the Board within thirty (30) days of such lapse.

Any acupuncturist who fails to renew a license within four (4) years after its expiration may not renew that license. The license will become null and void and the acupuncturist will have to apply for and obtain a new license.

Any person practicing as an acupuncturist during the time a license has lapsed shall be considered an illegal practitioner and shall be subject to Mississippi Code, Section 73-71-33 and 73-71-35.

*Source: Miss. Code Ann. §73-71-13 (1972, as amended).*

#### *Rule 1.12 | Professional Ethics*

All license holders shall comply with the Code of Ethics adopted by the NCCAOM except to the extent that they conflict with the laws of the State of Mississippi or the rules of the Board. If the NCCAOM Code of Ethics conflicts with state law or rules, the state law or rules govern the matter.

Violation of the Code of Ethics or state law or rules may subject a license holder to disciplinary action pursuant to Part 2625, Rule 1.10.

*Source: Miss. Code Ann. §73-71-13 (1972, as amended).*

*Rule 1.13 | Disciplinary Proceedings*

A. Hearing Procedure and Appeals

No individual shall be denied a license or have a license suspended, revoked or restriction placed thereon, unless the individual licensed as an acupuncturist 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 in the state of Mississippi.

B. Reinstatement of License

1. A person whose license to practice as an acupuncturist has been revoked, suspended, or otherwise restricted may petition the Mississippi State Board of Medical Licensure to reinstate their 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 acupuncturists 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, their activity during the time their license was in good standing, their general reputation for truth, professional ability and good character; and it may require the petitioner to pass an oral examination.

*Source: Miss. Code Ann. §73-71-13 (1972, as amended).*

*Rule 1.14 | Impaired Acupuncturists*

Any individual licensed to practice as an acupuncturist, shall be subject to restriction, suspension, or revocation in the case of disability by reason of one or more of the following:

- A. mental illness, or
- 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 an acupuncturist is unable to practice with reasonable skill and safety to patients because of one or more of the conditions described above, referral of the acupuncturist 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. §73-71-13 (1972, as amended).*

*Rule 1.15 | Use of Professional Titles*

A licensee shall use the title “Acupuncturist” or “Licensed Acupuncturist,” “Lic. Ac.,” or “L.Ac.,” immediately following his/her name on any advertising or other materials visible to the public which pertain to the licensee’s practice of acupuncture. Only persons licensed as an acupuncturist may use these titles. A licensee who is also licensed in Mississippi as a physician, dentist, chiropractor, optometrist, podiatrist, and/or veterinarian is exempt from the requirement that the licensee’s acupuncture title immediately follow his/her name.

*Source: Miss. Code Ann. §73-71-13 (1972, as amended).*

*Rule 1.16 | Acupuncture Advertising. Misleading or Deceptive Advertising*

Acupuncturists shall not authorize or use false, misleading, or deceptive advertising, and, in addition, shall not engage in any of the following:

- A. Hold themselves out as a physician or surgeon or any combination or derivative of those terms unless also licensed by the Board of Medical Licensure as a physician as defined under the Mississippi Medical Practice Act.
- B. Use the terms "board certified." Acupuncturists may use the term “certified” provided the advertising also discloses the complete name of the board which conferred the referenced certification.
- C. Use the terms "certified" or any similar words or phrases calculated to convey the same meaning if the advertised certification has expired and has not been renewed at the time the advertising in question was published, broadcast, or otherwise promulgated.

*Source: Miss. Code Ann. §73-71-13 (1972, as amended).*

*Rule 1.17 | Sale of Goods from Practitioner's Office*

Acupuncturists should be mindful of appropriate boundaries in the sale of goods with patients, should avoid coercion in the sale of goods in their offices, and should not engage in exclusive distributorship and/or personal branding.

Acupuncturists should make available disclosure information with the sale of any goods in order to inform patients of their financial interests.

Acupuncturists may make available for sale in their offices durable medical goods essential to the patient's care and non-health related goods.

**Adopted January 20, 2000; amended October 17, 2009; amended March 24, 2011; amended July 10, 2014; and amended March 16, 2017.**

*Source: Miss. Code Ann. §73-71-13 (1972, as amended).*

***Part 2625: Chapter 1 The Practice of Acupuncture***

*Rule 1.1 | Scope of Practice.* ~~The following rules pertain to acupuncture practitioners performing the technique of acupuncture for a patient only if the patient has received a written referral or prescription for acupuncture from a Mississippi currently licensed physician. If the patient has received a written referral or prescription for the treatment of infertility, the referral or prescription must be issued by a currently licensed Mississippi physician whose primary practice specialty is obstetrics and gynecology. The following rules pertain to licensed practitioners performing traditional or modern methods or techniques of acupuncture, as permitted by the Mississippi Acupuncture Act.~~

~~The practitioner shall perform the technique of acupuncture under the general supervision of the patient's referring or prescribing physician. General supervision does not require that the acupuncturist and physician practice in the same office.~~

Prior to treating patients utilizing acupuncture, practitioners must conform to all requirements set forth in Miss. Code Ann. § 73-71-1 et. seq., to include the requirement that an evaluation by a licensed physician must take place prior to treatment via acupuncture, as found in § 73-71-7. While treating a patient, the practitioner shall not make a medical diagnosis, but may provide pattern differentiation according to Traditional Chinese Medicine. If a patient's condition is not improving or a patient requires emergency medical treatment, the practitioner shall consult promptly with a physician.

~~Acupuncture may be performed in the state of Mississippi by a physician licensed to practice medicine and adequately trained in the art and science of acupuncture. Adequately trained will be defined as a minimum of 200 hours of AMA or AOA approved Category I CME in the field of acupuncture. Such licensed individuals wishing to utilize acupuncture in their practice may do so provided that any and all portions of the acupuncture treatment are performed by the person so licensed and no surrogate is authorized in this state to serve in his or her stead. The practice of acupuncture by a physician should follow the same quality of standard that the physician, or any other physician in his or her community, would render in delivering any other medical treatment. The applicable standard of care shall include all elements of a doctor patient relationship. The elements of this valid relationship are:~~

- ~~A. verify that the person requesting the medical treatment is in fact who they claim to be;~~
- ~~B. conduct an appropriate examination of the patient that meets the applicable standard of care and is sufficient to justify the differential diagnosis and proposed therapies;~~
- ~~C. establish a differential diagnosis through the use of accepted medical practices, i.e., a patient history, mental status exam, physical exam and appropriate diagnostic and laboratory testing;~~
- ~~D. discuss with the patient the diagnosis, risks and benefits of various treatment options and obtain informed consent;~~
- ~~E. insure the availability of appropriate follow up care including use of traditional medicine; and~~
- ~~F. maintain a complete medical record.~~

~~The Board of Medical Licensure must have on file copies of required CME prior to any Mississippi licensed physician being approved to provide treatment by acupuncture. Licensees approved by~~

~~the Mississippi State Board of Medical Licensure to practice acupuncture prior to January 2011 shall not be required to meet the aforementioned CME requirements.~~

*Source: Miss. Code Ann. §73-71-13 (1972, as amended).*

*Rule 1.2 | Definitions.* For the purpose of Part 2625, Chapter 1 only, the following terms have the meanings indicated:

- A. **Board** means the Mississippi State Board of Medical Licensure.
- B. **Council** means the Mississippi Council of Advisors in Acupuncture.
- C. **NCCAOM** means the National Certification Commission for Acupuncture and Oriental Medicine.
- D. **ACAΘHM** means the Accreditation Commission of Acupuncture and ~~Oriental~~Herbal Medicine.
- E. **CCAΘHM** means the Council of Colleges of Acupuncture and ~~Oriental~~Herbal Medicine.
- F. **AMA** means the American Medical Association.
- G. **AOA** means the American Osteopathic Association

*Source: Miss. Code Ann. §73-71-13 (1972, as amended).*

*Rule 1.3 | Physician Acupuncture Licensure Requirements*

Acupuncture may be performed in the state of Mississippi by a physician licensed to practice medicine and adequately trained in the art and science of acupuncture. Adequately trained will be defined as a minimum of 200 hours of AMA or AOA approved Category I continuing medical education (CME) in the field of acupuncture. Said CME must include at least 100 clinical hours and 100 didactic hours of training. Such licensed individuals wishing to utilize acupuncture in their practice may do so provided that any and all portions of the acupuncture treatment are performed by the person so licensed, and no surrogate is authorized in this state to serve in his or her stead. The practice of acupuncture by a physician should follow the same quality of standard that the physician, or any other physician in his or her community, would render in delivering any other medical treatment. The applicable standard of care shall include all elements of a doctor-patient relationship. The elements of this valid relationship are:

- A. verify that the person requesting the medical treatment is in fact who they claim to be;
- B. conduct an appropriate examination of the patient that meets the applicable standard of care and is sufficient to justify the differential diagnosis and proposed therapies;
- C. establish a differential diagnosis through the use of accepted medical practices, i.e., a patient history, mental status exam, physical exam and appropriate diagnostic and laboratory testing;
- D. discuss with the patient the diagnosis, risks and benefits of various treatment options and obtain informed consent;
- E. insure the availability of appropriate follow-up care including use of traditional medicine; and
- F. maintain a complete medical record.

The Board of Medical Licensure must have on file copies of required CME prior to any Mississippi licensed physician being approved to provide treatment by acupuncture. Licensees approved by the Mississippi State Board of Medical Licensure to practice acupuncture prior to January 2011 shall not be required to meet the aforementioned CME requirements.

*Rule 1.34 | Non-Physician Qualifications for Licensure.*

~~On or after July 1, 2009,~~ Applicants for acupuncture licensure must meet the following requirements:

- A. Satisfy the Board that he or she is at least twenty-one (21) years of age and of good moral character.
- B. Satisfy the Board that he or she is a citizen or permanent resident of the United States of America.
- C. Submit an application for license on a form supplied by the Board, completed in every detail with a recent photograph (wallet-size/passport type) attached. A Polaroid or informal snapshot will not be accepted.
- D. Pay the appropriate fee as determined by the Board.
- E. Present a certified copy of birth certificate or valid and current passport.
- F. Submit proof of legal change of name if applicable (notarized or certified copy of marriage or other legal proceeding).
- G. Provide information on registration or licensure in all other states where the applicant is or has been registered or licensed as an acupuncturist.
- H. Provide favorable references from two (2) acupuncturists licensed in the United States with whom the applicant has worked or trained.
- I. Provide proof, directly from the institution, of successful completion of an educational program for acupuncturists that are in candidacy status or accredited by ACAOM, NCCAOM or its predecessor or successor agency that is at least three (3) years in duration and includes a supervised clinical internship to ensure that applicants with an education outside the US are recognized because of the NCCAOM review process for foreign applicants.
- J. ~~Pass the certification examinations administered by the~~ Possess current and active NCCAOM and have current NCCAOM Diplomate status in Acupuncture or Oriental Medicine. that is consistent with one of the following:
  - ~~1. If taken before June 1, 2004, pass the Comprehensive Written Exam (CWE), the Clean Needle Technique portion (CNTP), and the Practical Examination of Point Location Skills (PEPLS).~~
  - ~~2. If taken on or after June 1, 2004, and before January 1, 2007, pass the NCCAOM Foundations of Oriental Medicine Module, Acupuncture Module, Point Location Module and Biomedicine Module.~~
  - ~~3. If taken on or after January 1, 2007, pass the NCCAOM Foundations of Oriental Medicine Module, Acupuncture Module with Point Location Module, and the Biomedicine Module.~~
- K. If applicant is a graduate of an international educational program, provide proof that the applicant is able to communicate in English as demonstrated by one of the following:
  1. Passage of the required NCCAOM examination taken in English.



2. Passage of the TOEFL (Test of English as a Foreign Language) with a score of 560 or higher on the paper based test or with a score of 220 or higher on the computer based test.
3. Passage of the TSE (Test of Spoken English) with a score of 50 or higher.
4. Passage of the TOEIC (Test of English for International Communication) with a score of 500 or higher.
- L. ~~Provide proof of successful completion of a CCAOM-approved clean needle technique course sent directly from the course provider to the Board.~~
- L. Provide proof of current cardiopulmonary resuscitation (CPR) certification from either the American Heart Association or the American Red Cross.
- M. Provide proof of malpractice insurance with a minimum of \$1 million dollars in coverage.
- N. Submit fingerprints for state and national criminal history background checks.

*Source: Miss. Code Ann. §73-71-13 (1972, as amended).*

~~*Rule 1.45 | Practice Standards. Before treatment of a patient the acupuncturist (if not a Mississippi licensed physician) shall be sure that the patient has been examined and referred by a licensed physician and shall review the diagnosis for which the patient is receiving treatment.*~~

The acupuncturist shall obtain informed consent from the patient after advising them of potential risks and benefits of acupuncture treatment plan.

~~The acupuncturist shall obtain a written prescription or referral from the patient's licensed physician.~~

The acupuncturist shall obtain a detailed medical history that would identify contraindications to acupuncture such as a bleeding disorder.

An acupuncture practitioner ~~will~~shall only use sterilized, single-use, disposable needles and equipment that has been sterilized according to standards of the Centers for Disease Control and Prevention (CDC).

An acupuncturist shall comply with all applicable state and municipal requirements regarding public health.

*Source: Miss. Code Ann. §73-71-13 (1972, as amended).*

*Rule 1.56 | Patient Records*

A licensed acupuncturist shall maintain a complete and accurate record of each patient. The record shall be sufficient to demonstrate a valid acupuncturist-patient relationship:

- A. verify that the person requesting the medical treatment is in fact who they claim to be;
- B. conduct and appropriate examination of the patient that meets the applicable standard of care and is sufficient to justify the differential diagnosis and proposed therapies;

- C. establish a differential diagnosis through the use of accepted medical practices, i.e., a patient history, mental status exam, physical exam and appropriate diagnostic and laboratory testing;
- D. discuss with the patient the diagnosis, risks and benefits of various treatment options and obtain informed consent;
- E. insure the availability of appropriate follow-up care including use of traditional medicine; and
- F. maintain a complete medical record.

Patient records must be maintained for a period of seven (7) years from the date of last treatment or longer if required by future statute or regulation.

At a patient's request, the acupuncturist shall provide the patient or other authorized person a copy of the acupuncture record. Refer to Administrative Code Part 2635 Chapter 10, Release of Medical Records.

Acupuncturists are subject to a peer review process conducted by the Council.

*Source: Miss. Code Ann. §73-71-13 (1972, as amended).*

*Rule 1.67 | ~~Supervision-Informed Consent~~*

~~Any acupuncturist licensed to practice as an acupuncturist in this state shall perform the technique of acupuncture for a patient only if the patient has received a written referral or prescription for acupuncture from a physician. As specified in the referral or prescription, the Mississippi licensed acupuncturist shall provide reports to the physician on the patient's condition or progress in treatment and comply with the conditions or restrictions on the acupuncturist's course of treatment.~~

~~The acupuncturist shall perform the technique of acupuncture under the general supervision of the patient's referring or prescribing physician. General supervision does not require that the acupuncturist and physician practice in the same office.~~

Before treating a patient, the acupuncturist shall advise the patient that acupuncture is not a substitute for conventional medical diagnosis and treatment and shall obtain the informed consent of the patient. On initially meeting a patient in person, the acupuncturist shall provide in writing the acupuncturist's name, business address, and business telephone number, and information on acupuncture, including the techniques that are used. While treating a patient, the acupuncturist shall not make a diagnosis. If a patient's condition is not improving or a patient requires emergency medical treatment, the acupuncturist shall consult promptly with a physician and take the appropriate medical steps.

*Source: Miss. Code Ann. §73-71-13 (1972, as amended).*

~~*Rule 1.7 Supervising Physician Limited.* Before making the referral or prescription for acupuncture, the physician shall have a valid physician-patient relationship as described, supra. The physician shall perform a medical diagnostic examination of the patient and review the results of care provided by other physicians and relevant medical records.~~

~~The physician shall make the referral or prescription in writing and specify in the referral or prescription all of the following:~~

- ~~A. The physician's diagnosis of the ailment or condition that is to be treated by acupuncture;~~
- ~~B. A time by which or the intervals at which the acupuncturist must provide reports to the physician regarding the patient's condition or progress in treatment; and~~
- ~~C. The conditions or restrictions placed on the acupuncturist's course of treatment.~~

~~The physician shall be personally available for consultation with the acupuncturist. If the physician is not on the premises at which acupuncture is performed, the physician shall be readily available to the practitioner through some means of telecommunication and be in a location that under normal circumstances is not more than sixty (60) minutes travel time away from the location where the practitioner is practicing.~~

*Source: Miss. Code Ann. §73-71-13 (1972, as amended).*

#### *Rule 1.8 | Duty to Notify Board of Change of Address*

Any acupuncturist who is licensed to practice as an acupuncturist in this state and changes their 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 acupuncturists. 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. §73-71-13 (1972, as amended).*

#### *Rule 1.9 | Continuing Education.*

- A. Every acupuncturist must earn or receive not less than thirty (30) hours of acupuncture related continuing education courses as precedent to renewing their license for the next fiscal year. This thirty (30) hours is per two-year cycle. Excess hours may not be carried over to another two-year cycle. *For the purpose of this regulation, the two-year period begins July 1, 2010, and every two years thereafter.* Continuing education courses must be sponsored and/or approved by one of the following organizations:

1. Mississippi Council of Advisors in Acupuncture
2. Mississippi Oriental Medicine Association
3. ~~American Association of Acupuncture and Oriental Medicine~~ American Society of Acupuncturists
4. National Certification Commission for Acupuncture and Oriental Medicine
5. American Acupuncture Council

6. The Acupuncture and TCM Board of Reproductive Medicine
7. Future NCCAOM approved CEU organizations

- B. All persons licensed as acupuncturists must comply with the following continuing education rules as a prerequisite to license renewal.
1. Acupuncturists receiving their initial license to perform acupuncture in Mississippi after June 30 are exempt from the minimum continuing education requirement for the two-year period following their receiving a license. The thirty (30) hour continuing education certification will be due within the next two-year cycle.
  2. The approved hours of any individual course or activity will not be counted more than once in a two (2) year period toward the required hour total regardless of the number of times the course or activity is attended or completed by any individual.
  3. The Board may waive or otherwise modify the requirements of this rule in cases where there is illness, military service, disability or other undue hardship that prevents a license holder from obtaining the requisite number of continuing education hours. Requests for waivers or modification must be sent in writing to the Executive Director prior to the expiration of the renewal period in which the continuing education is due.
  4. Submission of current four-year cycle NCCAOM recertification may count as sufficient in fulfilling the two-year cycle CME requirements in Mississippi, at the discretion of the Executive Director of the board.

*Source: Miss. Code Ann. §73-71-13 (1972, as amended).*

#### *Rule 1.10 | Violations*

Any acupuncturist who falsely attests to completion of the required continuing education, or who fails to obtain the required continuing education may be subject to disciplinary action pursuant to Mississippi Code, Section 73-71-33 and 73-71-35, and may not be allowed to renew their license.

~~Any acupuncturist that fails to obtain the required continuing education may be subject to disciplinary action pursuant to Mississippi Code, Section 73-71-33 and 73-71-35, and may not be allowed to renew license.~~ If continuing education deficiencies are discovered during an audit of the licensee, the licensee shall be suspended from practice for the longer of (i) a period of 3 months or (ii) until deficiencies are remedied. Any licensee suspended as a result of a continuing education audit may request a hearing for the purpose of appealing the suspension. Suspension as a result of falsified certification of continuing education shall begin upon determination of the false certification and shall not require notice or hearing as described below.

Continuing education obtained as a result of compliance with the terms of the Board Orders in any disciplinary action shall not be credited toward the continuing education required to be obtained in any two (2) year period, unless approved by the Executive Director.

*Source: Miss. Code Ann. §73-71-13 (1972, as amended).*

*Rule 1.11 | Renewal Schedule*

The license of every person licensed to practice as an acupuncturist in the state of Mississippi shall be renewed annually.

On or before May 1 of every year, the State Board of Medical Licensure shall notify every acupuncturist ~~to whom a license was issued or renewed during the current licensing period~~ who is currently licensed of the forthcoming annual renewal of license. 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 with the renewal fee of an amount established by the Board. The payment of the annual license renewal fee shall be optional with all acupuncturists 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 license of renewal for the ensuing one (1) year period, beginning July 1 and expiring June 30 of the succeeding licensure period.

An acupuncturist practicing in Mississippi who allows a license to lapse by failing to renew the license as provided in the foregoing paragraph may be reinstated by the Board on satisfactory explanation for such failure to renew, by completion of a reinstatement form, and upon payment of the renewal fee for the current year. If the license has not been renewed within ninety (90) days after its expiration, the renewal shall be assessed a late fee of \$200.

Any acupuncturist who allows a license to lapse shall be notified by the Board within thirty (30) days of such lapse.

Any acupuncturist who fails to renew a license within four (4) years after its expiration may not renew that license. The license will become null and void and the acupuncturist will have to apply for and obtain a new license.

Any person practicing as an acupuncturist during the time a license has lapsed shall be considered an illegal practitioner and shall be subject to Mississippi Code, Section 73-71-33 and 73-71-35.

*Source: Miss. Code Ann. §73-71-13 (1972, as amended).*

*Rule 1.12 | Professional Ethics*

All license holders shall comply with the Code of Ethics adopted by the NCCAOM except to the extent that they conflict with the laws of the State of Mississippi or the rules of the Board. If the NCCAOM Code of Ethics conflicts with state law or rules, the state law or rules govern the matter. Violation of the Code of Ethics or state law or rules may subject a license holder to disciplinary action pursuant to Part 2625, Rule 1.10.

*Source: Miss. Code Ann. §73-71-13 (1972, as amended).*

*Rule 1.13 | Disciplinary Proceedings*

A. Hearing Procedure and Appeals

No individual shall be denied a license or have a license suspended, revoked or restriction placed thereon, unless the individual licensed as an acupuncturist 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 in the state of Mississippi.

B. Reinstatement of License

1. A person whose license to practice as an acupuncturist has been revoked, suspended, or otherwise restricted may petition the Mississippi State Board of Medical Licensure to reinstate their 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 acupuncturists 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, their activity during the time their license was in good standing, their general reputation for truth, professional ability and good character; and it may require the petitioner to pass an oral examination.

*Source: Miss. Code Ann. §73-71-13 (1972, as amended).*

*Rule 1.14 | Impaired Acupuncturists*

Any individual licensed to practice as an acupuncturist, shall be subject to restriction, suspension, or revocation in the case of disability by reason of one or more of the following:

- A. mental illness, or
- 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 an acupuncturist is unable to practice with reasonable skill and safety to patients because of one or more of the conditions described above, referral of the acupuncturist 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. §73-71-13 (1972, as amended).*

*Rule 1.15 | Use of Professional Titles*

A licensee shall use the title “Acupuncturist” or “Licensed Acupuncturist,” “Lic. Ac.,” or “L.Ac.,” immediately following his/her name on any advertising or other materials visible to the public which pertain to the licensee’s practice of acupuncture. Only persons licensed as an acupuncturist may use these titles. A licensee who is also licensed in Mississippi as a physician, dentist, chiropractor, optometrist, podiatrist, and/or veterinarian is exempt from the requirement that the licensee’s acupuncture title immediately follow his/her name.

*Source: Miss. Code Ann. §73-71-13 (1972, as amended).*

*Rule 1.16 | Acupuncture Advertising. Misleading or Deceptive Advertising*

Acupuncturists shall not authorize or use false, misleading, or deceptive advertising, and, in addition, shall not engage in any of the following:

- A. Hold themselves out as a physician or surgeon or any combination or derivative of those terms unless also licensed by the Board of Medical Licensure as a physician as defined under the Mississippi Medical Practice Act.
- B. Use the terms "board certified." Acupuncturists may use the term “certified” provided the advertising also discloses the complete name of the board which conferred the referenced certification.
- C. Use the terms "certified" or any similar words or phrases calculated to convey the same meaning if the advertised certification has expired and has not been renewed at the time the advertising in question was published, broadcast, or otherwise promulgated.

*Source: Miss. Code Ann. §73-71-13 (1972, as amended).*

*Rule 1.17 | Sale of Goods from Practitioner’s Office*

~~Due to the potential for patient exploitation in the sale of goods, Acupuncturists should be mindful of appropriate boundaries in the sale of goods with patients, should avoid coercion in the sale of goods in their offices, and should not engage in exclusive distributorship and/or personal branding.~~

Acupuncturists should make available disclosure information with the sale of any goods in order to inform patients of their financial interests.

~~Acupuncturists may distribute goods free of charge or at cost in order to make such goods readily available.~~

Acupuncturists may make available for sale in their offices durable medical goods essential to the patient’s care and non-health related goods, ~~associated with a charitable organization.~~

*Source: Miss. Code Ann. §73-71-13 (1972, as amended).*

*Rule 1.18 Effective Date of Rules.* The above rules pertaining to the practice of acupuncturists shall become effective October 17, 2009.

**Adopted January 20, 2000; amended October 17, 2009; amended March 24, 2011; amended July 10, 2014; and amended March 16, 2017.**

*Source: Miss. Code Ann. §73-71-13 (1972, as amended).*



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

**IN THE MATTER OF PHYSICIAN'S LICENSE**

**OF**

**NIDAL RAHAL, M.D.**

**CONSENT ORDER**

**WHEREAS**, Nidal Rahal, M.D., hereinafter referred to as "Licensee," is the current holder of License No. 21452, issued March 29, 2011, for the practice of medicine in the State of Mississippi;

**WHEREAS**, on May 16, 2023, the Tennessee Board of Medical Examiners, hereinafter referred to as the "Tennessee Board," entered a Final Decision and Order, accepting the Stipulation of Licensee in regard to engaging in unprofessional conduct, dishonorable or unethical conduct by departing from or failing to conform to the standard of minimally competent medical practice which creates an unacceptable risk to a patient or the public and failure to undertake adequate safeguards and security measures to ensure against loss, improper destruction, theft, or unauthorized use of the tamper-resistant prescriptions in the prescriber's possession and improper prescribing by failing to maintain control of prescription orders.

**WHEREAS**, as a part of the Tennessee Board Order, Licensee's Tennessee medical license was placed on probation for one year, and he was further required to complete a continuing education course on prescribing within sixty (60) days, pay civil penalties in the amount of \$5,800, and pay all other reasonable investigative costs. Licensee is prohibited from serving as a collaborating physician or substitute collaborating

physician during the term of probation and is required to update his collaborative information with the Tennessee Board.

**WHEREAS**, based on the foregoing, the Investigative Division of the Mississippi State Board of Medical Licensure has conducted an investigation into the medical practice 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 referred to as the "Board", would substantiate that Licensee has violated certain provisions of the Mississippi Medical Practice Law, specifically, Miss. Code Ann. § 73-25-29(9), for which the Board may revoke the medical license of Licensee, suspend it for a time deemed proper by the Board, place his license on probation, the terms of which may be set by the Board, or take any other action in relation to his license as the Board may deem proper under the circumstances;

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

**NOW, THEREFORE**, the Mississippi State Board of Medical Licensure, with consent of Licensee as signified by his joinder herein, does hereby place Licensee's medical license on **PROBATION**, subject to the following terms and conditions:

1. Licensee shall be forbidden from collaborating with any mid-level provider during the term of probation.
2. Licensee shall fulfill all requirements of the Tennessee Board Order and notify this Board's Compliance Officer of all the successful completion of all required continuing medical education courses related thereto.

3. Licensee agrees not to seek an appearance before the Board requesting the lifting of the probationary status or restrictions imposed by this Consent Order, without first receiving an "Order of Compliance" from the Tennessee Board and supplying proof of successful completion of required CME courses to this Board's compliance officer.
4. Licensee understands and expressly acknowledges that, should Licensee challenge or dispute any provision or statement in this agreement during the Board approval process, this Consent Order will automatically be rendered null and void, and this matter shall be set for a full evidentiary hearing at the convenience of the Board.
5. 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.
6. Licensee shall reimburse the Board for all costs incurred in relation to the pending matter pursuant to Miss. Code Ann. § 73-25-30, said amount not to exceed \$10,000. Licensee shall be advised of the total assessment by separate written notification and shall tender to the Board a certified check or money order made payable to the Mississippi State Board of Medical Licensure, on or before forty (40) days from the date the assessment is mailed to Licensee via U.S. Mail to Licensee's current mailing address.

Should the Board hereafter receive documented evidence of Licensee violating any of the terms and conditions of this Consent Order, the Board shall have the right, pursuant to a full evidentiary hearing, to revoke the medical license of Licensee, suspend it for a

time deemed proper by the Board, or take any other action determined as necessary by the Board.

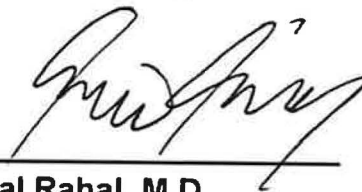
This Consent Order shall be subject to approval by the Board. If the Board fails to approve this Consent Order, in whole or in part, it shall have no force or effect on the parties. It is further understood and agreed that the purpose of this Consent Order is to avoid a hearing before the Board. In this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

Licensee understands and expressly acknowledges that this Consent Order, if approved and executed by the Mississippi State Board of Medical Licensure, shall constitute a public record of the State of Mississippi. Licensee further acknowledges that the Board shall provide a copy of this Order to, among others, the National Practitioners Data Bank (NPDB), the Federation of State Medical Boards (FSMB), the Office of the Inspector General, United States Department of Health and Human Services (OIG HHS), the U.S. Drug Enforcement Administration (DEA), the Mississippi Division of Medicaid, the Mississippi Board of Pharmacy, and the Mississippi State Medical Association


(MSMA). The Board makes no representation as to what action, if any, which any other agency or jurisdiction may take in response to this Consent Order.

Recognizing his right to notice of charges specified against him, to have such charges adjudicated pursuant to Miss. Code Ann. § 73-25-27, to be represented therein by legal counsel of his choice, and to a final decision rendered upon written findings of fact and conclusions of law, **Nidal Rahal, M.D.** nonetheless, hereby waives his right to notice and a formal adjudication of charges and authorizes the Board to enter an order accepting this Consent Order.

EXECUTED, this the 24 day of October \_\_\_\_\_ 2023.

  
\_\_\_\_\_  
**Nidal Rahal, M.D.**

ACCEPTED AND APPROVED this the 15<sup>th</sup> day of November, 2023, by  
the Mississippi State Board of Medical Licensure.

  
\_\_\_\_\_  
**Michelle Y. Owens, M.D.**  
**Board President**

---

---

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

---

IN THE MATTER OF THE LICENSE OF:  
JAMES LEONARD WOOTTON, III, M.D.

---

**ORDER**

---

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 Leonard Wootton, III, M.D, (hereinafter “Licensee”) entered a petition to change practice locations to include Louisiana and Kansas, and the same was heard before the Board on November 15, 2023.

In January 2022, the Board suspended Licensee’s Mississippi medical licensure by virtue of a Consent Order. The last formal action of the Board occurred on March 22, 2023, wherein the Board reinstated Licensee’s Mississippi medical licensure with certain restrictions.

The March 2023 Order provided that Licensee successfully complete the following requirements:

(A) Completion of a Board approved intensive treatment program – licensee has completed an intensive treatment program at Pine Grove. That program has

acknowledged that Dr. Wootton is safe to return to practice provided certain recommendations are met. As shown below, Dr. Wootton shall meet all such recommendations. Dr. Wootton shall establish a relationship with the Physician Health Program in Colorado or Alabama, who shall have primary monitoring responsibility to ensure Dr. Wootton is in compliance with the terms of this Order and the recommendations of the Pine Grove evaluation.

(B) Pine Grove recommended existence of a monitoring agreement with Mississippi State Board of Medical Licensure to include biannual polygraphs. Dr. Wootton shall sign a monitoring agreement and undergo biannual polygraphs, but given his job opportunities in Colorado, where he currently resides, and potential job opportunities in Alabama, that the monitoring agreement allow such polygraphs to be done in the State of Colorado or the State of Alabama, as the case may be.

(C) Pine Grove recommended that Dr. Wootton work in a highly structured setting and not in solo practice. He currently has an opportunity contingent upon licensing approval to work a clinic setting in a clinic in Mancos, Colorado run by Southwest Memorial Hospital/Southwest Health Systems in Cortez, Colorado as a family practice physician. He will have a workplace monitor (Will Jansen, Practice Administrator) who could provide not only accountability and oversight but also act as a resource for situations that may arise. Should Dr. Wootton decide to accept employment and practice medicine in Alabama, he must submit a practice plan including similar safeguards to the Alabama Board and obtain approval before beginning practice.

(D) Dr. Wootton will not treat himself, family, co-workers, or friends.

(E) Dr. Wootton will work reasonable hours in the 40 to 45 hour per week range with two days off a week. He will request to the extent possible an 8:00 a.m. to 5:00 p.m. work schedule with a work break.

(F) In interacting with females, Dr. Wootton will to the maximum extent possible maintain a three-person rule where he has someone else in the room with him while interacting with females.

(G) Dr. Wootton will avoid socializing with staff or patients.

(H) Dr. Wootton will not work with Indian Health Services without approval from the Colorado or Alabama Licensure Boards, to be determined by which of those State permit him to practice.

(I) Dr. Wootton agrees to allow to Will Jansen to be his workplace monitor and has informed him of the issues that led to the suspension of his license. Dr. Wootton agrees to arrange a similar workplace monitoring plan if he obtains employment in Alabama instead of Colorado.

(J) Dr. Wootton agrees to have a PEP recheck six months after he starts work.

(K) Dr. Wootton will seek medical licensure in Colorado or Alabama only after this Order resolving his suspended license with this Board is formally issued. Dr. Wootton agrees to enter into a monitoring contract with the Colorado Medical Board or Colorado Physicians Health Program if possible. Dr. Wootton agrees to enter



a similar monitoring contract with the appropriate authorities in Alabama should he obtain employment and become licensed in the State of Alabama.

(L) Dr. Wootton agrees to discuss with his therapist any interpersonal conflict issues that develop at work prior to directly addressing them and will try at all times use respectful communication with all staff. In addition, he will address issues needing immediate attention with this supervisor to develop a plan of response.

(M) Dr. Wootton will regularly attend individual therapy sessions although he shall be allowed to do so in Colorado or Alabama, as the case may be. This shall be at least monthly until his finances allow for weekly visits.

(N) Dr. Wootton will obtain management for psychiatric medication in Colorado or Alabama, as necessary.

(O) Dr. Wootton will attend regular meetings with his primary care physician for routine check-ups and medication management and any eating concerns. Again, he will obtain this care in Colorado or Alabama as circumstances may require.

(P) Dr. Wootton and his spouse are involved in therapy, him individually and then with his wife as a couple. Dr. Wootton shall participate in the DBT skills training remotely to the extent it can be done over the internet and in person should such be available in Colorado or Alabama.

(Q) Dr. Wootton will refrain from any mind-altering substances, including alcohol and unapproved medications.

(R) Since Dr. Wootton is currently living in Colorado, and may soon be living in Alabama, Dr. Wootton is relieved of any requirement to return to Mississippi for alumni weekends since the issues would be addressed through his regular therapy sessions.

(S) Should Dr. Wootton desire to change practice locations to outside the State of Colorado, or the State of Alabama, should he be accepted to practice there, at any time within five years of this reinstatement, Dr. Wootton shall submit a new practice plan to the Mississippi State Board of Medical Licensure for Approval. Licensee shall notify the Board if he moves within the next five (5) years.

At the hearing on November 15, 2023, Licensee requested to apply for licensure in Louisiana and Kansas. He noted that he had successfully secured a contract in rural Louisiana. Licensee also noted that there was a position in Kansas that he was pursuing. Additionally, Licensee stated that the job in Colorado fell through, and that he had not successfully acquired a medical license in the state of Alabama.

Complaint Counsel for the Board was Honorable Paul Barnes. Also present was Complaint Co-Counsel Honorable Stan T. Ingram. Sitting as legal advisor and hearing officer to the Board was Honorable Alexis E. Morris, Special Assistant Attorney General. Board members present for the proceedings were Michelle Owens, M.D., President; Ken Lippincott, M.D.; Thomas Joiner, M.D.; Kirk Kinard, D.O.;

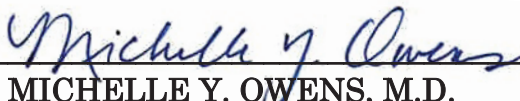
Allen Gersh, M.D.; Roderick Givens, M.D.; and Renia R. Dotson, M.D. Consumer members present were Koomarie “Shoba” Gaymes and Wesley Breland.

**IT IS THEREFORE ORDERED** that Licensee’s request to apply for licensure in Louisiana and Kansas is approved. The same practice conditions, restrictions, and recommendations previously approved by the Board for potential licensure and employment in Colorado and Alabama shall apply to potential licensure and practice in Louisiana and Kansas.

**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 Leonard Wootton, III, M.D.

**SO ORDERED** this the 15th day of November 2023.

**MISSISSIPPI STATE BOARD OF  
MEDICAL LICENSURE**

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

---

---

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

---

**IN THE MATTER OF THE LICENSE OF:**

**JAMES L. HOLZHAUER, M.D. (No. 11477)**

---

**ORDER OF CONTINUANCE**

---

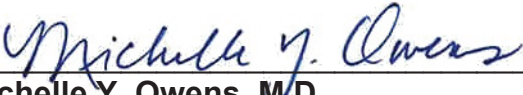
**THIS MATTER** came on regularly for consideration by the Mississippi State Board of Medical Licensure in response to a request for continuance of the hearing set for this date by James L. Holzhauser, M.D., (hereinafter "Licensee") through his counsel Whit Johnson, Esq. After consideration of the matter,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

**IT IS, THEREFORE, ORDERED**, that this matter is continued until January 11, 2024.

**SO ORDERED** this, the 15th day of November 2023.

**MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE**

**BY:**

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

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

**OF**

**CHARLES EDWARD SCHLOSSER, M.D. (NO. 25865)**

**CONSENT ORDER**

**WHEREAS, CHARLES EDWARD SCHLOSSER, M.D.**, hereinafter referred to as "Licensee," is the current holder of Mississippi Medical License No. 25865, issued by the Mississippi State Board of Medical Licensure ("Board") on June 8, 2018, and said license expires on June 30, 2024;

**WHEREAS**, on September 20, 2021, Licensee, in order to avoid a disciplinary hearing, voluntarily entered into a Consent Order with the Louisiana State Board of Medical Examiners, hereinafter referred to as the "Louisiana Board," for failure to comply with certain of the Louisiana Board's rules on the treatment of chronic pain;

**WHEREAS**, the Louisiana Board imposed discipline which included a public reprimand; a requirement for completion of Continuing Medical Education (CME) courses in Professionalism and Medical Ethics, Prescribing, and Record Keeping; and a Five Thousand Dollar (\$5,000.00) fine.

**WHEREAS**, during the investigation into the circumstances that culminated in the Louisiana Consent Order, representatives of this Board discovered that Licensee failed to fully disclose material information about the Louisiana investigation on his initial application for a Mississippi License and a subsequent Mississippi renewal application.

**WHEREAS**, the Board initiated the disciplinary process by filing allegations against Licensee, which if established before the Board, would constitute violations of the

Mississippi Medical Practice Act, specifically, Subsections (7), (9), and (8)(f) of 73-25-29, and § 73-25-83 (a) of Miss. Code Ann. (1972), as amended, for which the Board may revoke the medical license of Licensee, suspend it for a time deemed proper by the Board, or take any other action as the Board may deem proper under the circumstances;

**WHEREAS**, on or about January 19, 2023, based on the evidence obtained by the investigative staff, Licensee's failure to timely disclose the information in question which could have been the result of mistake or carelessness. As such this Board and Licensee entered into a Consent Order. Licensee admitted the facts as set forth in the allegations subject to the terms, conditions and restrictions as follows:

1. This Board found that the discipline imposed in the Louisiana Consent Order was appropriate and should be mirrored by the Board to the extent permitted by law. The Board issued Licensee a Public Reprimand and required Licensee to provide to this Board with proof of successful completion of each CME course ordered by Louisiana. Licensee was required to submit proof of the administrative fine of Five Thousand (\$5,000) in full to the Louisiana Board.
2. In addition to the requirements imposed by Louisiana, Licensee agreed to attend and successfully complete the PROBE Program (Professional/Problem-Based Ethics), offered by Center for Personalized Education for Physicians (CPEP). Licensee was required to submit proof of his successful completion to the Board in a timely basis. Licensee agreed to register for, and attend, said course within the six (6) months following January 19, 2023. Attendance of the PROBE Programs was 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 agreed to obey all federal, state, and local laws, and all rules and regulations governing the practice of medicine. Licensee agreed to reimburse this 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 was advised of the total assessment by separate written notification and tendered 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.

**WHEREAS**, Licensee timely provided this Board with proof of successful completion of each CME course ordered by Louisiana and proof of payment of the administrative fine of Five Thousand (\$5,000) in full to the Louisiana Board. Licensee also has obeyed all federal, state, and local laws, and all rules and regulations governing the practice of medicine. Licensee timely paid his fines and costs associated with the Consent Order to this Board.

**WHEREAS**, Licensee registered for and was an active participant in the PROBE course within the six (6) month period set by the Consent Order. Licensee attended all sessions, was prepared for participation and contributed to group discussions. However, Licensee did not submit his final assignment in a timely manner. Licensee submitted his final essay six (6) days after the deadline established by the PROBE Program and did not successfully complete the program.

**WHEREAS**, on September 28, 2023, Dr. Schlosser was served with a summons and second charging affidavit regarding his failure to successfully complete the PROBE course as required by the original consent order, and there are now pending before the Mississippi State Board of Medical Licensure, certain allegations related to Licensee's conduct;

**WHEREAS**, Licensee acknowledges committing the violations of the Mississippi Medical Practice Act as stated and set forth in the Board’s new charging affidavit;

**WHEREAS**, the allegations, if established before the Board, constitute violations of the Mississippi Medical Practice Act, specifically, Subsections (8)(d) and 13 of 73-25-29, and § 73-25-83 (a) of Miss. Code Ann. (1972), as amended, for which the Board may revoke the medical license of Licensee, suspend it for a time deemed proper by the Board, or take any other action as the Board may deem proper under the circumstances;

**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 his joinder herein, does hereby **REPRIMAND** Licensee, subject to the following terms and conditions:

1. Licensee shall attend and successfully complete the following additional Continuing Medical Education (CME) course: The PROBE Program (Professional/Problem-Based Ethics), offered by Center for Personalized Education for Physicians (CPEP) (“PROBE Program”). Licensee shall not submit for credit any prior work developed from attending the June 1 – 3, 2023, PROBE course;
2. Licensee shall register for the PROBE Program within thirty (30) days of entry of this Consent Order;
3. Licensee shall submit proof of his successful completion to the Board on a timely basis. 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.

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

5. Licensee shall reimburse this 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 reinstated, 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 his right to notice of charges specified against his, to have such charges adjudicated pursuant to Miss. Code Ann. § 73-25-27, to be represented therein by legal counsel of his choice, and to a final decision rendered upon written findings of fact and conclusions of law, **CHARLES EDWARD SCHLOSSER, 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 **PUBLICLY REPRIMANDING** his medical license, subject to those terms and conditions listed above.

Executed, this the 15<sup>th</sup> day of November, 2023.

  
\_\_\_\_\_  
**CHARLES EDWARD SCHLOSSER, M.D.**

ACCEPTED AND APPROVED , this the 15th day of November 2023 , by  
the Mississippi State Board of Medical Licensure.

  
MICHELLE OWENS, M.D.  
Board President

---

---

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

---

**IN THE MATTER OF THE LICENSE OF:**

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

---

**ORDER OF DISMISSAL**

---

The above-titled matter came before the Mississippi State Board of Medical Licensure ("Board") in Jackson, Hinds County, on November 5, 2023, pursuant to a Summons and Affidavit issued to Stephen Derrick Sudderth, M.D. ("Licensee").

On or about December 1, 2019, the Board received a complaint from a patient ("Complainant") who wished to report general concerns related to patient care between Licensee and Complainant. Complainant alleged that Licensee prescribed mood-altering amphetamine, phentermine (Adipex-p) for weight loss.

In June 2020, Board investigative staff served investigative subpoenas requesting production of the entire medical record for Complainant on Merit Health Medical Center Group and St. Dominic Hospital. After a Board investigation and review of five (5) patient records, and analysis by a board-certified family practice physician, the Board issued an affidavit charging the following violations:

**Count I** – Licensee was guilty of violation of any provision(s) of the Medical Practice Act or the rules and regulations of the Board or of any order, stipulation, or agreement with the Board as a result of knowingly utilizing a controlled substance when he knows or has reason to believe an absolute contraindication exists or relative contradiction exists that would be harmful to the patient, in violation of 30 Miss. Admin. Code Pt. 2640, Ch. 1, R. 1.5(B), all violation of Miss. Code Ann. § 73-25-29(13).

**Count II** – Licensee is guilty of administering, dispensing, or prescribing any narcotic drug, or any other drug having addiction-forming or addiction-sustaining liability otherwise than in the course of legitimate professional practice, by failure to make requisite corresponding entries into a patient medical record, contrary to Mississippi Administrative Code Title 30 Part 2640, Rule 1.4, all in violation of Miss. Code Ann. §73-25-29(13).

**Count III** – Licensee is guilty of violation of any provision(s) of the Medical Practice Act or the rules and regulations of the Board or of any order, stipulation or agreement with the Board as a result of failure to maintain a complete record of his examination, evaluation and treatment of the patient and failure to document the diagnosis, reason for prescribing the controlled substance, the name, dose, strength and quantity and date the prescription was issued, in violation of 30 Miss. Admin. Code Pt. 2640, Ch. 1, R. 1.4, all violation of Miss. Code Ann. § 73-25-29(13).

**Count IV** – Licensee is guilty of violation of any provision(s) of the Medical Practice Act or the rules and regulations of the Board of any order, stipulation or agreement with the Board as a result of continuations to 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, in violation of 30 Miss. Admin. Code Pt. 2640, Ch. 1, R. 1.4(E), all violation of Miss. Code Ann. § 73-25-29(13).

**Count V** – Licensee was guilty of violation of any provision(s) of the Medical Practice Act or the rules and regulations of the Board or of any order, stipulation, or agreement with the Board as a result of knowingly utilizing a controlled substance when he knows or has reason to believe an absolute contraindication exists or relative contradiction exists that would be harmful to the patient, in violation of 30 Miss. Admin. Code Pt. 2640, Ch. 1, R. 1.5(B), all violation of Miss. Code Ann. § 73-25-29(13).

**Count VI** – Licensee is guilty of administering, dispensing, or prescribing any narcotic drug, or any other drug having addiction-forming or addiction-sustaining liability otherwise than during legitimate professional practice, all in violation of Miss. Code Ann. § 73-25-29(13).

**Count VII** – Licensee was guilty of violation of any provision(s) of the Medical Practice Act or the rules and regulations of the Board or of any order, stipulation, or agreement with the Board as a result of knowingly utilizing a controlled substance when he knows or has reason to believe an absolute contraindication exists or relative contradiction exists that would be harmful to the patient, in violation of 30 Miss. Admin. Code Pt. 2640, Ch. 1, R. 1.5(B), all violation of Miss. Code Ann. § 73-25-29(13).

**Count VIII** – Licensee is guilty of unprofessional conduct, which includes 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).

Complaint Counsel for the Board was Honorable Paul Barnes. Also present was Complaint Co-Counsel Honorable Stan T. Ingram. Sitting as legal advisor and hearing officer to the Board was Honorable Alexis E. Morris, Special Assistant Attorney General. Board members present for the proceedings were Michelle Owens, M.D., President; Ken Lippincott, M.D.; Thomas Joiner, M.D.; William D. McClendon, M.D.; Kirk Kinard, D.O.; Allen Gersh, M.D.; Roderick Givens, M.D.; and Renia R. Dotson, M.D. Consumer members present were Koomarie "Shoba" Gaymes and Wesley Breland. During the hearing in this matter, Counsel Barnes requested that all counts against Licensee be dismissed.

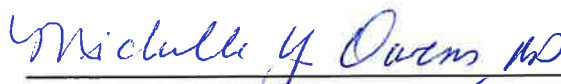
**IT IS, THEREFORE, ORDERED** that the counts in the summons and affidavit against Licensee are dismissed.

**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 Stephen Derrick Sudderth, III, M.D.

**SO ORDERED** this the 16th day of November 2023.

**Mississippi State Board of  
Medical Licensure**

By:



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