BOARD MINUTES
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
MARCH 22, 2018

The regularly scheduled meeting of the Mississippi State Board of Medical Licensure was held on Thursday, March 22, in the Board Room of the Office of the Board located at 1867 Crane Ridge Drive, Jackson, Mississippi.

THE FOLLOWING MEMBERS WERE PRESENT:

Charles D. Miles, M.D., West Point, President
Claude D. Brunson, Jackson, Vice President
J. Ann Rea, M.D., M.D., Columbus, Secretary
S. Randall Easterling, M.D., Vicksburg
Virginia M. Crawford, M.D, Hattiesburg
Michelle Y. Owens, M.D., Jackson
C. Kenneth Lippincott, M.D., Tupelo
David W. McClendon, Jr., M.D., Ocean Springs

ALSO PRESENT:

Stan T. Ingram, Complaint Counsel for the Board
Heather P. Wagner, Special Assistant Attorney General
Rhonda Freeman, Director, Licensure Division
Leslie Ross, Director of Investigations
Jonathan Dalton, Investigations Supervisor
Frances Carrillo, Staff Officer
Maj Gen (Ret) Erik Hearon, Consumer Health Committee
Wesley Breland, Hattiesburg, Consumer Health Committee

NOT PRESENT:

William S. Mayo, D.O., Oxford
Charles Thomas, Yazoo City, Consumer Health Committee

The meeting was called to order at 9:00 a.m. by Dr. Miles, President. The invocation was given by Dr. McClendon and the pledge was led by Dr. Crawford. Dr. Miles welcomed Cathy White, Court Reporter, and extended a welcome to all visitors present at the meeting.

Dr. Miles recognized Rosie Moak, Projects Officer with an award for 10 years of service with the Mississippi State Board of Medical Licensure.

PUBLIC COMMENTS

Dr. Miles opened the floor for public comments but there were none.

APPROVAL OF CERTIFICATIONS TO OTHER ENTITIES

330 licenses were certified to other entities.

Motion was made by Dr. Easterling, seconded by Dr. Crawford, and carried unanimously to approve.

APPROVAL OF LICENSES ISSUED

94 licenses were issued.

Motion was made by Dr. Rea, seconded by Dr. Brunson, and carried unanimously to approve.

INVESTIGATIVE REPORT FOR JANUARY 1, 2018 - FEBRUARY 28, 2018

Number of complaints received: 31
Number of cases closed: 58
Total number of open cases: 260
Number of complaints sent to licensee for response: 10
Number of FSMB reports re licensees: 7
Number of NPDB reports re licensees: 10
Recidivism appearances (counted as a previous EC visit and / or appearance before the
Board): 1
- Licensees *w/2* appearances: 0
- Licensees *w/3* appearances: 0
- Licensees *w/4* appearances: 0
Number of disciplinary actions taken by the Board: 1
    - License revocations: 1

Motion was made by Dr. Rea, seconded by Dr. Brunson, and carried unanimously to accept the investigative report as presented.

REVIEW OF MINUTES OF THE EXECUTIVE COMMITTEE MEETING DATED JANUARY 31, 2018, AND MINUTES OF THE BOARD MEETING DATED FEBRUARY 1, 2018

Upon review of the minutes of the Executive Committee meeting dated January 31, 2018, and minutes of the Board meeting dated February 1, 2018, Dr. Owens moved for approval of the minutes as submitted. Dr. Rea seconded the motion and it carried unanimously.

REPORT OF MARCH 21, 2018, EXECUTIVE COMMITTEE MEETING

Dr. Rea reported on the matters discussed by the Executive Committee on March 21, 2018, and recommendations made. Information pertaining to the Executive Committee's recommendations is included in the Executive Committee minutes.

Motion was made by Dr. Easterling, seconded by Dr. Owens, and carried unanimously to ratify the recommendations of the Executive Committee.

REPORTS FROM COMMITEES

Scope of Practice - Dr. Easterling (Chair), Dr. Brunson, Dr. Miles, Dr. Rea, Dr. Owens, Mr. Thomas

Dr Easterling advised there was no new information to report.

Professionals Health Program - Dr. Crawford (Chair), Dr. Lippincott, Dr. McClendon, Dr. Rea

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

Rules, Regulation & Legislative - Dr. Mayo (Chair), Dr. Easterling, Dr. Miles, Dr. McClendon, Dr. Owens, Mr. Breland

Dr Easterling advised there was no new information to report.

Telemedicine I Interstate Licensure Compact - Dr. Brunson (Chair), Dr. Crawford, Dr. Hall, Ms. Freeman, Maj Gen (Retired) Hearon

Dr. Brunson advised there is no new information to report regarding Interstate Licensure Compact.

Dr. Brunson advised of the formation of the Tele-Emergency Task Force to draft revision to the regulation regarding Tele-Emergency regulations. The Task Force will be presenting to the Board a joint consensus statement in the requirements of how a Level II Tele-Emergency Program is to operate.

Licensee Education and Communication - Dr. Easterling (Chair), Dr. Brunson, Dr. Crawford, Dr. Rea, Ms. Freeman

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

Physician Assistant Advisory Task Force - Dr. Crawford (Chair), Robert Philpot, Jr., PhD, PA-C Tristen Harris, PA-C Lauren English, Phyllis Johnson, Board of Nursing, Ms. Freeman, PA-C Leah Calder, PA-C Gavin Nowell

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

OTHER BUSINESS

Dr. Miles advised the Nomination Committee met last month and named the following nominees for board officers: for incoming Secretary, Dr. McClendon; for Vice President, Dr. Rea; and for President, Dr. Brunson. These nominations are for the terms effective July 1, 2018.

Motion was made by Dr. Crawford, seconded by Dr. Miles, and carried unanimously to accept the officers as proposed by the nominating committee.

TITLE 30, PART 2640: PRESCRIBING, ADMINISTERING, AND DISPENSING, FINAL ADOPTION

Dr. Miles brought forward proposed final adoption of changes to the regulations related to prescribing, administering and dispensing. Following a brief discussion, based upon concerns raised at the oral proceeding, Dr Brunson suggested that the provision in the regulation to increase the threshold for pain practice from 30% to 50% be removed. After discussion, a motion as made by Dr. Rea, seconded by Dr. Brunson, and carried, to not change the definition of a pain practice from 50%.

A motion was made by Dr. Crawford, seconded by Dr. Brunson, to finally adopt the regulation as amended. Upon a vote, the motion carried. A copy of the regulation is attached hereto and incorporated by reference. The amended regulation will be filed with the Occupational Licensing Review Commission.

REGULATION PART 2630, CHAPTER 1: COLLABORATION WITH NURSE PRACTITIONERS, PROPOSED CHANGES

Dr. Miles brought forward proposed final adoption of changes to the regulations related to collaboration with nurse practitioners. Following a brief discussion based upon concerns raised at the oral proceeding, Dr. Rea made the motion t that the provision in the rule defining primary care be expanded to include women's health and mental health, and to delete the term "etc." from Rule 1.5 Primary Care Extended Mileage. The motion was seconded by Dr. Crawford and upon a vote, the motion carried with Dr. Easterling opposed.

A motion was made by Dr. Brunson, seconded by Dr. Crawford to finally adopt the regulation as amended. Upon a vote, the motion was carried, with Dr. Easterling opposed. A copy of the regulation is attached hereto and incorporated by reference. The amended regulation will be filed with the Occupational Licensing Review Commission.

THE BOARD RECESSED AT 10:19 A.M. AND RETURNED AT 10:36 A.M.

HEARING IN THE CASE OF WILLIAM WADSWORTH, M.D., HERNANDO, MS MEDICAL LICENSE NUMBER, 14009

Mr. Ingram introduced Dr. Wadsworth and his attorney, Jacob M. Phillips. Mr. Ingram advised that this is a petition to remove restrictions imposed on Dr. Wadsworth by virtue of a December 19, 2016, Consent Order.

Mr. Ingram entered numerous exhibits into the record and provided the Board with a brief background.

Mr. Ingram summarized the Consent Order that Dr. Wadsworth is currently under and advised that he has met all of the Board's requirements. Mr. Phillips addressed the Board and stated that he had complied with all the requirements of the December 19, 2016, Consent Order and that he was here today to request that the Board remove all restrictions currently on his medical license.

Dr. Wadsworth was called to the witness stand and was sworn in by the court reporter. Dr. Wadsworth advised has complied with all of the Board's requirements and summarized what he understanding of how he had violated the rules and regulations and had implemented new knowledge from the Board ordered CME into his practice.

Following questions from Board members, motion was made by Dr. Crawford, seconded by Dr. Brunson and carried unanimously to remove all restrictions currently on Dr. Wadsworth's medical license.

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

HEARING IN THE CASE OF YUSOF MOSURO, M.D., HOUSTON, TX MEDICAL LICENSE NUMBER, 16497

Mr. Ingram advised that Dr. Mosuro is not present today but has submitted a Request for Removal of Restrictions in absentia.

Mr. Ingram summarized the circumstances of the request. The April 2014, Consent Order of the Board that Dr. Mosuro is currently under was based on action

taken by the Texas Medical Board. On August 7, 2013, the Texas Medical Board entered its order reprimanding Dr. Mosuro with terms and conditions. Based upon that action, the MSBML entered its reciprocal order. On October 14, 2017, the Texas Medical Board entered an Order lifting its restrictions on his Texas Medical license and terminating the order. Dr. Mosuro's Texas medical license is now unrestricted. Dr. Mosuro is now seeking that the reciprocal restrictions on his Mississippi license be lifted.

Motion was made by Dr. Brunson, seconded by Dr. Easterling and carried unanimously to remove all restrictions currently on Dr. Mosuro's medical license. .

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

APPROVAL OF EXAMINING COMMITTEE FINAL REPORT PURSUANT TO MISS ANN CODE §73-25-61

A motion was made by Dr. Brunson, seconded by Dr. Easterling and carried, that the Board meeting be closed to consider going into executive session fo the purpose of discussion and reviewing the investigative Examining Committee Final Report pursuant to Miss Ann Code §73-25-61.

After discussion, a motion was made by Dr. Rea, seconded by Dr. Brunson and carried that the Board enter into Executive Session for the purpose of reviewing the investigative report of the disabled physicians Examining Committee. Dr. Miles announced the Board would enter into executive session.

Upon a motion by Dr. Owens, seconded by Dr. McClendon and carried the Board came out of Executive Session at which time Dr. Miles advised the Board approved the Examining Committee's Final Report.

HEARING IN THE CASE OF IKECHUKWU OKORIE, M.D., HATTIESBURG, MS MEDICAL LICENSE NUMBER, 19875

DR. CRAWFORD RECUSED HERSELF AND EXITED THE MEETING AT 11:27 A.M.

Mr. Ingram introduced Dr. Okorie and his attorney, Philip Hearn. Mr. Ingram advised that they were appearing today due to allegations set forth in the Summons and Affidavit charging Licensee of violations of the Determination and Order dated November 12, 2015.

Mr. Ingram provided the Board with a brief background and history of the charges and allegations of extensive violations pertaining to prescribing of controlled substances outside the course of legitimate professional practice which are currently pending against Dr. Okorie. After a hearing conducted on November 12, 2015, he was found guilty of 7 counts of violations: prescribing outside the course of legitimate professional

practice; failure to maintain proper records; failure to do a risk benefit analysis; failure to determine an underlying cause of pain; prescribing in a non-therapeutic manner; and unprofessional conduct. The Board ordered that Licensee refrain from taking any new chronic pain or addiction patients and shall within six (6) months from the date of the order cease managing any chronic pain and/or addiction medicine patients in the practice. Dr. Okorie appealed the Board's decision to the Chancery Court, thereafter the Court, on December 7, 2016, rendered its Order and affirmed the Determination and Order of the Board finding that the Board's order was supported by substantial evidence. On May 19, 2017, the Chancery Court responded to a motion from Licensee for Reconsideration and a specific request for the Court to stay the Board from enforcing its order. The Court denied the motion and refused to grant the stay. As of May 19, 2017, by order of the Chancery Court, Licensee was expected to comply with all the terms and conditions of the November 12, 2015, Determination and Order. Dr. Okorie continued to treat chronic pain and addiction patients after May 19, 2017.

Mr. Hearn made a statement for the record that Dr. Okorie did not wish to proceed with a hearing, and will concede that he did in fact see new patients and prescribed and treated pain management and addiction patients beyond the May 19, 2017, date with mitigating factors. Mr. Hearn advised the Board that as of February 27, 2018, after the Federal Court dismissed the claim against the Board, Dr. Okorie has discontinued treating pain management and addiction medicine, completed the required CME and paid the investigative cost. Mr. Hearn advised the Board that Licensee is requesting to enter into a Consent Order that would address the valid concerns of the Board.

Mr. Ingram advised the Board that Dr. Okorie had the opportunity to comply with the Board's Order since November 12, 2015. Mr. Hearn advised that Dr. Okorie is acknowledging the charges and had no objections to answering questions by the Board.

Mr. Ingram entered numerous exhibits into the record.

Dr. Okorie was called to the witness stand and sworn in by the court reporter. Mr. Ingram questioned Dr. Okorie regarding compliance to the Board's November 15, 2015 Order. Several board members also questioned Dr. Okorie before he exited the witness stand.

THE BOARD RECESSES FOR LUNCH AT 1:00 PM
AND RETURNED AT 1:45 PM

A motion was made by Dr. Rea, seconded by Dr. Brunson and carried that the Executive Committee enter into Executive Session to discuss a matter related to alleged misconduct by Dr. Okorie.

Upon a motion by Dr. Owens, seconded by Dr. McClendon and carried, the Board came out of Executive Session at which time Dr. Miles asked Dr. Rea to report on any action taken. Dr. Rea reported that the Board found Dr. Okorie to be guilty of six (6) counts of treating chronic pain in violation of Board Order and six (6) counts of unprofessional conduct. In light of Licensee's acknowledgement of guilt to all counts, the Board will suspend his license for a period of twelve (12) months, with the suspension stayed after an expiration of a minimum of six (6) months, provided Dr. Okorie enrolls and completes of AMA Category 1 CME in the areas of professional ethics and prescribing of controlled substances. After a minimum of six (6) months and proof of completion of these courses is submitted to the Board, Licensee may return to the Board to request reinstatement of his license. The previous restrictions on addiction and chronic pain practice will stand upon return of Licensee to practice.

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

ADJOURN MEETING

The next meeting is scheduled for Wednesday, May 9, 2018, and for Thursday, May 10, 2018.

There being no further business, the meeting adjourned at 2:59 p.m.

Charles D. Miles, MD
President

Minutes taken and transcribed
By Frances Carrillo
Staff Officer
May 10, 2018

SOS APA Form 001

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME		CONTACT PERSON	TELEPHONE NUMBER	
Mississippi State Board of Medical Licensure		Rhonda Freeman	(601) 987-3079	
ADDRESS		CITY	STATE	ZIP
1867 Crane Ridge Drive, Suite 200-B		Jackson	MS	39216
EMAIL	SUBMIT DATE	Name or number of rule(s):		
mboard@msbml.ms.gov	2/14/18	Part 2640 Prescribing, Administering and Dispensing		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The rules in this Part have been updated to reflect changes as proposed by the Governor's Opioid and Heroin Study Task Force and other guidelines previously published by the CDC. Pursuant to public comments, additional changes have been included.

Specific legal authority authorizing the promulgation of rule: 73-43-11

List all rules repealed, amended, or suspended by the proposed rule: Part 2640: Prescribing, Administering and Dispensing

ORAL PROCEEDING:

☒ An oral proceeding is scheduled for this rule on Date: 03/07/2018 Time: 1:00 p.m. Place: Office of the Board

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

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

ECONOMIC IMPACT STATEMENT:

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

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

Printed name and Title of person authorized to file rules: Rhonda Freeman

Signature of person authorized to file rules: Rhonda Freeman

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
	FILED FEB 14 2018 MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	**Accepted for filing by** #23162	**Accepted for filing by**

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

Part 2640: Prescribing, Administering and Dispensing

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

Rule 1.1 Scope. These rules apply to all individuals who have prescriptive authority and are licensed by the Mississippi State Board of Medical Licensure.

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 in the state of Mississippi who prescribes controlled substances and is registered with the U. S. Drug Enforcement Administration in compliance with Title 21 CFR, Part 1301 Food and Drugs.
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 2617, 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 30% 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

under the age of sixteen (16) for the treatment of ADHD, are not required in that instance to utilize the MPMP as stated herein.

Reports generated on such patients should span the length of time from the previous review of the MPMP so that adequate information is obtained to determine patient compliance with treatment. Documentation, such as a copy of the report itself and/or reflection in the chart dictation and/or notes, must be kept within the patient's record and made available for inspection upon request. As allowed by the Mississippi Board of Pharmacy and the MPMP, properly registered designees of the licensee may run/obtain the report for the licensee's review as required herein.

Utilization of the MPMP as stated herein is not required when treating inpatient; however, upon discharge from said inpatient setting with a prescription for a controlled substance, the MPMP must be reviewed as required herein.

Pursuant to authority granted in Mississippi Code, Section 41-29-125, the Mississippi State Board of Medical Licensure hereby adopts, in lieu of a separate registration with the Board, the registration with the U.S. Drug Enforcement Administration as required in the above paragraph. In the event, however, a licensee has had limitations or other restrictions placed upon his or her license wherein he or she is prohibited from ordering, dispensing, or prescribing controlled substances in any schedule, said licensee shall be prohibited from registering with the U.S. Drug Enforcement Administration for a Uniform Controlled Substances Registration Certificate without first being expressly authorized to do so by order of the Mississippi State Board of Medical Licensure.

Persons registered to prescribe, administer, dispense or conduct research with controlled substances may order, possess, prescribe, administer, dispense or conduct research with those substances to the extent authorized by their registration and in conformity with the other provisions of these rules and in conformity with provisions of the Mississippi Uniform Controlled Substances Law, Mississippi Code Section 41-29-101 et seq.

The registration requirement set forth in these rules does not apply to the distribution and manufacture of controlled substances. Any licensee who engages in the manufacture or distribution of controlled substances or legend drugs must register with the Mississippi State Board of Pharmacy pursuant to Mississippi Code, Section 73-21-105 and will be subject to all applicable federal statutes and regulations controlling such practices. For the purposes herein, "distribute" means the delivery of a drug other than by administering, prescribing or dispensing. The word "manufacture" has the same meaning as set forth in Mississippi Code, Section 41-29-105(q).

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

Rule 1.4 Maintenance of Records and Inventories. Every licensee shall maintain inventories, logs, and records prescribed in this rule.

examination and medical indication" exists depends upon the facts and circumstances in each case. One of the primary roles of a physician is to elicit detailed information about the signs and symptoms which a patient presents in order that he or she may recommend a course of treatment to relieve the symptoms and cure the patient of his or her ailment or maintain him or her in an apparent state of good health. In order for a licensee to achieve a reasonable diagnosis and treatment plan, a history and physical examination consistent with the nature of the complaint are necessary. The importance of these aspects of proper medical practice cannot be over emphasized. The paramount importance of a complete medical history in establishing a correct diagnosis is well established. Standards of proper medical practice require that, upon any encounter with a patient, in order to establish proper diagnosis and regimen of treatment, a licensee must take three steps: (a) take and record an appropriate medical history, (b) carry out an appropriate physical examination, and (c) record the results. The observance of these principles is an integral component of the "course of legitimate professional practice."

Some of the factors used in determining the presence or absence of "good faith" may include, but are not limited to:

1. the quality and extent of the documented history and physical exam;
2. the extent to which the prescribed therapy is supported by documented history and physical exam;
3. the licensee's permitting the patient to name the drug desired;
4. a licensee dispensing or prescribing drugs to patients having no medical need, when the licensee knew or should have known that the patients were addicts or abusing/misusing substances;
5. repeated refills over relatively short periods of time or the issuance of prescriptions at a time when the patient should not have been finished taking the same medication from a prior prescription had the prescription directions been properly followed or the correct dosage taken;
6. general remarks of the licensee indicating his or her experience with non-therapeutic uses of the drug;
7. a licensee prescribing contraindicated medication such as amphetamines and depressants in a manner which results in therapeutic conflicts.

The aforementioned is of particular importance in cases in which controlled substances are to play a part in the course of treatment. It is the responsibility of the licensee to dispense, prescribe or administer all therapies with proper regard for the actual and potential dangers. This fact has been established in a number of closely related administrative and criminal cases, **United States v. Bartee**, 479 F.2d 484 (10th Cir. 1973) (No physical examination prior to issuance of prescriptions for controlled substances); **United States v. Greene**, 511 F.2d 1062 (7th Cir. 1975); **Arthurs v. Board of Registration of Medicine**, 418 N.E. 2d 1236 (MA 1981) (failure to record in patient file prescriptions for controlled substances issued or failure to record patient visit); **Brainard v. State Board of Medical Examiners**, 157 P2d 7 (Ca. 1945); **Dannerberg v. Board of Regents**, 430 N.Y.2d 700 (1980) (issuance of three prescriptions for sleeping pills to an undercover agent without a physical examination; **Widlitz v. Board of Regents of New York,** 429 N.Y. 2d 794 (1980) (issuance of Desoxyn to patients whom physician knew were drug addicts without conducting physical examination); **United States v. Rosenberg**, 515 F.2d 190 (9th Cir. 1975) (no physical examination, evidences that prescriptions were not in course of

must be made at regular intervals, not to exceed seven (7) days. Such hard-copy printouts must be maintained for a period of five (5) years and must be made available for inspection and copying by investigators of the Mississippi State Board of Medical Licensure.

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

Rule 1.5 Use of Diet Medication. Pursuant to Mississippi Code, Section 41-29-139(e), it is unlawful for any licensee to prescribe, dispense or administer any medication classified as Schedule II, pursuant to Section 41-29-115, for the exclusive treatment of obesity, weight control, or weight loss.

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

The licensee providing comprehensive treatment of obesity must be present at the facility when he or she prescribes or dispenses[1] controlled substances for the purpose of weight reduction or the treatment of obesity. A licensee may administer, order, dispense or prescribe controlled substances for the purpose of weight loss or the treatment of obesity only as an adjunct to a clearly documented comprehensive program of behavior modification, comprehensive nutritional education, and exercise or physical therapy intervention. The licensee must comply with all of the following conditions:

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

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

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 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. Certificates of registration once issued are not transferable or assignable. 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 be listed on the application and must also meet all regulations governing the treatment of obesity/medical weight loss. Physicians who are added to the registration once a certificate is issued must be reported to the MSBML for approval prior to beginning practice. Physicians who are removed from the registration must be reported to the board within 30 days of removal. Each practice location requires a separate registration certificate.

C. A bariatric medicine, medical weight loss, or weight management practice may not operate in the state of Mississippi without obtaining a registration certificate from the Mississippi State Board of Medical Licensure.

D. Certificates are valid for one year and must be renewed annually along with practitioner's license to practice medicine in the state of Mississippi. There is a 30-day grace period for renewal after which the owner/operator must reapply for an original certificate. The clinic may not continue to operate while the certificate is expired.

   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. A licensee currently practicing bariatric medicine, medical weight loss or weight management has 24 months from effective date of this regulation to comply with the initial CME requirement. All CME must be obtained within the 24 month period. Reference is made to exclusions noted in Rule 1.2, H.

   Licensee must biennially obtain 60 AMA or AOA Category 1 CME in core-content of bariatric medicine before certification can be renewed with the MSBML.

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).

1. Before initiating treatment with a controlled substance, or any other drug having addiction-forming or addiction-sustaining liability, the licensee must conduct a risk/benefit analysis by reviewing records of prior treatment. The risk/benefit analysis should weigh in favor of treatment and indicate the need for controlled substance therapy. Such a determination must take into account the specifics of each patient's diagnosis, past treatments, suitability for long-term controlled substance, with the need for other treatment modalities. The results of this analysis must be clearly entered into the patient medical record and must include supporting documentation such as consultation or referral reports and efforts to determine the underlying etiology of the chronic pain.
2. Documentation in the patient record must include a complete medical history and physical examination and supporting studies and reports of consultation.
3. The diagnosis must demonstrate the presence of one or more recognized medical indications for the use of controlled substances.
4. Documentation of a written treatment plan which must contain stated objectives as a measure of successful treatment and planned diagnostic evaluations, e.g., psychiatric evaluation or other treatments. The plan must contain an informed consent agreement for treatment that details relative risks and benefits of the treatment course. The consent must also include specific requirements of the patient, such as using one licensee and pharmacy, urine/serum medication level monitoring when requested, pill counts, and the grounds for which the treatment may be terminated (e.g., 'doctor shopping' behavior, adverse urine/serum screens, etc.).
5. Periodic review and documentation of the treatment course is conducted no less frequently than every 3 months. The licensee's evaluation of progress toward the stated treatment objectives must support all changes in therapy. This should include referrals and consultations as necessary to achieve those objectives.

D. No licensee shall order, administer, dispense or prescribe a controlled substance or other drug having addiction-forming and addiction-sustaining liability that is nontherapeutic in nature or non-therapeutic in the manner the controlled substance or other drug is administered, dispensed or prescribed.

E. No licensee shall order, administer, dispense or prescribe a controlled substance for treatment of chronic pain to any patient who has consumed or disposed of any controlled substance or other drug having addiction-forming and addiction-sustaining liability other than in strict compliance with the treating licensee's directions. These circumstances include those patients obtaining controlled substances or other drugs having addiction-forming and addiction-sustaining liability from more than one licensee or healthcare provider and those patients who have obtained or attempted to obtain new prescriptions for controlled substances or other drug having addiction-forming and addiction-sustaining liability before a prior prescription should have been consumed according to the treating licensee's directions. This requirement will not be enforced in cases where a patient has legitimately temporarily escalated a dose due to an acute exacerbation if the treating licensee documents that the escalation was due to a recognized indication and was within appropriate therapeutic dose ranges. Repetitive or continuing escalations should be a reason for concern and a re-evaluation of the present treatment plan must be undertaken by the licensee.

requiring opioids occurs. The need for such concurrent prescribing must be documented appropriately in the chart. Patients who are currently on an established regimen of concomitant opioids and benzodiazepines may be allotted a reasonable period of time to withdraw from one or both substances. Prescribing of opioids concurrently with benzodiazepines and/or Soma may be allowed only under very limited circumstances in which the combination is used to treat very specific chronic medical conditions for which there is no other treatment modality available.

K. When a licensee treats chronic non-cancerous/non-terminal pain and/or psychiatric conditions outside the definition of a pain management practice (Rule 1.2) (K) the licensee must actively utilize the MPMP upon initial contact with a new patient and every 3 months thereafter on any and all patients who are prescribed, administered, or dispensed controlled substances. Reports generated on patients must span the length of time from the previous review of the MPMP so that adequate information is obtained to determine the patient's compliance for and with treatment. Documentation, such as a copy of the report itself and/or reflections in the charts dictation and/or notes must be kept within the patient's record and made available for inspection upon request.

L. Point of service drug testing must be done at least three (3) times per calendar year when Schedule II medication is written for the treatment of chronic non-cancer/non-terminal pain. Point of service drug testing and MPMP review, as described in Rule 1.7 (K), must be done at least three (3) times per calendar year for patients prescribed benzodiazepines for chronic medical and/or psychiatric conditions which are non-cancer/non-terminal. Point of service drug testing must test, at a minimum, for opioids, benzodiazepines, amphetamines, cocaine, and cannabis. Inpatient treatment, as defined in Rule 1.2(L), is exempt from this requirement. Further, all hospice treatment is exempt from point of service drug testing requirements stated herein.

M. The use of Methadone to treat acute non-cancer/non-terminal pain is prohibited. The use of Methadone for the treatment of chronic non-cancer/non-terminal pain is permissible within a registered Pain Management Practice, as defined in Rule 1.2(K), or when resulting from a referral to a certified pain specialist. If Methadone is prescribed to treat chronic non-cancer/non-terminal pain, it must be prescribed only by a physician.

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

Rule 1.8 Drug Maintenance Requirements. All medications maintained or stored in licensee's office must be maintained or stored in the manufacturer's or re-packager's original container. The label of any container in which drugs are maintained must bear the drug name, strength, the manufacturer's control lot number and the expiration date. Drugs that are pre-counted and prepackaged for purposes of dispensing must be identifiable as to expiration date and manufacturer's control lot number. The containers in which drug products are maintained must not be labeled in any false or misleading manner. The labeling requirements of this rule are in addition to all other applicable state and federal statutes and regulations.

A physician must not dispense out-of-date medications. Out-of-date medications must be promptly removed from current stock and stored separately until proper disposal. A physician,

A. All prescriptions for controlled substances must be written in strict compliance with Mississippi Code, Sections 41-29-101 through 41-29-311 and Title 21 of U.S. Code of Federal Regulations, Part 1306.
B. On all prescriptions of controlled substances wherein refills are permitted, licensees must indicate the appropriate refills, not to exceed five (5), or mark "none."
C. Each licensee must insure that the complete name and address of the patient to whom the licensee is prescribing the controlled substance appears on the prescription.
D. A licensee must not permit any prescription for controlled substances to be signed by anyone in the place of or on behalf of the licensee.
E. A licensee must not pre-sign prescription pads or order forms.
F. A licensee must not utilize prescription pads or order forms upon which the signature of the licensee has been affixed by any means other than manual signature. This prohibition includes the e-mailing of any controlled substance prescription. A hard copy prescription generated from an electronic prescription system must contain a manual signature unless: (i) the prescription is printed on security paper that ensures it is not subject to copying or alteration, and (ii) an electronic or digital signature is affixed. Electronic transmission of Schedule III-V controlled substance prescription information is limited to computer to facsimile (fax) transmissions or traditional fax to fax transmissions. Electronic transmission of Schedule II controlled substance prescription information is permitted under limited circumstances. Requirements for fax prescription orders and systems utilized for faxing prescriptions are as follows:
    1. The prescription order must contain the date, time, telephone number and location of the transmitting device. Prescription blanks utilized in this manner must bear a pre-printed heading that indicates the blank is a "Fax Prescription Form." Fax prescription orders must contain a manual or authenticated electronic/digital signature of the prescriber. Only Schedule II narcotic substances that are to be prepared or compounded for the direct administration to a patient by parenteral, intravenous, intramuscular, subcutaneous or intra spinal infusion may be transmitted by the licensee or the licensee's agent to a pharmacy of the patient's choice by facsimile. All original hardcopy faxed prescriptions must immediately be voided after successfully completing the fax transmission by writing across the face of the prescription from corner to corner the notation "faxed." The original prescription (or copy) must be retained in the licensee's patient file with additional information included on the back of the prescription as to the date it was faxed, the name or initials of the person faxing the prescription and the name/location of the pharmacy receiving the fax transmission.

       In addition to filing the original prescription (or copy) in the patient file, a perpetual, chronological logbook of fax transactions must be established and maintained. Such a logbook would serve to protect the prescribing licensee in the event the original prescription is somehow lost or misfiled. The information contained in such a logbook must include the patient's name and address, date of issuance, name, strength and quantity of the drug prescribed and the name and fax number of the receiving pharmacy and a personal identifier of the person faxing the prescription. Such logs must be maintained in the licensee's clinic in a readily retrievable manner, and kept

B. Electronic prescription transmission is permitted provided the transmission meets applicable state and federal standards for transmission. E-prescribing is the electronic entry of a prescription by a licensee, the secure electronic transmission of the prescription to a pharmacy, the receipt of an electronic message by the pharmacy and E-prescription renewal requests sent electronically by the pharmacy to the practitioner.

C. Every written prescription delivered to a patient, or delivered to any other person on behalf of a patient, must be manually signed on the date of issuance by the licensee. This does not prohibit the transmission of electronic prescriptions and telefaxed prescriptions (but not e-mail) for non-controlled drugs to the pharmacy of the patient's choice. Such telefaxed or electronic prescriptions must be authorized by a written or electronic signature and must be issued in accordance with all other provisions of this rule. No prescriptions for any form or compound containing nalbuphine HCl, carisoprodol, butalbital compounds, or tramadol HCl shall be telefaxed.

D. Electronic prescriptions for controlled substances are permitted if a practitioner has complied with the DEA requirements and is using a certified electronic prescribing system for the transmission of control substances prescriptions.

E. All written prescriptions must be on forms containing two lines for the licensee's signature. There must be a signature line in the lower right-hand corner of the prescription form beneath which must be clearly imprinted the words "substitution permissible." There must be a signature line in the lower left corner of the prescription form beneath which must be clearly imprinted with the words "dispense as written." The licensee's signature on either signature line must validate the prescription and designate approval or disapproval of product selection. Each prescription form must bear the pre-printed name of the licensee or the licensee must clearly print his or her name on the prescription form, in addition to the licensee's original signature. In the event that the prescription form bears the pre-printed name of more than one licensee, the licensee must clearly indicate the name of the licensee writing the prescription. In the case of a prescription that is electronically generated and transmitted, the licensee must make an overt act when transmitting the prescription to indicate either "dispense as written" or "substitution permissible". When done in conjunction with the electronic transmission of the prescription, the prescriber's overt act indicates to the pharmacist that the brand name drug prescribed is medically necessary.

F. If a prescription form which does not contain two signature lines required in Part 2640, Chapter 1, Rule 1.11.D is utilized by the licensee, he or she must write in his or her own handwriting the words "dispense as written" thereupon to prevent product selection.

Every written prescription issued by a licensee for a legend drug should clearly state whether or not the prescription should be refilled, and if so, the number of authorized refills and/or the duration of therapy. Licensee s should avoid issuing prescriptions refillable on "prn" basis. If a licensee chooses to issue a prescription refillable "prn", the life of the prescription or time limitation must clearly be set forth on the prescription. In no case shall a prescription which is refillable on a "prn" basis be refilled after the expiration of one (1) year. Regardless of whether a prescription is refillable on a "prn" basis or the prescription expressly states the number of authorized refills, the use of said medication should be re-evaluated on at least an annual basis. Upon the expiration of one

Rule 1.13 Security of Controlled Substances. In all clinics or offices within the control of a licensee, all controlled substances and other drugs having addiction-forming or addiction-sustaining liability must be maintained in such a manner as to deter loss by theft or burglary. All controlled substances must be stored in a securely locked, substantially constructed container or area. Only the physician or persons authorized by the physician shall have access to this storage area. When a licensee detects a loss of controlled substances, the Board may issue an order requiring that person to appear before the Board and present a plan designed to prevent further loss of controlled substances. The Board has the authority to order implementation measures to improve security over controlled substances.

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

Rule 1.14 Pain Management Medical Practice.

A. The pain management medical practice must have, at all times, a majority ownership (more than 50%) by a physician or group of physicians licensed by the Board, and/or a hospital or health care entity registered with the Secretary of State to do business in the state of Mississippi. The physician or physician owners must practice an annual average of at least 20 hours per week within the state of Mississippi.
B. The pain management medical practice must register with the Board unless it meets the exceptions defined above.
C. Each physician owner of a pain management medical practice must meet the requirements set forth below.
D. Each licensee who serves as medical director, manager, or employee or who provides care in a pain management medical practice must meet the requirements set forth below.

Application for Initial Registration and Renewal - A physician owner of a pain management medical practice must:

1. submit the documents demonstrating proof of ownership or provide alternative documents with a written request for special consideration;
2. report ownership or investment interest in any other pain management facility operating within the state of Mississippi and provide the name and address of the other pain management facility(ies) in which the physician has ownership or vested interest;
3. identify all individuals with prescriptive authority who are employed or contracted in any capacity at each facility; and
4. report any changes of information provided in the application for registration or renewal within 30 days of the effective date of the change.

E. Physician owners or operators may not operate a pain management practice in the state of Mississippi without obtaining a certificate from the Mississippi State Board of Medical Licensure. Certificates, once issued, are not transferable or assignable. Only the primary physician owner is required to register with the Board if there is more than one physician owner of the practice. Additional physician owners must register if they also provide patient care. Each practice requires a separate certificate.

3. board certification in pain medicine by the American Board of Pain Medicine (ABPM);
4. successful completion of a residency program in physical medicine and rehabilitation, anesthesiology, neurology, or neurosurgery and approved by the ACGME or the AOA; or
5. successful completion of 100 hours of inter-active live participatory AMA or AOA Category 1 CME courses in pain management.

Upon qualifying under any of the 5 subsections above, physicians must also document completion of 30 hours of Category 1 CME for renewal of a pain management medical practice certificate.

a. CME must have emphasis in the specific areas of pain management, addiction, or prescribing of opiates.
b. CME may be included with the forty hour requirement for licensure renewal.
c. Excess hours may not be carried over to another two year cycle. For the purpose of this regulation, the two year period begins with the fiscal year July 1, 2014, and every two years thereafter to be concurrent with the licensure requirement.

J. Physicians and physician assistants practicing in a registered pain management medical practice must be registered with the Mississippi Prescription Monitoring Program (MPMP). A report from the MPMP must be obtained on the initial visit for each patient. Subsequent reports must be obtained for each patient at every visit.

K. Requirements for physician assistants practicing in pain management medical practices. Physician assistants must meet the following qualifications prior to practicing in a registered pain management practice:
1. A Board approved protocol in the practice of pain management as required by Part 2615, Chapter 1, Rules 5 and 6, with a physician who holds a license that is not designated as limited, restricted, retired, temporary, or in-training;
2. Physician assistants with approved prescriptive authority must obtain 10 hours as required by the licensure requirement plus 5 hours of Category 1 CME related to prescribing and pain management for every year the physician assistant is practicing in a pain management medical practice;
3. Physician assistants with prescriptive authority must be familiar with and adhere to the Administrative Rule Pertaining to Prescribing, Administering and Dispensing of Medication, Part 2640, Chapter 1; and
4. Physician assistants with prescriptive authority must be registered with the Mississippi Prescription Monitoring Program (MPMP).

L. A physician who is a current participant in the Mississippi Professionals Health Program (MPHP) may not be the primary physician owner of a pain practice. This does not prohibit a MPHP participant from working in a pain practice.

M. Prior to the initial issuance of an opioid and/or benzodiazepine for the treatment of chronic non-cancer/non-terminal pain, each patient in a pain management practice must have an in-person evaluation by a registered pain management physician.

Part 2640: Prescribing, Administering and Dispensing

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

Rule 1.1 Scope. These rules apply to all individuals who have prescriptive authority and are licensed ~~to practice medicine, osteopathic medicine or podiatric medicine in the state of Mississippi~~ by the Mississippi State Board of Medical Licensure.

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 in the state of Mississippi who prescribes controlled substances and is registered with the U. S. Drug Enforcement Administration in compliance with Title 21 CFR, Part 1301 Food and Drugs.
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 ~~shall~~ 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 2617, 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:

Rule 1.3 Registration for Controlled Substances Certificate. Every ~~physician~~ licensee ~~licensed to practice in Mississippi~~ who prescribes, administers or dispenses any controlled substance within Mississippi or who proposes to engage in the prescribing, administering or dispensing of any controlled substance within Mississippi must be registered with the U.S. Drug Enforcement Administration in compliance with Title 21 CFR Part 1301 Food and Drugs.

~~In addition, that physician must be registered with the Mississippi Prescription Monitoring Program (MPMP) by December 31, 2013.~~Each individual who is licensed by the Mississippi State Board of Medical Licensure and has prescriptive authority must be registered with the Mississippi Prescription Monitoring Program (MPMP). Every licensee who provides medical care in a pain management practice as defined in Rule 1.2 (GK) ~~shall~~must review the MPMP at each patient encounter in which a prescription for a controlled substance is issued. Every licensee, regardless of practice specialty, ~~shall~~must review the MPMP at each patient encounter in which an opioid is prescribed for acute and/or chronic non-cancerous/non-terminal pain. Those licensees whose practice is not a pain management practice as defined previously ~~shall~~must actively utilize the MPMP upon initial contact with new patients and at least every three (3) months thereafter on any and all patients who are prescribed, administered, or dispensed controlled substances other than opioids. Licensees who issue a prescription for Lomotil, Lyrica, Testosterone, or Amphetamines prescribed to pediatric patients under the age of sixteen (16) for the treatment of ADHD, are not required in that instance to utilize the MPMP as stated herein.

Reports generated on such patients should span the length of time from the previous review of the MPMP so that adequate information is obtained to determine patient compliance with treatment. Documentation, such as a copy of the report itself and/or reflection in the chart dictation and/or notes, ~~shall~~must be kept within the patient's record and made available for inspection upon request. As allowed by the Mississippi Board of Pharmacy and the MPMP, properly registered designees of the licensee may run/obtain the report for the licensee's review as required herein.

~~In addition, licensees required to register under this section shall also utilize the MPMP to generate a global report to review their entire practice as a whole at least yearly. Documentation of the global report shall be kept in a separate file to be available for inspection upon request.~~

Utilization of the MPMP as stated herein is not required when treating inpatient; however, upon discharge from said inpatient setting with a prescription for a controlled substance, the MPMP must be reviewed as required herein.

Pursuant to authority granted in Mississippi Code, Section 41-29-125, the Mississippi State Board of Medical Licensure hereby adopts, in lieu of a separate registration with the Board, the registration with the U.S. Drug Enforcement Administration as required in the above paragraph. In the event, however, a ~~physician~~ licensee has had limitations or other restrictions placed upon his or her license wherein he or she is prohibited from ~~handling~~ ordering, dispensing, or prescribing controlled substances in any ~~or all~~ schedule, said ~~physician~~ licensee shall be prohibited from registering with the U.S. Drug Enforcement Administration for a Uniform

4. The name and address of the patient to whom the controlled substance was dispensed or administered.
5. For all Schedules II and III amphetamines, amphetamine-like anorectic drugs, or sympathomimetic amine drugs dispensed in the treatment of narcolepsy, hyperkinesis, brain dysfunction, epilepsy, or depression, the dispensing or administration records ~~shall~~must include the diagnosis and the reason for use of the Schedules II and III controlled substances.

Controlled substances dispensation/administration records must also meet all applicable federal statutes and regulations.

~~Within thirty (30) days after the effective date of this rule the Mississippi State Board of Medical Licensure shall cause a notice to be mailed to every physician whose practice location is in the state of Mississippi notifying them of the Controlled Substance Inventory and separate Dispensation/Administration Record. Every physician shall within ninety (90) days of the effective date of this rule, prepare an initial inventory of controlled substances. An example combination Controlled Substances Inventory Record and Controlled Substances Dispensation/Administration Record are hereby incorporated as Appendixes "C" and "D" to these rules.~~

Patient Record - A ~~physician~~licensee who prescribes, dispenses or administers a legend drug or controlled substance ~~shall~~must maintain a complete record of his or her examination, evaluation and treatment of the patient which must include documentation of the diagnosis and reason for prescribing, dispensing or administering any legend drug or controlled substance; the name, dose, strength, quantity of the legend drug or controlled substance and the date that the legend drug or controlled substance was prescribed, dispensed or administered. The record required by this rule ~~shall~~must be maintained in the patient's medical records.~~, provided that such~~ If medical records are maintained at the office of the ~~physician~~ licensee, the records must be ~~and are~~ available for inspection by the representatives of the Mississippi State Board of Medical Licensure ~~pursuant to authority granted in Mississippi Code, Section 41-29-125~~.

~~No physician~~ Licensees ~~shall~~must not prescribe, administer or dispense any legend drug; any controlled substance; or ~~other~~ any drug having addiction-forming or addiction-sustaining liability without a good faith prior examination and medical indication ~~therefore~~. A determination as to whether a "good faith prior examination and medical indication ~~therefore~~" exists depends upon the facts and circumstances in each case. One of the primary roles of a physician is to elicit detailed information about the signs and symptoms which a patient presents in order that he or she may recommend a course of treatment to relieve the symptoms and cure the patient of his or her ailment or maintain him or her in an apparent state of good health. In order for a ~~physician~~licensee to achieve a ~~proper~~ reasonable diagnosis and treatment plan, a history and physical examination consistent with the nature ~~and~~ of the complaint are necessary. The importance of these aspects of proper medical practice cannot be over emphasized. The paramount importance of a complete medical history in establishing a correct diagnosis is well established. Standards of proper medical practice require that, upon any encounter with a patient, in order to establish proper diagnosis and regimen of treatment, a ~~physician~~licensee must take three steps: (a) take and record an appropriate medical history, (b) carry out an appropriate

illustrates several indications of lack of good faith. See **United States v. Greene**, 511 F.2d 1062 (7th Cir. 1975) and **United States v. Rosenburg**, 515 F.2d 190 (9th Cir. 1975). One of primary importance is the failure to follow at least the minimal professional procedures. Some of the factors used in determining the existence of "good faith" may include, but are not limited to: (a) the physician's permitting the patient to name the drug desired; (b) a physician dispensing drugs to patients having no medical need, when the physician knew or should have known that the patients were addicts; (c) repeated refills over relatively short periods of time or the issuance of prescriptions at a time when the patient should not have been finished taking the same medication from a prior prescription had the prescription directions been properly followed or the correct dosage taken; (d) general remarks of the physician indicating his or her experience with non-therapeutic uses of the drug; (e) a physician prescribing contraindicated medication such as amphetamines and depressants in a manner which results in therapeutic conflicts

A ~~physician~~licensee ~~shall~~must not sell or trade any medication which he or she receives as prepackaged samples or starter packs, whether or not said samples are controlled substances, legend drugs or other medication.

The Controlled Substances Inventory, Controlled Substance Dispensation/Administration Record, and Patient Record required by these rules ~~shall~~must be maintained in the office of the ~~physician~~licensee for a period of seven (7) years from the date that the record is completed or the controlled substances, legend drugs or other medications are prescribed, administered or dispensed and ~~shall~~must be made available for inspection by representatives of the Mississippi State Board of Medical Licensure pursuant to authority granted in Mississippi Code, Section 41-29-125. Record retention for Controlled Substances Inventory, Controlled Substance Dispensation/Administration Record, and Patient Record must also meet all applicable federal statutes and regulations. ~~In cases where Mississippi and federal requirements conflict, the latter shall control.~~

A ~~physician~~licensee may use a data processing system or a manual record keeping system for the storage and retrieval of Controlled Substances Dispensation/Administration Records. If a ~~physician~~licensee utilizes a data processing system, it must provide immediate retrieval of all dispensation/administration records of controlled substances.

Whether maintained manually or in a data processing system, all records of dispensation/administration of controlled substances must be readily retrievable. If a data processing system is utilized, a hard-copy printout of the records of dispensation/administration ~~shall~~must be made at regular intervals, not to exceed seven (7) days. Such hard-copy printouts ~~shall~~must be maintained for a period of five (5) years and ~~shall~~must be made available for inspection and copying by investigators of the Mississippi State Board of Medical Licensure.

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

Rule 1.5 Use of Diet Medication. Pursuant to Mississippi Code, Section 41-29-139(e), it is unlawful for any ~~physician~~ licensee~~in this state~~ to prescribe, dispense or administer any ~~amphetamine or amphetamine-like anorectic and/or central nervous system stimulant~~medication classified as Schedule II, pursuant to Section 41-29-115, for the exclusive treatment of obesity, weight control, or weight loss.

patient maintained after the age of 18, or (iv) body fat ≥ 30% in females, or body fat ≥ 25% in males, or (v) waist-hip circumference such that the individual is known to be at increased cardiovascular and/or co-morbidity risk because of abdominal visceral fat, or presence of a co-morbidity condition or conditions aggravated by the patients excessive adiposity. The indication for anorexic therapy must be documented in the record and re-evaluated at each visit or with each prescription refill.

5. Absolute contraindications of Schedule III or IV anorectic drugs for purposes of weight loss management are pregnancy, breast feeding, or severe allergic reactions to these medications. Relative contraindications of Schedule III and IV anorectics for the purpose of weight loss management are uncontrolled bipolar, uncontrolled epilepsy, uncontrolled hypertension, episodic tachyarrhythmia, excessive stimulation, history of substance abuse, severe anticholinergic effects, such as, extreme dryness of mouth or unmanageable constipation should be addressed with ~~physician~~licensee prior to starting weight loss medications. Schedule III and IV anorectics can be used in conjunction with any other medications deemed safe by the ~~physician~~licensee.

B. The ~~physician~~ licensee ~~shall~~must not utilize any Schedules III, IV or V controlled substance when he or she knows or has reason to believe an absolute contraindication exists or relative contraindication exists that would be harmful to the patient.

C. ~~The physician shall not initiate or discontinueor continue prescribing utilizing controlled scheduled medications for weight loss medication if the patient is in active detoxification and/or withdrawal from an addictive substance/ alcoholany program for alcohol or substance abuse recovery or detoxification.~~

D. A ~~physician~~licensee ~~cannot~~ is not permitted to prescribe, order, or dispense controlled substances for the purpose of weight reduction or treatment of obesity greater than a 30 day supply. Exempted from this requirement are those licensees defined in Rule 1.2(M) and those licensees treating patients resulting from a referral to those licensees defined in Rule 1.2(M).

E. A patient continued on a controlled substance ~~in schedule III, IV, V~~ for the purpose of weight reduction or the treatment of obesity should must undergo an in-person re-evaluation once every 30 days; however, those licensees defined in Rule 1.2(M) may re-evaluate patients once every 90 days. A recording of weight, BMI, blood pressure, pulse, and/or any other test which may be necessary for monitoring potential adverse effects of drug therapy should be completed at each visit. Once medically established goals have been met for an individual patient, the need for ongoing medication should be re-evaluated and documented in the record.~~it is strongly recommended that reduced dosing and drug holidays be implemented for those patients who need maintenance medication.~~

F. Continuation of the prescribing, ordering, dispensing, or administering of controlled substances ~~in schedule III, IV or V~~ 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.

G. A ~~physician~~licensee ~~shall~~must not utilize a schedule III, IV or V controlled substance or legend drug for purposes of weight loss unless it has an FDA approved indication for this purpose and then only in accordance with all of the above enumerated conditions. The purpose of this rule is to prohibit the use of such drugs as diuretics and thyroid medications for the sole purpose of weight loss.

with the ~~clinic~~practice, whether in the capacity as the owner or as a practitioner, ~~should~~ must be listed on the application and must also ~~be required to~~ meet all regulations governing the treatment of obesity/medical weight loss. ~~All~~ Physicians who are added ~~or removed from the clinic~~ to the registration once a certificate is issued must be reported to the MSBML for approval prior to beginning practice. Physicians who are removed from the registration must be reported to the board within 30 days of removal. Each ~~clinic~~ practice location requires a separate registration certificate.

C. A bariatric medicine, medical weight loss, or weight management ~~clinic~~practice may not operate in the state of Mississippi without obtaining a registration certificate from the Mississippi State Board of Medical Licensure.

D. Certificates are valid for one year and must be renewed annually along with practitioner's license to practice medicine in the state of Mississippi. There is a 30-day grace period for renewal after which the owner/operator must reapply for an original certificate. The clinic may not continue to operate while the certificate is expired.

~~E. If a physician's practice is 30% or greater in bariatric medicine, advertising medical weight lossa Bariatric Medicine/Medical Weight Loss Clinic as defined above, or the physician collaborates, manages, oversee, or employs any licensed professional providing overseeing/collaborating with a nurse practitioner or physician assistant to provide comprehensive treatment of obesity, the physician must have expertise in the field of bariatric medicine with no less thanas demonstrated by:~~

1. ~~100 AMA or AOA Category 1 CME hours in the core content of bariatric medicine prior to practicing in the specialized field of bariatric medicine/medical weight loss. For any physician who is currently practicing 30% or greater in bariatric medicine or advertising medical weight loss, the physician has 24 months from effective date of this regulation to comply with the initial CME requirement or be board certified in bariatric medicine in order to continue practicing bariatric medicine/medical weight loss in the state of Mississippi. All Category 1 CME in core content of bariatric medicine should be obtained within a 24 month period.~~

~~Following the initial 0100 Category 1 CME, a physician is required to obtain 30 AMA or AOA Category 1 CME in core content of bariatric medicine annually in order to continue practicing bariatric medicine and to renew certification with the MSBML~~. 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. A licensee currently practicing bariatric medicine, medical weight loss or weight management has 24 months from effective date of this regulation to comply with the initial CME requirement. All CME must be obtained within the 24 month period. Reference is made to exclusions noted in Rule 1.2, H.

Licensee must biennially obtain 60 AMA or AOA Category 1 CME in core-content of bariatric medicine before certification can be renewed with the MSBML.

F. A Medical Spa ~~facility~~practice, Wellness ~~Center~~practice, or other ~~facility~~practice that meets the definition of Bariatric Medicine, Medical Weight Loss, or Weight Management

5. "Physical Dependence" is a physiological state of neuroadaptation to a ~~opioid therapy substance~~substance which is characterized by the emergence of a withdrawal syndrome if the use of the substance is stopped or decreased abruptly, or if an antagonist is administered. Withdrawal may be relieved by re-administration of the substance. ~~Physical dependence is a normal physiological consequence of extended opioid therapy for pain and should not be considered addiction.~~
6. "Substance Abuse" is the use of any substance for non-therapeutic purposes; or use of medication for purposes other than those for which it is prescribed.
7. "Tolerance" is a physiological state resulting from regular use of a drug in which an increased dosage is needed to produce the same effect or a reduced effect is observed with a constant dose. Tolerance occurs to different degrees for various drug effects, including sedation, analgesia and constipation. Analgesic tolerance is the need to increase the dose of opioid to achieve the same level of analgesia. ~~Such tolerance may or may not be evident during treatment and does not equate with addiction.~~

B. ~~Notwithstanding any other provisions of these rules, a~~A ~~physician~~licensee may order, prescribe, administer, or dispense controlled substances ~~in Schedules II, IIN, III, IIIN, IV and V~~, or other drugs having addiction-forming and addiction-sustaining liability to a person ~~in the usual course of treatment of that person for a diagnosed condition causing~~ for the treatment of chronic pain.

C. ~~Notwithstanding any other provisions of these rules, as to t~~The ordering, prescribing, administration, or dispensation of controlled substances ~~in Schedules II, IIN, III, IIIN, IV and V,~~ or other drugs having addiction-forming ~~and~~ or addiction-sustaining liability~~, use of said medications in~~ for the treatment of chronic pain should be done with caution. A ~~physician~~licensee may order, administer, dispense or prescribe said medications for the purpose of relieving chronic pain, provided that the following conditions are met:

1. Before initiating treatment ~~utilizing a Schedules II, IIN, III, IIIN, IV or V~~with a controlled substance, or any other drug having addiction-forming ~~and~~ or addiction-sustaining liability, the ~~physician~~licensee ~~shall~~must conduct ~~an appropriate~~ risk/benefit analysis by reviewing ~~his or her own~~ records of prior treatment. ~~or review the records of prior treatment which another treating physician has provided to the physician,~~The risk/benefit analysis should weigh in favor of treatment and indicate ~~that there is an indicated~~the need for ~~long-term~~ controlled substance therapy. Such a determination ~~shall~~must take into account the specifics of each patient's diagnosis, past treatments, ~~and~~ suitability for long-term controlled substance, ~~use either alone or in combination with~~with the need for other ~~indicated~~ treatment modalities ~~for the treatment of chronic pain.~~ ~~This shall~~The results of this analysis must be clearly entered into the patient medical record and ~~shall~~must include supporting documentation such as consultation or referral reports and efforts to determine the underlying ~~pathology or cause~~etiology of the chronic pain.
2. Documentation in the patient record ~~shall~~must include a complete medical history and physical examination and supporting studies and reports of consultation.
3. The diagnosis must ~~that indicates~~demonstrate the presence of one or more recognized medical indications for the use of controlled substances.
4. Documentation of a written treatment plan which ~~shall~~must contain stated objectives as a measure of successful treatment and planned diagnostic evaluations, e.g.,

~~medication may be administered to the person or for the person's use at one time. Such emergency treatment may be carried out for not more than three (3) days.~~ Nothing in this paragraph shall prohibit a ~~physician~~licensee from ordering, prescribing, administering, or dispensing ~~administering or dispensing narcotic~~ controlled substances in a hospital to maintain or detoxify a person as an incidental adjunct to medical or surgical treatment of conditions other than addiction.

G. When initiating opioid therapy for chronic pain, the licensee ~~shall~~must first run a MPMP on the patient. The licensee ~~shall~~must prescribe the lowest effective dosage. While there is no single dosage threshold identified below which the risk of overdose is eliminated, licensees ~~should~~ must strive to keep daily opioid doses less than or equal to 50 mg of morphine equivalence (mEq), as dosages larger than 50 mEq per day increases risk without adding benefits for pain control or function. Licensees ~~should~~must avoid dosages greater than or equal to 90 mg of morphine equivalence per day and must provide significant justification for exceeding the 90 mg ceiling stated herein. If the licensee determines that a patient requires greater than 100 mg of morphine equivalence per day, the licensee must refer the patient to a pain specialist for further treatment.

H. When opioids are prescribed for acute pain, the licensee ~~should~~must prescribe the lowest effective dose of immediate release opioids, as the use of long acting opioids for acute non-cancer/non-terminal pain is prohibited. ~~and should~~Licensees must prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. ~~Three days or less should be sufficient and more than 7 days should be avoided in absence of significant justification (Example: Postsurgical pain stemming from a significant procedure).~~ Licensees are discouraged from prescribing or dispensing more than a three (3) day supply of opioids for acute non-cancer/non-terminal pain, and must not provide greater than a ten (10) day supply for acute non-cancer/non-terminal pain. Licensees may issue an additional ten (10) day supply if clinically necessary, but said supply must be issued in accordance with Title 21 CFR § 1306.12 *Refilling prescriptions; issuance of multiple prescriptions* (i.e., the prescription must be dated on the date of issuance with 'do not fill until' noting the date the prescription may be filled), and such need for an additional ten (10) day supply must be documented in the chart to evidence that no other alternative was appropriate or sufficient to abate the acute pain associated with that medical condition. Additional ten (10) day supplies may be issued, beyond the aforementioned but pursuant to those same requirements, if deemed medically necessary and only if supported by additional clinical evaluation which evidences no other alternative was appropriate or sufficient to abate the acute pain associated with that medical condition.

I. As stated in Rule 1.3, every licensee must review an MPMP report at each patient encounter in which a Schedule II medication is prescribed for acute pain or chronic non-cancer/non-terminal pain. MPMP reports may be obtained by designees of the licensee as allowed by the MPMP program.

J. When prescribing opioids for either chronic or acute pain, it ~~shall be~~is ~~considered~~ a relative contraindication (black box warning) to prescribe opioids concurrently with Benzodiazepines and/or Soma. However, opioids and benzodiazepines may be prescribed concurrently on a very short term basis, and in accordance with section H of this rule, when an acute injury requiring opioids occurs. The need for such concurrent prescribing

~~the Mississippi State Board of Medical Licensure, and Laws of the United States or Federal Regulations~~ all other applicable state and federal statutes and regulations. ~~In the event of conflict, federal statutes and regulations shall control.~~

A physician ~~shall~~must not dispense out-of-date ~~drugs~~ medications. ~~or store out-of-date drugs intermixed with the stock of current drugs.~~ Out-of-date ~~drugs~~ medications ~~shall~~must be promptly removed from current stock and stored separately until proper disposal ~~shall be made~~. A physician, when dispensing a product in a manufacturer's original package or container~~, the labeling of which bears an expiration date, a manufacturer's control lot number or other information which may be of value to the patient, shall~~must dispense the product with this information intact.

The ~~drug~~ medication storage and dispensing areas ~~shall~~must be maintained in a sanitary fashion. All drug ~~products~~medications ~~shall~~must be maintained, stored and dispensed in such a manner as to maintain the integrity of the product.

A ~~physician~~licensee ~~shall~~must not accept the return for subsequent resale or exchange any drugs after such items have been taken from the premises where sold, distributed or dispensed and from the control of the ~~physician~~licensee.

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

Rule 1.9 Labeling Requirements for Dispensing Physicians. For the purposes of this rule, a "dispensing physician" ~~shall~~ means any physician who ~~shall~~ dispenses to a patient for the patient's use any controlled substance, legend drug or other medication where such medication is purchased by the physician for resale to a patient whether or not a separate charge is made.

Every dispensing physician, as defined above, who ~~shall~~ dispenses a controlled substance, legend drug or any other medication ~~shall~~must insure that all such substances dispensed be labeled containing the following information:

A. The name of the patient to whom the medication was dispensed.
B. The date that the medication was dispensed.
C. The name, strength and quantity of the medication.
D. Direction for taking or administering the medication.
E. The name and address of the physician dispensing the medication.

The label required by this rule ~~shall~~must be written in legible handwriting or typed and ~~shall~~must be permanently affixed to the package or container in which the medication is dispensed. ~~This labeling requirement shall not apply to p~~Prepackaged samples or starter packs in their original packages or containers need only have the patient name, date ~~dispensed~~distributed, and physician's name if the manufacturer's packaging meets other requirements.

No physician may delegate dispensing authority to another person. A physician must personally dispense the medication. For the purpose of this regulation, "personally dispense" ~~shall~~ means the physician must actually obtain the medication, prepare, count, place the same into the appropriate container and affix the appropriate label to the container.

intra spinal infusion may be transmitted by the ~~physician~~licensee or the ~~physician~~licensee's agent to a pharmacy of the patient's choice by facsimile. All original hardcopy faxed prescriptions ~~shall~~must immediately be voided after successfully completing the fax transmission by writing across the face of the prescription from corner to corner the notation "faxed." The original prescription (or copy) ~~shall~~must be retained in the ~~physician~~licensee's patient file with additional information included on the back of the prescription as to the date it was faxed, the name or initials of the person faxing the prescription and the name/location of the pharmacy receiving the fax transmission.

~~It is also required, that i~~In addition to filing the original prescription (or copy) in the patient file, a perpetual, chronological logbook of fax transactions ~~be shall~~must be established and maintained. Such a logbook would serve to protect the prescribing ~~physician~~ licensee in the event the original prescription is somehow lost or misfiled. The information contained in such a logbook ~~shall~~must include the patient's name and address, date of issuance, name, strength and quantity of the drug prescribed and the name and fax number of the receiving pharmacy and ~~the initials or name~~a personal identifier of the person faxing the prescription. Such logs ~~shall~~must be maintained in the ~~physician~~licensee's clinic in a readily retrievable manner, and kept for at least seven (7) years after the original record is established. The requirements set forth in this rule are in addition to~~, and not in lieu of~~ documentation required in Part 2640, Rule 1.4.

2. When ~~a prescription is prepared and written for~~ prescribing any controlled substance for a resident of a Long-term Care Facility (LTCF)(as defined in Section 1301.01(25), Code of Federal Regulations), such prescription may be transmitted by the ~~practitioner~~ licensee or the ~~practitioner's~~ licensee's agent to the dispensing pharmacy by facsimile. The licensee or the licensee's ~~physician or the physician's~~ agent ~~will~~ must note on the prescription that the patient is a resident of a LTCF. The original prescription (or copy) and fax transaction log will be prepared and maintained in the same manner as described in Part 2640, Rule 1.10.F.1.
3. When ~~a prescription is written for~~prescribing any controlled substance for a patient residing in a hospice certified by Medicare under Title XVIII or licensed by the state, such prescription may be transmitted by the licensee or the licensee's ~~practitioner or the practitioner's~~ agent to the dispensing pharmacy by facsimile. The licensee or the licensee's~~physician or the physician's~~ agent ~~will~~ must note on the prescription that the patient is a hospice patient. The original prescription (or copy) and fax transmission log will be maintained in the same manner as described in Part 2640, Rule 1.10.F.1.

~~4. Each system shall have policies and procedures that address the following:~~

~~i. The patient shall not be restricted from access to the pharmacy of their choice.~~

~~ii. The system shall have security and system safeguards designed to prevent and detect unauthorized access, modification, or manipulation of prescription information, as well as physical safeguards to protect computer systems and other pertinent equipment from intrusion.~~

~~iii. Processes to protect, control and audit access to confidential patient information, including the prevention of unauthorized access to data when transmitted over~~

authorized by a written or electronic signature and ~~shall~~must be issued in accordance with all other provisions of this rule. No prescriptions for ~~brand name or generic equivalents of~~any form or compound containing n~~N~~albuphine HC~~c~~l, c~~C~~arisoprodol, b~~B~~utalbital compounds, or t~~T~~ramadol HCl shall be telefaxed.

D. Electronic prescriptions for controlled substances ~~(schedules II, III, IV, and V)~~ are permitted if ~~(or when)~~ a practitioner has complied with the DEA requirements and is using a certified electronic prescribing system for the transmission of control substances prescriptions. ~~The Board of Medical Licensure considers Nalbuphine Hcl, Carisoprodol, Butalbital compounds and Tramadol to be controlled substances.~~

E. All written prescriptions ~~shall~~must be on forms containing two lines for the ~~physician's~~ licensee's signature. There ~~shall~~must be a signature line in the lower right-hand corner of the prescription form beneath which ~~shall~~must be clearly imprinted the words "substitution permissible." There ~~shall~~must be a signature line in the lower left corner of the prescription form beneath which ~~shall~~must be clearly imprinted with the words "dispense as written." The ~~physician's~~ licensee's signature on either signature line ~~shall~~must validate the prescription and designate approval or disapproval of product selection. Each prescription form ~~shall~~must bear the pre-printed name of the ~~physician~~licensee or the ~~physician~~ licensee ~~shall~~must clearly print his or her name on the prescription form, in addition to the licensee's~~physician's~~ original signature. In the event that the prescription form bears the pre-printed name of more than one licensee~~physician~~, the licensee ~~physician~~ ~~shall~~must clearly indicate the name of the ~~phy~~ licensee ~~sician~~ writing the prescription. In the case of a prescription that is electronically generated and transmitted, the licensee ~~physician~~ must make an overt act when transmitting the prescription to indicate either "dispense as written" or "substitution permissible". When done in conjunction with the electronic transmission of the prescription, the prescriber's overt act indicates to the pharmacist that the brand name drug prescribed is medically necessary.

F. If a prescription form which does not contain two signature lines required in Part 2640, Chapter 1, Rule 1.11.D is utilized by the licensee~~physician~~, he or she ~~shall~~must write in his or her own handwriting the words "dispense as written" thereupon to prevent product selection.

Every written prescription issued by a licensee ~~physician~~ for a legend drug should clearly state whether or not the prescription should be refilled, and if so, the number of authorized refills and/or the duration of therapy. ~~I~~Licensee ~~Physicians~~ should avoid issuing prescriptions refillable on "prn" basis. If a licensee ~~physician~~ chooses to issue a prescription refillable "prn", the life of the prescription or time limitation must clearly be set forth on the prescription. In no case shall a prescription which is refillable on a "prn" basis be refilled after the expiration of one (1) year. Regardless of whether a prescription is refillable on a "prn" basis or the prescription expressly states the number of authorized refills, the use of said medication should be re-evaluated on at least an annual basis. Upon the expiration of one (1) year, a prescription becomes invalid, regardless of the number of refills indicated or "prn" designation. ~~Thereafter, a new prescription, if indicated, must be issued.~~

requesting a written prescription or urge, suggest or direct in any manner that a patient fill a prescription at an establishment which has a direct telephone line or which has entered into a business or other preferential arrangement with the ~~physician~~licensee with respect to the filling of the licensee ~~physician's~~ prescriptions.

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

~~*Rule 1.13 Other Drugs Having Addiction-forming Liability.* All physicians shall maintain inventory, dispensation/administration and patient records in the same format as that required by Part 2640, Rule 1.4 when administering or dispensing the drug Nalbuphine Hydrochloride (Nubain) or its generic equivalent. The inventory and dispensation/administration records for said drug may be maintained separately or included as a part of the physician's controlled substance records.~~

Rule 1.14~~3~~ Security of Controlled Substances. In all clinics or offices ~~wherein~~ within the control of a licensee, all controlled substances ~~or~~ and other drugs having addiction-forming or addiction-sustaining liability ~~are maintained, said medication shall~~must be maintained in such a manner as to deter loss by theft or burglary. Aall controlled substances ~~shall~~must be stored in a securely locked, substantially constructed container or area. Only the physician or persons authorized by the physician shall have access to this storage area. When a licensee ~~physician who is registered with the U.S. Drug Enforcement Administration has experienced~~ detects a loss of controlled substances, the Board may issue an order requiring that person to appear before the Board and present a plan designed to prevent further loss of controlled substances. ~~or he or she may be ordered by t~~The Board has the authority to order implementation ~~any other reasonable~~ measures to improve security over controlled substances ~~deemed necessary by the Board to prevent further loss of the controlled substances~~.

~~In all clinics or offices of a physician registered to handle controlled substances with the U.S. Drug Enforcement Administration,~~

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

Rule 1.15~~4~~ Pain Management Medical Practice.

~~A. Definitions. For the purpose of Part 2640, Rule 1.15 only, the following terms have the meanings indicated:~~

~~1. "Board" means the Mississippi State Board of Medical Licensure.~~

~~"Physician" means any person licensed to practice medicine or osteopathic medicine in the state of Mississippi as required by Part 2601, Chapter 02."Physician Assistant" means any person meeting the requirements of licensure in the state of Mississippi as required by Part 2617, Chapter 1.~~

~~"Licensee" means any person licensed and/or regulated by the Mississippi State Board of Medical Licensure to practice in the state of Mississippi.~~

~~2. "Prescriptive Authority" means the legal authority of a professional licensed to practice in the state of Mississippi who prescribes controlled substances and is registered with the U. S. Drug Enforcement Administration in compliance with Title 21 CFR, Part 1301 Food and Drugs.~~

~~3. "Pain Management Medical Practice" is defined as means a public or privately owned medical practice for which that provides pain management services to patients, a~~

E. Physician owner~~(~~s or ~~)~~/operator~~(~~s~~)~~ may not operate a pain management practice in the state of Mississippi without obtaining a certificate from the Mississippi State Board of Medical Licensure. Certificates, once issued, are not transferable or assignable. Only the primary physician owner is required to register with the Board if there is more than one physician owner of the practice. Additional physician owners must register if they also provide patient care. Each practice requires a separate certificate.

F. Physician owners or operators~~owner(s)/operator(s) or employees~~ may not operate a pain management practice in Mississippi unless the practice is owned or operated by a hospital or healthcare entity registered with the Secretary of State to do business in the state of Mississippi, or by a ~~medical director~~physician who:

1. ~~is a physician who~~ practices ~~full time in Mississippi; (Full time is defined as~~ at least 20 hours per week ~~of~~ providing direct patient care~~.)~~;
2. holds an active unrestricted medical license ~~that is not designated as limited, retired, temporary, or in-training~~; and
3. holds a certificate of registration for that pain management practice.

G. No~~In addition, the~~ physician owners or operators~~owner(s)/operator(s)~~ of a pain management practice, nor any physician, nor any physician assistant, ~~employee, of the practice~~ nor any medical director, manager, or employee or any physician or physician assistant who provides care~~a physician or physician assistant with whom the physician owner(s)/operator(s) of a practice contracts for services may not~~:

1. have been denied, by any jurisdiction, a certificate permitting the licensee to order, prescribe, dispense, administer, supply or sell a controlled substance or the other listed medications under definitions;
2. have been issued, by any jurisdiction, a limited certificate to order, prescribe, dispense, administer, supply or sell a controlled substance or the other listed medications under definitions;
3. have been denied a certificate issued by the Drug Enforcement Administration (DEA) permitting the licensee to order, prescribe, dispense, administer, supply or sell a controlled substance or the other listed medications under definitions~~under which the person may prescribe, dispense, administer, supply or sell a controlled substance or the other listed medications under definitions~~;
4. have been issued a limited certificate by the Drug Enforcement Administration (DEA) permitting the licensee to order, prescribe, dispense, administer, supply or sell a controlled substance or the other listed medications under definitions;
5. ~~have held a certificate issued by the Drug Enforcement Administration under which the person may prescribe, dispense, administer, or supply, or sell a controlled substance that has been restricted;~~
5. have been subject to a disciplinary action by any licensing entity for conduct that was a result of inappropriately prescribing, dispensing, administering, supplying or selling a controlled substance or the other listed medications under definitions; or
6. have been terminated from Mississippi's Medicaid Program, the Medicaid program of any other state, or the federal Medicare program, unless eligibility has been restored.

H. No physician or physician assistant may own, operate, or practice in a pain management medical practice who has been convicted of, pled nolo contendere to or received deferred adjudication for:

K. Requirements for physician assistants practicing in pain management medical practices. Physician assistants must meet the following qualifications prior to practicing in a registered pain management practice:
   1. A Board approved protocol in the practice of pain management as required by Part 2615, Chapter 1, Rules 5 and 6, with a physician who holds a license that is not designated as limited, restricted, retired, temporary, or in-training;
   2. Physician assistants with approved prescriptive authority must obtain 10 hours as required by the licensure requirement plus 5 hours of Category 1 CME related to prescribing and pain management for every year the physician assistant is practicing in a pain management medical practice~~Board registered pain practice~~;
   3. Physician assistants with prescriptive authority must be familiar with and adhere to the Administrative Rule Pertaining to Prescribing, Administering and Dispensing of Medication, Part 2640, Chapter 1; and
   4. Physician assistants with prescriptive authority must be registered with the Mississippi Prescription Monitoring Program (MPMP).

L. A physician who is a current participant in the Mississippi Professionals Health Program (MPHP) may not be the primary physician owner of a pain practice. ~~Notwithstanding, t~~This does not prohibit an MPHP participant from working in a pain practice.

M. ~~The initial visit for each patient in a pain management practice must include an in-person evaluation and plan of care by a registered pain management physician prior to the issuance of an opioid and/or benzodiazepine for the treatment of chronic non-cancer/non-terminal pain.~~ Prior to the initial issuance of an opioid and/or benzodiazepine for the treatment of chronic non-cancer/non-terminal pain, each patient in a pain management practice must have an in-person evaluation by a registered pain management physician.

N. Certificates are valid for one year and must be renewed annually ~~along with the practitioner's license to practice medicine in the state of Mississippi~~. There is a thirty-day grace period for renewal after which the owner~~(s)~~/ or operator~~(s)~~ must reapply for an original certificate. The physician owner~~(s)~~/ or operator~~(s)~~ of the practice ~~shall~~must post the certificate in a conspicuous location so as to be clearly visible to patients. The practice may not continue to operate while the certificate has expired.

O. The Board ~~shall have~~has the authority to inspect a pain management medical practice~~pain management practice~~. During such inspections, authorized representatives of the Board, who may be accompanied by ~~agents of the Mississippi Bureau of Narcotics~~investigators from state or federal law enforcement agencies, may inspect ~~all necessary~~ documents and medical records to ensure compliance with ~~all~~ any applicable laws and rules.

P. If the Board finds that a registered pain management practice no longer meets any of the requirements to operate as a pain practice, the Board may immediately revoke or suspend the physician's certificate to operate a pain management medical practice~~pain management practice~~. The physician owner~~(s)~~/ or operator~~(s)~~ shall have the right to an administrative hearing before the Board at the next available and scheduled meeting of the Board. Further, the Board has the discretion to lift the suspension of a certificate when the pain management medical practice demonstrates compliance with ~~the Board's~~applicable rules and regulations.

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

SOS APA Form 001

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME		CONTACT PERSON	TELEPHONE NUMBER	
Mississippi State Board of Medical Licensure		Rhonda Freeman	(601) 987-3079	
ADDRESS		CITY	STATE	ZIP
1867 Crane Ridge Drive, Suite 200-B		Jackson	MS	39216
EMAIL	SUBMIT DATE	Name or number of rule(s):		
mboard@msbml.ms.gov	02/06/18	Part 2630 - Collaboration		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Primary care physician is defined and the primary care physician mileage is extended if certain conditions are met.

Specific legal authority authorizing the promulgation of rule: 73-43-11

List all rules repealed, amended, or suspended by the proposed rule: Part 2630

ORAL PROCEEDING:

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

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

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

ECONOMIC IMPACT STATEMENT:

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

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

Printed name and Title of person authorized to file rules: Rhonda Freeman

Signature of person authorized to file rules: Rhonda Freeman

DO NOT WRITE BELOW THIS LINE

OFFICIAL FILING STAMP	OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
	FILED FEB 0 6 2018 MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	**Accepted for filing by** #23152	**Accepted for filing by**

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

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

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

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

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

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

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

Rule 1.4 Collaborative/Consultative Relationships. Physicians with collaborative relationships with APRN must ensure backup physician coverage when the primary collaborative physician is unavailable. The backup physician must be on APRN protocol. In the event of death, disability (physical/mental), or relocation, which would result in the APRN not having a collaborative physician, the APRN has the duty to immediately notify the Mississippi Board of Nursing as jointly agreed by the Mississippi Board of Nursing and the Mississippi Board of Medical Licensure. The Nursing Board will then immediately notify the Mississippi State Board of Medical Licensure.

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

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

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

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

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

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

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

Rule 1.4 Collaborative/Consultative Relationships. Physicians with collaborative relationships with APRN must ensure backup physician coverage when the primary collaborative physician is unavailable. The backup physician must be on APRN protocol. In the event of death, disability (physical/mental), or relocation, which would result in the APRN not having a collaborative physician, the APRN has the duty to immediately notify the Mississippi Board of Nursing as jointly agreed by the Mississippi Board of Nursing and the Mississippi Board of Medical Licensure. The Nursing Board will then immediately notify the Mississippi State Board of Medical Licensure.

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

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

WILLIAM M. WADSWORTH, M.D.

ORDER REMOVING ALL RESTRICTIONS

THIS MATTER came on regularly for hearing on March 22, 2018, before the Mississippi State Board of Medical Licensure, in response to the petition of William M. Wadsworth, M.D. (hereinafter "Licensee"), seeking removal of all restrictions on his license to the practice medicine in the State of Mississippi. By virtue of that certain Consent Order dated January 12, 2017, certain restrictions were imposed on Licensee's certificate to practice medicine in the state of Mississippi, said restrictions pertaining to the prescribing, administering and dispensing of controlled substances. The Board is now in receipt of a request by Licensee to remove said restrictions along with proof that all requirements, including Continuing Medical Education have been satisfied. Therefore, the Board, after hearing said request, finds the same to be well-taken.

IT IS HEREBY ORDERED, that Licensee's request for removal of all restrictions on his license to practice medicine is hereby granted. Licensee now holds an unrestricted license to practice medicine in the State of Mississippi.

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

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

YUSUF ABIOLA MOSURO, M.D.

ORDER REMOVING ALL RESTRICTIONS

THIS MATTER came on regularly for hearing on March 22, 2018, before the Mississippi State Board of Medical Licensure, in response to the petition of Yusuf Abiola Mosuro, M.D. (hereinafter "Licensee"), seeking removal of all restrictions on his license to the practice medicine in the State of Mississippi. By virtue of that certain Consent Order dated May 15, 2014, certain restrictions were imposed on Licensee's certificate to practice medicine in the state of Mississippi; said restrictions being reciprocal to those imposed by virtue of an August 7, 2013 Agreed Order rendered by the Texas Medical Board. The Board is now in receipt of a request by Licensee to remove said restrictions along with proof that on October 14, 2017, the Texas Medical Board removed all restrictions in that state. Therefore, the Board, after hearing said request, finds the same to be well-taken.

IT IS HEREBY ORDERED, that Licensee's request for removal of all restrictions on his license to practice medicine is hereby granted. Licensee now holds an unrestricted license to practice medicine in the State of Mississippi.

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

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

IKECHUKWU HYGINUS OKORIE, M.D.

DETERMINATION AND ORDER

THIS MATTER came on regularly for hearing on March 22, 2018, before the Mississippi State Board of Medical Licensure (hereinafter "Board"), pursuant to Title 73, Chapter 25 of Mississippi Code (1972) Annotated. The Board initiated these proceedings on February 14, 2018, by issuance of a Summons and Affidavit against Ikechukwu Hyginus Okorie, M.D., (hereinafter "Licensee") setting forth a total of twelve (12) counts of violation of Miss. Code Ann. Sections 73-25-29 and 73-25-83.

Licensee was present, represented by Philip Hearn. Complaint Counsel for the Board was Honorable Stan T. Ingram. Sitting as legal advisor to the Board was Honorable Heather Wagner, Special Assistant Attorney General. Board members present for all proceedings were Charles D. Miles, M.D., President, Claude D. Brunson, M.D., S. Randall Easterling, M.D., Charles K. Lippincott, M.D., William D. McClendon, Jr., M.D., Michelle Y. Owens, M.D. and Jeanne Ann Rea, M.D. William S. Mayo, D.O. was absent. Virginia Crawford, M.D. recused herself from the proceedings.

Based upon the evidence and testimony presented, the Board renders the following Findings of Fact, Conclusions of Law, and Order. It should be noted that prior to initiation of testimony, Licensee (via his attorney) stipulated that he did not dispute the factual allegations set forth in the affidavit.

4. On December 10, 2015, Licensee formally filed a Notice of Appeal in the Chancery Court of Hinds County, Mississippi, as permitted under state law. The Notice of Appeal did not mention, nor did Licensee initially file for a temporary restraining order or supersedeas to restrict or prevent the Board from enforcement of the aforementioned disciplinary Order.

5. On December 6, 2016, the Chancery Court of Hinds County rendered its Opinion affirming the Determination and Order of the Board, specifically finding that the order was supported by substantial evidence.

6. On December 12, 2016, Licensee filed a Motion for Reconsideration, Motion to Alter or Amend the Judgment, and further asking the Court to stay the enforcement of the November 12, 2015 Determination and Order of the Board. On May 19, 2017, and after careful consideration of the outstanding motions, the Chancery Court entered an order denying the motions, and specifically denying Licensee's request for a stay. As a result, the Board finds that from and after May 19, 2017, Licensee unequivocally had the legal obligation to comply fully with the terms and restrictions imposed by the November 12, 2015 Determination and Order of the Board; that is:

- Refrain from taking any new chronic pain and/or addiction medicine patients, and
- Within six (6) months from the date of the Order (November 19, 2017) cease managing any chronic pain and/or addiction medicine patients in his practice.

Again, the above facts were admitted by Licensee during the hearing, and therefore, are not in dispute.

In utilizing May 19, 2017, as the starting point at which the Board's Order would now begin, review of prescription data indicated an upward trend in the overall prescribing of controlled substances until May, 2017, at which time the number of patients and dosage units of controlled substances began to decline, as expected, given the terms of the Order and the finality of the appeals process.

11. Despite the decline in patient numbers and dosage units, Licensee (i) continued to treat new chronic pain and addiction patients after May 19, 2017; and (ii) failed to cease treatment of existing chronic pain and addiction patients on or before the November 19, 2017 deadline. At the hearing undisputed evidence was presented showing three (3) examples of new chronic pain and addiction patients treated after May 19, 2017, and three (3) examples of continuing to treat existing chronic pain and/or addiction patients after November 19, 2017.

12. Patient 1 was not found to be a patient treated with controlled substances for chronic pain by Licensee prior to May 19, 2017. Despite the Board's Order stating that Licensee may not treat any new chronic pain patients, Licensee prescribed the following controlled substances to Patient 1.

Written Date	Fill Date	Drug Name & Strength	#	Rx Number
7/24/17	7/25/17	Hydrocodone/APAP 10-325mg	30	2239037
8/22/17	8/22/17	Hydrocodone/APAP 10-325mg	60	2239542
9/19/17	9/19/17	Hydrocodone/APAP 10-325mg	60	2240058
10/12/17	10/17/17	Hydrocodone/APAP 10-325mg	60	2240561
11/14/17	11/14/17	Hydrocodone/APAP 10-325mg	60	2241045
12/12/17	12/12/17	Hydrocodone/APAP 10-325mg	60	2241525
1/11/18	1/11/18	Hydrocodone/APAP 10-325mg	60	2242047

14. As a third example of Licensee's treatment of new patients after May 19, 2017, Patient 3 was not found to be a patient treated for addiction by Licensee prior to May 19, 2017. Despite the Board's Order stating that Licensee may not treat any new addiction medicine patients, Licensee prescribed the following controlled substances for the treatment of opioid addiction:

Written Date	Fill Date	Drug Name & Strength	#	Rx Number
10/11/17	10/11/17	Suboxone 8-2mg SL Film	30	4152670
11/08/17	11/09/17	Suboxone 8-2mg SL Film	30	4152966
12/06/17	12/06/17	Suboxone 8-2mg SL Film	30	4153260
1/4/18	1/4/18	Suboxone 8-2mg SL Film	30	4153609

15. As an example of Licensee's continued treatment of patients beyond the aforementioned November 19, 2017 cutoff for continued treatment of existing chronic pain and addiction patients, Patient 4 was found to have been treated by Licensee since at least 2012, with Suboxone SL Film and sporadic Testosterone Cypionate Injectable. Despite the Board's Order stating that Licensee may not continue to treat addiction medicine patients after six (6) months from the date of the Order, Licensee continued to prescribe the following controlled substances to Patient 4 for the treatment of addiction:

Written Date	Fill Date	Drug Name & Strength	#	Rx Number
11/21/17	11/21/17 *et al*	Suboxone 8-2mg SL Film	47	4098634
12/14/17	12/14/17	Suboxone 8-2mg SL Film	8	4098910
12/14/17	12/18/17	Suboxone 8-2mg SL Film	5	4098969

Tramadol, Carisoprodol, Hydrocodone and Promethazine with Codeine cough syrup. Despite the Board's Order stating that Licensee may not continue to treat chronic pain patients after six (6) months from the date of the Order, Licensee continued to prescribe the following controlled substances to Patient 5 for the treatment of chronic pain:

Written Date	Fill Date	Drug Name & Strength	#	Rx Number
12/6/17	12/6/17	Hydrocodone/APAP 10-325mg	90	2258877
12/6/17	12/6/17	Tramadol HCL 50mg	60	4578490
1/3/18	1/5/18	Tramadol HCL 50mg	60	794757
1/3/18	1/5/18	Hydrocodone/APAP 10-325mg	90	794758
1/3/18	2/4/18	Tramadol HCL 50mg	60	794757
1/24/18	2/5/18	Hydrocodone/APAP 10-325mg	90	796834

CONCLUSIONS OF LAW

18. Based upon the above and foregoing Findings of Fact as to Patient #1, the Board concludes that Licensee is guilty of Counts I and II of the February 14, 2018 Affidavit of Jonathan Dalton, that is, guilty of violating the terms, conditions and restrictions set forth in the Determination and Order of the Board dated November 12, 2015; and guilty of unprofessional conduct, which includes, but is not limited to being guilty of any dishonorable or unethical conduct likely to deceive, defraud or harm the public; all in violation of Miss. Code Ann., §73-25-29(13) and §73-25-29(8)(d).

19. Based upon the above and foregoing Findings of Fact as to Patient #2, the Board concludes that Licensee is guilty of Counts III and IV of the February 14, 2018 Affidavit of Jonathan Dalton, that is, guilty of violating the terms, conditions and restrictions set forth in the Determination and Order of the Board dated November 12, 2015; and guilty of unprofessional conduct, which includes, but is not limited to being

23. Based upon the above and foregoing Findings of Fact as to Patient #6, the Board concludes that Licensee is guilty of Counts XI and XII of the February 14, 2018 Affidavit of Jonathan Dalton, that is, guilty of violating the terms, conditions and restrictions set forth in the Determination and Order of the Board dated November 12, 2015; and guilty of unprofessional conduct, which includes, but is not limited to being guilty of any dishonorable or unethical conduct likely to deceive, defraud or harm the public; all in violation of Miss. Code Ann., §73-25-29(13) and §73-25-29(8)(d).

ORDER

IT IS, THEREFORE, ORDERED that based upon the Findings of Fact and Conclusions of Law enumerated above, and in light of Licensee's stipulation to the facts presented, Licensee's certificate to practice medicine in the state of Mississippi is hereby suspended for a period of one (1) year with the suspension stayed after expiration of a minimum of six (6) months, provided Licensee complies with the following:

(1) During the six (6) month period of suspension Licensee shall enroll and successfully complete AMA Category 1 CME (Continuing Medical Education) courses in the areas of (1) Prescribing of Controlled Substances and (2) Professional Ethics, said courses to be selected from the list of Board approved courses attached hereto as Exhibit "A". Following completion of each course, Licensee shall submit to the Board documentary proof of successful completion. This is in addition to the forty (40) hours of Category 1 CME requirements as cited in Title 30, Part 2610, Chapter 2 of the Board's Rules and Regulations.

EXECUTIVE SESSION

DATE: March 22, 2018

AGENDA ITEM: Regulation Part 2630, Chapter 1: Collaboration with Nurse Practitioners

☐ Decision Made in Open Session

MOTION: As amended

VOTE:	FOR	AGAINST	ABSTAIN	ABSENT
Charles D. Miles, M.D.	X			
Claude D. Brunson, M.D.	X			
J. Ann Rea, M.D.	X			
C. Ken Lippincott, M.D.	X			
William S. Mayo, D.O.				X
W. David McClendon, M.D.	X			
Virginia M. Crawford, M.D.	X			
Michelle Y. Owens, M.D.	X			
S. Randall Easterling, M.D.	X			

MOTION TO GO OUT OF EXECUTIVE SESSION: _____

SECONDED BY: _____

RECORDED BY: Dr. Rea

Charles D. Miles, M.D.
President

EXECUTIVE SESSION

DATE: March 22, 2018

AGENDA ITEM: Regulation, Title 20, Part 2640: Prescribing, Administering, and Dispensing

☐ Decision Made in Open Session

MOTION: As amended

VOTE:	FOR	AGAINST	ABSTAIN	ABSENT
Charles D. Miles, M.D.	X			
Claude D. Brunson, M.D.	X			
J. Ann Rea, M.D.	X			
C. Ken Lippincott, M.D.	X			
William S. Mayo, D.O.				X
W. David McClendon, M.D.	X			
Virginia M. Crawford, M.D.	X			
Michelle Y. Owens, M.D.	X			
S. Randall Easterling, M.D.	X			

MOTION TO GO OUT OF EXECUTIVE SESSION: _____

SECONDED BY: _____

RECORDED BY: Dr. Rea

Charles D. Miles, M.D.
President

EXECUTIVE SESSION

DATE: March 22, 2018

AGENDA ITEM: Approval of Examining Committee Final Report Pursuant to Miss Ann Code § 73-25-61

☐ Decision Made in Open Session

MOTION:

#21791 accept recommendations for MPHP monitoring

#13520 accept recommendations for MPHP monitoring

#14698 accept recommendations for MPHP monitoring

VOTE:	FOR	AGAINST	ABSTAIN	ABSENT
Charles D. Miles, M.D.	X			
Claude D. Brunson, M.D.	X			
J. Ann Rea, M.D.	X			
C. Ken Lippincott, M.D.	X			
William S. Mayo, D.O.				X
W. David McClendon, M.D.	X			
Virginia M. Crawford, M.D.	X			
Michelle Y. Owens, M.D.	X			
S. Randall Easterling, M.D.	X			

MOTION TO GO OUT OF EXECUTIVE SESSION: Dr. Owens

SECONDED BY: Dr. McClendon

RECORDED BY: Dr. Rea

Charles D. Miles, M.D.
President

EXECUTIVE SESSION

DATE: March 22, 2018

AGENDA ITEM: Hearing in the case of Yusof Mosuro, M.D., Houston, TX, Medical License Number, 16497

✓ Decision Made in Open Session

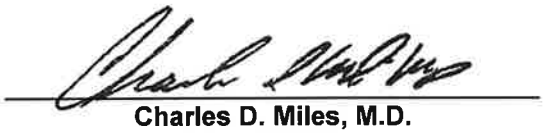
MOTION: Removal of restriction of license

VOTE:	FOR	AGAINST	ABSTAIN	ABSENT
Charles D. Miles, M.D.	X	____	____	____
Claude D. Brunson, M.D.	X	____	____	____
J. Ann Rea, M.D.	X	____	____	____
C. Ken Lippincott, M.D.	X	____	____	____
William S. Mayo, D.O.	____	____	____	X
W. David McClendon, M.D.	X	____	____	____
Virginia M. Crawford, M.D.	X	____	____	____
Michelle Y. Owens, M.D.	X	____	____	____
S. Randall Easterling, M.D.	X	____	____	____

MOTION TO GO OUT OF EXECUTIVE SESSION: Dr. Brunson

SECONDED BY: Dr. Easterling

RECORDED BY: Dr. Rea



Charles D. Miles, M.D.
President

EXECUTIVE SESSION

DATE: March 22, 2018

AGENDA ITEM: Hearing in the case of Ikechukwu Okorie, M.D., Hattiesburg, MS, Medical License Number, 19875

✓ Decision Made in Open Session

MOTION:

12 counts of treating chronic pain in violation of previous board orders; 12 counts of unprofessional conduct; unanimous vote guilty on all 24 counts; in light of licensee's acknowledgement of guilt to all counts, the Board will suspend his license for 12 months, with a stay of the final 6 months and completion of Board approved courses in professionalism and prescribing. After a minimum of six months and completion of these courses, the licensee may return to the Board for reinstatement of his license. The previous restrictions on addiction and chronic pain practice will still stand.

VOTE:	FOR	AGAINST	ABSTAIN	ABSENT
Charles D. Miles, M.D.	X			
Claude D. Brunson, M.D.	X			
J. Ann Rea, M.D.	X			
C. Ken Lippincott, M.D.				X
William S. Mayo, D.O.	X			
W. David McClendon, M.D.	X			
Virginia M. Crawford, M.D.			X	
Michelle Y. Owens, M.D.	X			
S. Randall Easterling, M.D.	X			

MOTION TO GO OUT OF EXECUTIVE SESSION: Dr. Owens

SECONDED BY: Dr. McClendon

RECORDED BY: Dr. Rea

Charles D. Miles, M.D.
President

EXECUTIVE SESSION

DATE: March 22, 2018

AGENDA ITEM: Hearing in the case of William Wadsworth, M.D., Hernando, MS, Medical License Number, 14009

✓ Decision Made in Open Session

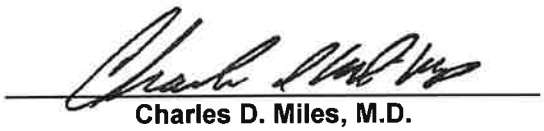
MOTION: Removal of consent order restrictions.

VOTE:	FOR	AGAINST	ABSTAIN	ABSENT
Charles D. Miles, M.D.	X	____	____	____
Claude D. Brunson, M.D.	X	____	____	____
J. Ann Rea, M.D.	X	____	____	____
C. Ken Lippincott, M.D.	X	____	____	____
William S. Mayo, D.O.	____	____	____	X
W. David McClendon, M.D.	X	____	____	____
Virginia M. Crawford, M.D.	X	____	____	____
Michelle Y. Owens, M.D.	X	____	____	____
S. Randall Easterling, M.D.	X	____	____	____

MOTION TO GO OUT OF EXECUTIVE SESSION: Dr. Crawford

SECONDED BY: Dr. Brunson

RECORDED BY: Dr. Rea



Charles D. Miles, M.D.
President