

BOARD

MEETING

MINUTES

BOARD MINUTES
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
JANUARY 12, 2017

The regularly scheduled meeting of the Mississippi State Board of Medical Licensure was held on Thursday, January 12, 2017, 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
Virginia M. Crawford, M.D., Hattiesburg, Vice President
Claude D. Brunson, M.D., Jackson, Secretary
S. Randall Easterling, M.D., Vicksburg
C. Kenneth Lippincott, M.D., Tupelo
William S. Mayo, D.O., Oxford
David W. McClendon, Jr., M.D., Ocean Springs
Michelle Y. Owens, M.D., Jackson
J. Ann Rea, M.D., Summit

Also present:

John K. Hall, M.D., J.D., Director
Stan T. Ingram, Complaint Counsel for the Board
Ellen O'Neal, Special Assistant Attorney General
Rhonda Freeman, Bureau Director, Licensure Division
Leslie Ross, Investigations Supervisor
Jonathan Dalton, Staff Officer, Investigative Division
Frances Carrillo, Staff Officer, Investigative Division
Sherry H. Pilgrim, Staff Officer
Maj Gen (Ret) Erik Hearon, Consumer Health Committee

Not present:

Wesley Breland, Hattiesburg, Consumer Health Committee
Charles Thomas, Yazoo City, Consumer Health Committee

The meeting was called to order at 9:10 a.m. by Dr. Miles, President. The invocation was given by Dr. McClendon and the pledge was led by Dr. Owens. Dr. Miles extended a welcome to all visitors present at the meeting.

Dr. Miles opened the floor for any opening remarks and/or announcements. The only announcement made was that there will be a personal appearance later today.

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

EXECUTIVE DIRECTOR'S REPORT NOVEMBER 01, 2016, THRU DECEMBER 31, 2016

a. Approval of certifications to other entities

211 licenses were certified to other entities.

b. Approval of licenses issued

86 licenses were issued.

c. PA protocols

11 PA protocols were approved and 1 RRA protocol was approved.

Dr. Easterling had an editorial change on Deborah Washburn and Dr. Michael Shrock as Dr. Shrock works at Neshoba.

d. Bariatric and Pain Practice Registrations

13 renewals for Bariatric Practice Registrations for fiscal years 2015 and 2016.

55 renewals for Pain Practice Registrations for fiscal years 2015 and 2016.

Motion was made by Dr. Crawford, seconded by Dr. Mayo, and carried to approve items a, b, c, and d.

e. Proposed Consent Orders

Dr. Hall advised that 4 proposed Consent Orders had been sent out, signed and returned. The proposed Consent Orders sent involves:

Donald Vincent Conerly, MD

Mark Howard Fletcher, MD

Keith Millard Simnicht, MD

William Manley Wadsworth, MD

Dr. Easterling advised that he has concerns with uniformly adding the monitoring agreement on all Consent Orders. Dr. Hall advised that Dr. Conerly's order did not have the monitoring requirement. Dr. Hall stated that the orders with prescribing issues/irregularities are the ones being monitored.

Following a brief discussion, motion was made by Dr. Mayo, seconded by Dr. Crawford, and carried to approve the proposed Consent Orders as submitted by the physicians.

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

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f. Letters of Concern issued

3 letters of concern were issued all dealing with CME requirements. A copy of each letter is attached hereto and incorporated by reference.

g. Investigative Report

Ms. Ross advised that the Board had received 40 complaints, had closed 38 cases, had sent 10 complaints to licensees for a response, and taken 3 disciplinary actions consisting of 2 consent orders and 1 suspension.

h. Budget Review

Dr. Hall had invited Alice Gorman, Interim Accountant, to provide the Board with information concerning the budget. Ms. Gorman handed out information to the Board members and briefly discussed the Board's current standing. There was a brief discussion concerning increasing licensure fees and increasing the maximum that the Board can charge for investigative fees.

REVIEW OF MINUTES OF THE EXECUTIVE COMMITTEE MEETING DATED NOVEMBER 16, 2016, MINUTES OF THE BOARD MEETING DATED NOVEMBER 17, 2015, AND MINUTES OF THE SPECIAL CALLED TELEPHONIC BOARD MEETING DATED DECEMBER 05, 2016

Minutes of the Executive Committee Meeting dated November 16, 2016, Minutes of the Board Meeting dated November 17, 2016, and Minutes of the Special Called Telephonic Board Meeting dated December 05, 2016, were reviewed. Dr. Mayo moved for approval of the minutes as submitted. Dr. Crawford seconded the motion and it carried unanimously.

REPORT OF JANUARY 11, 2017, EXECUTIVE COMMITTEE MEETING

Dr. Hall briefly discussed the issues/appearances that were discussed by the Executive Committee on January 11, 2017. Information pertaining to the Executive Committee's decisions/recommendations is included in the Executive Committee Minutes dated January 11, 2017.

Following a brief discussion concerning some of the appearances, Dr. Easterling made a motion to approve all with the exception of Dr. Forrester and Ms. O'Nan and he moved that the Board enter into Executive Session to discuss both further. Dr. Crawford seconded the motion and the motion carried.

Upon a motion by Dr. Mayo, seconded by Dr. Crawford, and carried the Board came out of Executive Session at which time Dr. Miles asked Dr. Brunson to report on its decision. Dr. Brunson advised that the Board accepts the surrender of Dr.

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Forrester's DEA and further adds to the Consent Order that Dr. Forrester will be referred to the Examining Committee for evaluation.

REPORTS FROM COMMITTEES

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. Mayo advised that the committee met this morning and plans to meet again after today's Board meeting.

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

Dr. Brunson advised that he and Dr. Hall are still involved in the conference calls.

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

Dr. Easterling stressed that the Board needs to inform the licensees more.

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

Dr. Crawford advised that the Task Force will meet and go over the proposed changes and stated that only the PA protocols not approved would be referred to the Advisory Task Force.

PRESENTATION BY JOHN MITCHELL, M.D., DIRECTOR, OFFICE OF MISSISSIPPI PHYSICIAN WORKFORCE

Dr. Miles introduced Dr. Mitchell and Ms. Denise Krause, both with the Office of Mississippi Physician Workforce. Dr. Mitchell thanked the Board for allowing them time to appear today. Dr. Mitchell advised that they would like to formally request that additional questions be added to the licensure and renewal process to enable them to be able to gather additional information. During the presentation, Dr. Mitchell reviewed proposed questions concerning personal and practice information that they would recommend be added to the Board's licensure questions.

Following a brief discussion, motion was made by Dr. Easterling, seconded by Dr. Mayo, and carried that the Board approve the request of the Office of Mississippi Physician Workforce and to include in this year's renewals.

REQUEST FROM DANIEL L. BOYD, M.D., OXFORD, MISSISSIPPI MEDICAL LICENSE NUMBER 19120

Dr. Hall advised that Dr. Boyd had sent a request in November requesting that Anna Burns, PA, be allowed to cover satellite clinics on occasion when he was unavailable. Dr. Hall advised that Dr. Boyd was here today to discuss the matter with the Board.

Dr. Boyd joined the meeting and thanked the Board for allowing him the opportunity to discuss the matter with them. Dr. Boyd handed out information to each Board member and advised that he and PA Burns work together at the Oxford Ortho & Sports Medicine Clinic. Dr. Boyd advised that he and the PA work together in the clinic as well as in the operating room and have been working together five (5) years. Dr. Boyd advised that they also have a clinic in Grenada and that Baptist Hospital has purchased a clinic in Calhoun City. After discussing his work schedule, Dr. Boyd made the request to allow the PA to be able to cover for him and be able to perform duties when he is outside the same community. Dr. Boyd advised that the request would be to cover non emergent patients, most likely post operative patients requiring stitches taken out, etc. Dr. Boyd advised that the PA will not be allowed to simply operate the clinic one or two days a week without him in the clinic, as his intent is not for her to work alone.

Following a brief discussion and Dr. Mayo discussing his personal experience with the clinic, motion was made by Dr. Crawford to allow the PA to function in the manner of Dr. Boyd's request. Dr. Mayo seconded the motion and it carried unanimously. Dr. Crawford also advised that this is something that could be sent to the PA Advisory Task Force in the future to discuss and handle.

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THE BOARD RECESSED AT 11:35 A.M. AND RETURNED AT 11:45 A.M.

**PERSONAL APPEARANCE BY DONALD A. BALDER, M.D., BILOXI, MISSISSIPPI
MEDICAL LICENSE NUMBER 21885**

Stan Ingram, Complaint Counsel for the Board, introduced Dr. Balder and his attorney, Bill Walter. Mr. Ingram advised that Dr. Balder had been invited to appear at the Executive Committee meeting yesterday, but had been instructed by his attorney not to appear. Mr. Ingram advised that Mr. Walter advised that the "no show" was his fault and asked that the Board not hold it against Dr. Balder. Dr. Balder had executed a written agreement for the meeting before the Board, a copy of which is attached hereto and incorporated by reference.

Mr. Ingram briefly summarized the issues concerning the Board's invitation for Dr. Balder to appear and provided a chronological summary covering complaints received by the Board, as well as problems at Garden Park Medical Center in Gulfport.

Dr. Miles asked Dr. Balder if he would like to address the matter. Dr. Balder addressed the Board and advised that he is a "stickler" for detail, has never meant to hurt anyone's feelings, and denied that he had made comments about the hospital.

Following several questions from Board members, as well as a discussion concerning a Temporary Restraining Order against the hospital which was subsequently dismissed, motion was made by Dr. Easterling, seconded by Dr. Owens, and carried that the Board enter into Executive Session to discuss a matter that could result in adverse action on his license.

Upon a motion by Dr. Crawford, seconded by Dr. Easterling, and carried the Board came out of Executive Session at which time Dr. Miles advised Dr. Brunson to report on its decision. Dr. Brunson advised that the Board requests Licensee to submit to an evaluation by the Examining Committee of the Mississippi Physicians Health Program (MPHP).

Following several questions from Dr. Balder and his attorney, Dr. Miles thanked them for appearing today and advised that the Consent Order will be drafted and sent to him with further instructions.

PROPOSED REGULATION UPDATES TO BE DISCUSSED CONCERNING TITLE 30:

- a. Part 2601 - Professional Licensure
- b. Part 2605 - Medical, Osteopathic and Podiatric Physicians
- c. Part 2615 - Physician Assistants

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- d. Part 2620 - Radiologist Assistants**
- e. Part 2625 - Acupuncturist**
- f. Part 2635 - Practice of Medicine**
- g. Part 2640 - Prescribing, Administering and Dispensing**
- h. Part 2645 - Rules of Procedure**

Dr. Mayo made the motion that the Rules, Regulation and Legislative Committee is proposing the Board's intent to adopt the proposed regulations above concerning a - f, with an editorial change to Part 2615, 1.6 changing approval to disapproval. The motion passed without objection. A copy of each proposed regulation from a - f above is attached hereto and incorporated by reference. The proposed regulations will be filed with the Secretary of State under the Administrative Procedures Act.

Items g and h above will be discussed and handled later. Dr. Mayo also advised that he would like to have another meeting of the Rules, Regulation and Legislative Committee today after lunch.

APPROVAL OF BOARD MEMBERS AND STAFF TO ATTEND THE ANNUAL AIM AND FEDERATION OF STATE MEDICAL BOARD MEETINGS IN FORT WORTH, TX, APRIL 19 - 22, 2017

Motion was made by Dr. Crawford, seconded by Dr. Mayo, and carried for members of the Board and staff to attend the AIM and Federation of State Medical Board meetings in Fort Worth, TX, April 19 - 22, 2017. Also, Dr. Hall advised that Maj Gen (Retired) Erik Hearon will be attending on a Public Member Scholarship through the Federation.

ADJOURNMENT

There being no further business, the meeting adjourned at 1:00 p.m., with the next meeting scheduled for Thursday, March 16, 2017.



Charles D. Miles, MD
President

Minutes taken and transcribed
by Sherry H. Pilgrim
Staff Officer
January 12, 2017

Sp 12/22

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN LICENSE

OF

DONALD VINCENT CONERLY, M.D.

CONSENT ORDER

WHEREAS, DONALD VINCENT CONERLY, M.D., hereinafter referred to as "Licensee," is the current holder of Mississippi Medical License No. 07182, said license number expires on June 30, 2017;

WHEREAS, the Investigative Staff of the Mississippi State Board of Medical Licensure, hereinafter referred to as the "Board," has conducted an investigation of Licensee and has in its possession evidence which, if produced during the course of an evidentiary hearing, could substantiate that Licensee has violated provisions of the Board's Administrative Code pertaining to the prescribing of controlled substances and is guilty of unprofessional conduct, which includes being guilty of any dishonorable or unethical conduct likely to deceive, defraud or harm the public;

WHEREAS, the above conduct, if established before the Board, constitutes violations of the Mississippi Medical Practice Act, specifically, Subsections (3), (8)(d) and (13) of § 73-25-29, Miss. Code Ann. (1972), as amended, for which the Board may revoke the medical license of Licensee, suspend it for a time deemed proper by the Board, or take any other action as the Board may deem proper under the circumstances;

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

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

1. Licensee is hereby restricted from collaborating with mid-level providers, including but not limited to any APRNs (Nurse Practitioners) or Physician Assistants (P.A.s). This restriction shall run concurrent with the terms delineated in paragraph 2.
2. Licensee shall surrender his U.S. Drug Enforcement (DEA) Uniform Controlled Substance Registration (number AC6343963) and agrees to never seek reapplication. Licensee shall also be prohibited from the use of any institutional Uniform Controlled Substance Registration for prescriptive purposes.
3. Licensee shall obtain the services of a workplace monitor to provide monitoring services, such as those offered by Affiliated Monitors, Inc. The monitor shall submit written documentation of his or her credentials and training sufficient to demonstrate to the satisfaction of the Board that he or she possesses the knowledge, skills, and integrity which are reasonably necessary to provide all monitoring services required by the terms of this Order. The Board-approved monitor shall not be owned by or employ any person(s) who: (a) is related to Licensee by blood or marriage; (b) has had a social or professional relationship with Licensee prior to the execution of this Order; (c) receives compensation of any nature from Licensee; or (d) otherwise has a conflict as determined by the Board.

the agreement for monitoring services may be treated by the Board as a failure to comply with the terms of this Order.

The Board-approved monitor shall conduct one (1) randomly scheduled visit per quarter to review Licensee's practice and perform quarterly chart review of ten (10) randomly selected patient charts, which shall focus on Licensee's prescribing of controlled substances; treatment of family members, friends, and colleagues; overall medical practice; and to ensure Licensee practices within recognized professional standards of care, the Administrative Code of the Board, and the laws of the State of Mississippi. If no adverse reports are received after the first year of monitoring, and with the recommendation of the monitor, the monitor shall conduct two (2) randomly scheduled visits per year. If no adverse reports are received after the initial two (2) years of monitoring, and with the recommendation of the monitor, Licensee may petition to have no further in-person review and, upon approval, the monitor shall only perform quarterly chart review only via electronic or hard copy means (e.g., FedEx). The Board-approved monitor or monitoring company shall report his or her findings to the Board, in writing, on a quarterly basis. If the Board-approved monitor or monitoring company identifies any problems with Licensee's practices, Licensee shall submit a written plan for correction of those problems to the Board no later than thirty (30) days after Licensee's receipt of the monitoring report in which the problem was identified. In the event the Board receives more than two (2) adverse reports in a twelve month time period, Licensee will be subject to further disciplinary action.

This period of monitoring, which shall begin upon the acceptance by the Board of the above mentioned monitoring agreement, shall be for a period of sixty (60) months or five (5) years.

4. Licensee shall obey all federal, state and local laws, and all rules and regulations governing the practice of medicine. Any further acts of misconduct will result in further action.
5. Licensee expressly agrees he will not seek an appearance before the Board prior to the completion of the terms of this Order and, further, agrees the terms and conditions of this Order, once executed, may not be appealed.
6. Licensee shall reimburse the Board for all costs incurred in relation to the pending matter pursuant to Miss. Code Ann., § 73-25-30, said amount not to exceed \$10,000. Licensee shall be advised of the total assessment by separate written notification, and shall tender to the Board a certified check or money order made payable to the Mississippi State Board of Medical Licensure, on or before forty (40) days from the date the assessment is mailed to Licensee via U.S. Mail to Licensee's current mailing address.

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

and matters pertaining thereto by the Board shall not unfairly or illegally prejudice the Board or any of its members from participation in any further proceedings.

Should the Board hereafter receive documented evidence of Licensee violating any of the terms and conditions of this Consent Order, the Board shall have the right, pursuant to a full evidentiary hearing, to revoke the medical license of Licensee, suspend it for a time deemed proper by the Board, or take any other action determined as necessary by the Board. Upon the expiration of the five (5) year monitoring term and the completion of all conditions stated herein, Licensee shall have the right, but not the obligation, to petition the Board for relief from this Order. In the event no adverse reports are received after the initial three (3) years of monitoring, and with the recommendation of the monitor, Licensee may petition for early relief from this Consent Order.

Further, it is not the intent or purpose of this Order to encourage malpractice liability as a result of Board action. Therefore, by execution of this Consent Order, Licensee is not admitting to or acknowledging any conduct or act of malpractice.

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

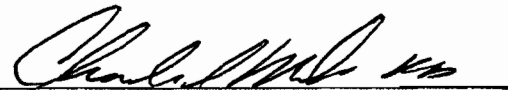
Recognizing his right to notice of charges specified against him, to have such charges adjudicated pursuant to Miss. Code Ann., § 73-25-27 (1972), to be represented therein by legal counsel of his choice, and to a final decision rendered upon written findings of fact and

conclusions of law, DONALD VINCENT CONERLY, M.D., nevertheless, hereby waives his right to notice and a formal adjudication of charges and authorizes the Board to enter an order accepting this Consent Order, thereby placing his medical license on probation, subject to those terms and conditions listed above.

Executed, this the 20TH, day of DECEMBER, 2016.


DONALD VINCENT CONERLY, M.D.

ACCEPTED AND APPROVED, this the 12th, day of January, 2017, by the
Mississippi State Board of Medical Licensure.


CHARLES D. MILES, M.D.
Board President

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

OF

MARK HOWARD FLETCHER, M.D.

CONSENT ORDER

WHEREAS, MARK HOWARD FLETCHER, M. D., hereinafter referred to as "Licensee," is the current holder of Mississippi Medical License No. 13932, said license number expires on June 30, 2017;

WHEREAS, the investigative staff of the Mississippi State Board of Medical Licensure, hereinafter referred to as the "Board," has conducted an investigation of the Licensee and has in its possession evidence which, if produced during the course of an evidentiary hearing, could potentially substantiate that Licensee has violated provisions of the Board's Administrative Code regarding the prescribing of controlled substances;

WHEREAS, the above conduct, if established before the Board, potentially constitutes violations of the Mississippi Medical Practice Act, specifically § 73-25-29, Miss. Code Ann. (1972), as amended, for which the Board could revoke the medical license of Licensee, suspended for a time deemed proper by the Board, or take any other action as the Board may deem proper under the circumstances;

WHEREAS, it is the desire of Licensee to avoid an evidentiary hearing before the Board and, in lieu thereof, has agreed to enter into this Consent Order subject to the terms, conditions and restrictions as specified below:

NOW, THEREFORE, the Mississippi State Board of Medical Licensure, with consent of Licensee as signified by his joinder herein, does hereby place Licensee's authorization to practice medicine in the State of Mississippi on **probation**, with removal of said probation subject to the following terms and conditions:

1. Licensee shall attend and successfully complete not less than 10 hours Continuing Medical Education (CME) courses in each of the areas of Medical Ethics, Prescribing of Controlled Substances, and Medical Record Keeping. Any credits received for each CME course shall be in addition to the usual forty (40) hours of Category I credits required by Board regulation. Licensee will be required to be on-site while taking the CME course(s), as the course(s) cannot be taken on-line or by other means. The CME provider must be approved by the Board and the Licensee shall submit documented proof to the Board of successful completion of the course(s).
2. Licensee shall obtain the services of a workplace monitor to provide monitoring services, such as those offered by Affiliated Monitors, Inc., or some other Board pre-approved monitor. The monitor shall submit written documentation of his or her credentials and training sufficient to demonstrate to the satisfaction of the Board that he or she possesses the knowledge, skills, and integrity which are reasonably necessary to provide all monitoring services required by the terms of this Order. The Board-approved monitor shall not be owned by or employ any person(s) who: (a) is related to the Licensee by blood or marriage; (b) has had a social or professional relationship with Licensee prior to the execution of this Order; (c) receives any compensation of any nature from Licensee; or (d) otherwise has a conflict as determined by the Board.

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

This agreement shall specifically provide that:

- i) The terms of this Order shall be incorporated into the terms of the monitoring agreement;
- ii) Licensee shall cooperate with the Board-approved monitor and provide the monitor with full and complete access to any and all notes, documents and other materials which the monitor deems reasonably necessary for the performance of the monitoring services described in this Order;

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

The Board-approved monitor shall conduct reviews of Licensee's practice and records. Such reviews shall occur at least monthly and may include in-person visits to the Licensee's practice location if the monitor deems such visits necessary. Record reviews shall focus on Licensees prescribing of controlled substances; treatment of family members, friends, and colleagues; diagnosis and treatment of narcolepsy and attention deficit disorder and hyperactivity; and overall medical practice. The monitor shall also determine if Licensee practices within recognized professional standards of care and complies with applicable laws and regulations. The Board-approved monitor shall randomly select not less than ten (10) patient charts to be reviewed each month. The Board-approved monitor or monitoring company shall report its findings to the Board, in writing, on a quarterly basis. If the Board-approved monitor or monitoring company identifies any problems with the Licensee's practices, Licensee shall submit a written plan for correction of those problems to the Board no later than thirty (30) days after Licensee's receipt of the monitoring report in which the problem was identified. In the event the Board receives more than two (2) adverse reports in a twelve (12) month period, Licensee will be subject to further disciplinary action. This period of monitoring, which shall begin upon the acceptance by the Board of the above mentioned monitoring

agreement, shall be for a period of not less than sixty (60) months or five (5) years, and may be extended if deemed necessary by the Board.

3. Licensee shall obey all federal, state and local laws, and all rules and regulations governing the practice of medicine.
4. Licensee expressly agrees he will not seek an appearance before the Board prior to the completion of the terms of this Order and, further, agrees the terms and conditions in this order, once executed, may not be appealed.
5. Licensee shall reimburse the Board for all costs incurred in relation to the pending matter pursuant to Miss. Code Ann., § 73-25-30, said amount not to exceed \$10,000. Licensee shall be advised of the total assessment by separate written notification, and shall tender to the Board a certified check or money order made payable to the Mississippi State Board of Medical Licensure, on or before forty (40) days from the date the assessment was mailed to Licensee via U. S. Mail to the Licensee's current address.

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

Should the Board hereafter receive documented evidence of Licensee violating any of the terms and conditions of this Consent Order, the Board immediately shall have the right to take further action(s) regarding the Licensee's ability to practice medicine. Upon the expiration of the five (5) year monitoring agreement and the terms and conditions stated herein, Licensee shall have the right, but not the obligation, to petition the Board for relief of this Order.

Further, it is not the intent of this Order to encourage malpractice liability as a result of this Board action. Therefore, by execution of this Consent Order, Licensee is not admitting to or acknowledging any conduct or act of medical negligence or malpractice.

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


Recognizing his right to notice of charges specified against him, to have such charge(s) adjudicated pursuant to Miss. Code Ann., § 73-25-27 (1972), to be represented therein by legal counsel of his choice, and have a final decision rendered upon written findings of fact and conclusions of law, **Mark Howard Fletcher, M. D.**, nevertheless, hereby waives his right to notice and a formal adjudication of charges and authorizes the Board to enter an order accepting this Consent Order, thereby placing the above enumerated terms and conditions upon his license to practice medicine in this State, subject to those terms and conditions.

Executed, this the 12th, day of January, 2017.



MARK HOWARD FLETCHER, M.D.

ACCEPTED AND APPROVED, this the 12th, day of January, 2017, by the Mississippi State Board of Medical Licensure.



CHARLES D. MILES, M.D.
Board President M.D.

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN LICENSE

OF

KEITH MILLARD SIMNIGHT, M.D.

CONSENT ORDER

WHEREAS, KEITH MILLARD SIMNIGHT, M.D., hereinafter referred to as "Licensee," is the current holder of Mississippi Medical License No. 14595, said license number expires on June 30, 2017;

WHEREAS, the Investigative Staff of the Mississippi State Board of Medical Licensure, hereinafter referred to as the "Board," has conducted an investigation of Licensee and has in its possession evidence which, if produced during the course of an evidentiary hearing, could substantiate that Licensee has violated provisions of the Board's Administrative Code pertaining to the prescribing of controlled substances and is guilty of unprofessional conduct, which includes being guilty of any dishonorable or unethical conduct likely to deceive, defraud or harm the public;

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

WHEREAS, it is the desire of Licensee to avoid an evidentiary hearing before the Board and, in lieu thereof, has agreed to enter into this Consent Order subject to the terms, conditions and restrictions as specified below;

NOW, THEREFORE, the Mississippi State Board of Medical Licensure, with consent of Licensee as signified by his joinder herein, does hereby place Licensee's ability to practice medicine in the State of Mississippi on **probation**, with removal of said probation subject to the following terms and conditions:

1. Licensee shall attend and successfully complete Continuing Medical Education (CME) courses in the areas of Professional Boundaries, Medical Record Keeping, and Prescribing. The CME courses required herein shall be attained by attending a course in each subject noted above (or a composite course if available) as provided by Professional Boundaries, Inc. (PBI). Licensee shall be required to participate in the optional 12 month follow-up and evaluation review if offered for any course required herein. Any credit received for such CME shall be in addition to the usual forty (40) hours of Category I credits required by Board regulation. Licensee will be required to be on-site while taking the CME course(s), as the course(s) cannot be taken on-line or by other means. Licensee shall submit proof of successful completion to the Board, to include 12 month follow-up documentation required herein. Licensee shall register and attend said courses within the next six (6) months. If additional time is needed for attendance, Licensee shall submit a written request for an extension to be approved in advance by the Executive Director of the Board.

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

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

This agreement shall specifically provide that:

- i) The terms of this Order shall be incorporated into the terms of the monitoring agreement;
- ii) Licensee shall cooperate with the Board-approved monitor and provide the monitor with full and complete access to any and all notes, documents and other materials which the monitor deems reasonably necessary for performance of the monitoring services described in this Order;

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

The Board-approved monitor shall conduct one (1) randomly scheduled visit per quarter to review Licensee's practice and perform quarterly chart review of ten (10) randomly selected patient charts, which shall focus on Licensee's prescribing of controlled substances; treatment of family members, friends, and colleagues; overall medical practice; and to ensure Licensee practices within recognized professional standards of care, the Administrative Code of the Board, and the laws of the State of Mississippi. If no adverse reports are received after the first year of monitoring, and with the recommendation of the monitor, the monitor shall conduct two (2) randomly scheduled visits per year. If no adverse

reports are received after the initial two (2) years of monitoring, and with the recommendation of the monitor, Licensee may petition to have no further in-person review and, upon approval, the monitor shall perform quarterly chart review only via electronic or hard copy means (e.g., FedEx). The Board-approved monitor or monitoring company shall report his or her findings to the Board, in writing, on a quarterly basis. If the Board-approved monitor or monitoring company identifies any problems with Licensee's practices, Licensee shall submit a written plan for correction of those problems to the Board no later than thirty (30) days after Licensee's receipt of the monitoring report in which the problem was identified. In the event the Board receives more than two (2) adverse reports in a twelve month time period, Licensee will be subject to further disciplinary action.

This period of monitoring, which shall begin upon the acceptance by the Board of the above mentioned monitoring agreement, shall be for a period of sixty (60) months or five (5) years.

3. Licensee shall obey all federal, state and local laws, and all rules and regulations governing the practice of medicine. Any further acts of misconduct will result in further action.
4. Licensee expressly agrees he will not seek an appearance before the Board prior to the completion of the terms of this Order and, further, agrees the terms and conditions of this Order, once executed, may not be appealed.
5. Licensee shall reimburse the Board for all costs incurred in relation to the pending matter pursuant to Miss. Code Ann., § 73-25-30, said amount not to

exceed \$10,000. Licensee shall be advised of the total assessment by separate written notification, and shall tender to the Board a certified check or money order made payable to the Mississippi State Board of Medical Licensure, on or before forty (40) days from the date the assessment is mailed to Licensee via U.S. Mail to Licensee's current mailing address.

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

Should the Board hereafter receive documented evidence of Licensee violating any of the terms and conditions of this Consent Order, the Board shall have the right, pursuant to a full evidentiary hearing, to revoke the medical license of Licensee, suspend it for a time deemed proper by the Board, or take any other action determined as necessary by the Board. Upon the expiration of the five (5) year monitoring term and the completion of all conditions stated herein, Licensee shall have the right, but not the obligation, to petition the Board for relief from this Order. In the event no adverse reports are received after the initial three (3) years of monitoring, and with the

recommendation of the monitor, Licensee may petition for early relief from this Consent Order.

Further, it is not the intent or purpose of this Order to encourage malpractice liability as a result of Board action. Therefore, by execution of this Consent Order, Licensee is not admitting to or acknowledging any conduct or act of malpractice.

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

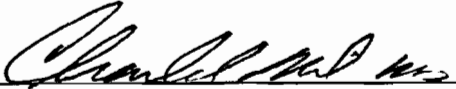
Recognizing his right to notice of charges specified against him, to have such charges adjudicated pursuant to Miss. Code Ann., § 73-25-27 (1972), to be represented therein by legal counsel of his choice, and to a final decision rendered upon written findings of fact and conclusions of law, **KEITH MILLARD SIMNICHT, M.D.**, nevertheless, hereby waives his right to notice and a formal adjudication of charges and authorizes the Board to enter an order accepting this Consent Order, thereby placing his medical license on probation, subject to those terms and conditions listed above.

Executed, this the 20, day of December, 2016.


KEITH MILLARD SIMNICHT, M.D.

ACCEPTED AND APPROVED, this the 12th, day of January, 201⁷6,

by the Mississippi State Board of Medical Licensure.



CHARLES D. MILES, M.D.
Board President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

WILLIAM MANLEY WADSWORTH, M.D.

CONSENT ORDER

WHEREAS, WILLIAM MANLEY WADSWORTH, M.D., hereinafter referred to as "Licensee," is the current holder of Mississippi Medical License No. 14009, said number expires on June 30, 2017.

WHEREAS, the Investigative Staff of the Mississippi State Board of Medical Licensure, hereinafter referred to as the "Board," has conducted an investigation of the Licensee and has in its possession evidence which, if produced during the course of an evidentiary hearing, could substantiate that Licensee has violated the provisions of the Board's Administrative Code regarding the prescribing of controlled substances and is guilty of unprofessional conduct, which is being guilty of any dishonorable or unethical conduct likely to deceive, defraud or harm the public;

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

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

NOW THEREFORE, the Mississippi State Board of Medical Licensure, with the consent of Licensee as signified by his joinder herein, does hereby place the following restrictions upon Licensee's ability to practice medicine in the State of Mississippi, with the removal of said restrictions subject to the following terms and conditions:

1. Licensee shall attend and successfully complete Continuing Medical Education (CME) courses in the area of the prescribing of controlled

substances. Further, it is agreed prior to attending and/or completing said course, Licensee will consult with the Medical Director of the Mississippi Professionals Health Program (MPHP) for guidance in the selection of said course, and Licensee understands said course must be pre-approved by the Board prior to attending and completing such course.

2. Upon completion of said course, Licensee must furnish to the Board documentation confirming Licensee's successful completion.
3. Licensee agrees and understands said course must be taken and completed on-site, and cannot be taken via on-line methods.
4. Licensee agrees his practice will be subject to on-going monitoring by Board Agents for a period of twelve (12) months from the date of the execution and acceptance by the Board of this Consent Order.
5. Licensee agrees that, during the term of this Consent Order, Agents of the Board will be allowed to enter unannounced, for the purpose of reviewing patient files to be named upon arrival, and Licensee will fully and completely cooperate with the Agent(s) related to his recordkeeping and prescribing of controlled substances.
6. Licensee will obey all local, state, and federal laws, and all rules and regulations governing the practice of medicine.
7. Licensee expressly agrees he will not seek an appearance before the Board prior to the completion of the terms of this Order and, further, agrees the terms and conditions in this Order, once executed, may not be appealed.
8. Licensee shall reimburse the Board for all costs incurred in relation to the pending matter pursuant to Miss. Code Ann., § 73-25-30, said amount not to exceed \$10,000. Licensee shall be advised of the total assessment by separate written notification, and shall tender to the Board a certified check or money order made payable to the Mississippi State Board of Medical Licensure, on or before forty (40) days from the date the assessment was mailed to Licensee via U. S. Mail to Licensee's current practice address.
9. Licensee further agrees that he shall bear the investigative costs related to any travel and investigation generated pursuant to the terms of this

agreement. Board reimbursement will follow the guidelines as noted in Item # 8 above.

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

Should the Board hereafter receive documented evidence of Licensee violating any terms and conditions of this Consent Order, the Board shall immediately have the right to take further action(s) regarding Licensee's ability to practice medicine. Upon the expiration of the twelve (12) months of Board approved monitoring and the terms and conditions stated herein, Licensee shall have the right, but not the obligation, to petition the Board for relief from this Order.

Further, it is not the intent of this Order to encourage malpractice as the result of this Board action. Therefore, by execution of this Consent Order, Licensee is not admitting to or acknowledging any conduct or act of malpractice. Licensee understands and expressly acknowledges that this Consent Order, if approved and executed by the Mississippi State Board of Medical Licensure, shall constitute a public record of the State of Mississippi. Licensee further acknowledges that the Board shall provide a copy of this Consent Order to among others, the U. S. Drug Enforcement Administration (DEA), and the Board makes no representation as action, if any, which any other agency or jurisdiction may take in response to this Order.

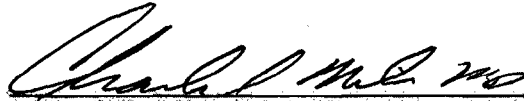
Recognizing his right to notice of charge(s) specified against him, to have such charge(s) adjudicated pursuant to Miss. Code Ann., § 73-25-27 (1972), to be represented thereon by legal counsel of his choice, and a final decision rendered upon written findings of fact and conclusions of law, **William Manley Wadsworth, M.D.**,

nevertheless, hereby waives his right to notice and a formal adjudication of charges and authorizes the Board to enter an order accepting this Consent Order, thereby placing the above enumerated terms and conditions upon his license to practice medicine in this state, subject to those terms and conditions.

EXECUTED, this the 19 day of December, 2016.


WILLIAM MANLEY WADSWORTH, M.D.

ACCEPTED AND APPROVED, this the 12th day of January, 2017, by the Mississippi State Board of Medical Licensure.


CHARLES D. MILES, M.D.
Board President

TELEPHONE: (601) 987-3079



FAX: (601) 987-4159

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

November 22, 2016

Jennifer G. Trihoulis, M.D.
1137 Highway 98 Bypass, Suite 4
Columbia, MS 39429

Dear Dr. Trihoulis:

The Mississippi State Board of Medical Licensure ("MSBML") has renewed your license. The MSBML also decided to issue you a public letter of concern related to completion of Continuing Education ("CME") Requirements as specified by MSBML Administrative Code Part 2610 Chapter 2: CME Requirements Rule 2.1. Further, as part of your renewal you certified that you had completed the CME requirements.

As specified by MSBML Administrative Code Part 2610 Chapter 2: Rule 2.6 Annual Renewal: "If deficiencies are identified, licensee must complete deficiencies within six (6) months of date of notification. Failure to comply may result in the suspension of licensee's license." You submitted documentation of the CME deficiencies of the required five (5) hours related to the prescribing of medications with an emphasis on controlled substances; however, the prescribing hours were obtained after the June 30, 2016, CME period. *These credits may not be claimed for any other reporting period.*

The Board does not consider a public letter of concern to be a disciplinary action or a limitation or restriction on your license. The MSBML is concerned that you had not completed the required five (5) hours of CME related to the prescribing of medications with an emphasis on controlled substances and that you filed a false certification.

The MSBML urges you to take steps to ensure that such deficiencies do not recur. In the event of recurrence, the MSBML may commence formal disciplinary proceedings resulting in actions against your license to practice medicine. If that happens, this letter may be entered into evidence in determining appropriate disciplinary actions.

While not a disciplinary action, this letter is a public record within the meaning of Miss. Code Ann. §73-43-11 and MSBML Administrative Code Part 2650 Chapter 2: Public Records and is subject to public inspection and dissemination. It will be reported to the Federation of State Medical Boards; however, it will not be reported to the National Practitioner Data Bank.

Sincerely,

A handwritten signature in black ink, appearing to read "John K. Hall", is written over a light blue horizontal line.

John K. Hall, MD, JD
Executive Director

TELEPHONE: (601) 987-3079



FAX: (601) 987-4159

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

December 1, 2016

Wilford H. Byrd, M.D.
100 Gore Drive
Clinton, MS 39056

Dear Dr. Byrd:

The Mississippi State Board of Medical Licensure ("MSBML") has renewed your license. The MSBML also decided to issue you a public letter of concern related to completion of Continuing Education ("CME") Requirements as specified by MSBML Administrative Code Part 2610 Chapter 2: CME Requirements Rule 2.1. Further, as part of your renewal you certified that you had completed the CME requirements.

As specified by MSBML Administrative Code Part 2610 Chapter 2: Rule 2.6 Annual Renewal: "If deficiencies are identified, licensee must complete deficiencies within six (6) months of date of notification. Failure to comply may result in the suspension of licensee's license." You must submit documentation of the CME deficiencies, 20 hours of Category 1 CME including five (5) hours related to the prescribing of medications with an emphasis on controlled substances, by February 28, 2017. *These credits may not be claimed for any other reporting period.*

The Board does not consider a public letter of concern to be a disciplinary action or a limitation or restriction on your license. The MSBML is concerned that you have not completed the required forty (40) hours of CME including the five (5) hours of CME related to the prescribing of medications with an emphasis on controlled substances and that you have filed a false certification.

The MSBML urges you to take steps to ensure that such deficiencies do not recur. In the event of recurrence, the MSBML may commence formal disciplinary proceedings resulting in actions against your license to practice medicine. If that happens, this letter may be entered into evidence in determining appropriate disciplinary actions.

While not a disciplinary action, this letter is a public record within the meaning of Miss. Code Ann. §73-43-11 and MSBML Administrative Code Part 2650 Chapter 2: Public Records and is subject to public inspection and dissemination. It will be reported to the Federation of State Medical Boards; however, it will not be reported to the National Practitioner Data Bank.

Sincerely,

A handwritten signature in cursive script, appearing to read "John K. Hall".

John K. Hall, MD, JD
Executive Director

TELEPHONE: (601) 987-3079



FAX: (601) 987-4159

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

December 21, 2016

CERTIFIED RETURN RECEIPT

Samuel W. Taylor, Jr., M.D.
Retina Specialists of West Alabama
500 Hargrove Road, E
Tuscaloosa, AL 35401

Dear Dr. Taylor:

The Mississippi State Board of Medical Licensure ("MSBML") has renewed your license. The MSBML also decided to issue you a public letter of concern related to completion of Continuing Education ("CME") Requirements as specified by MSBML Administrative Code Part 2610 Chapter 2: CME Requirements Rule 2.1. Further, as part of your renewal you certified that you had completed the CME requirements.

As specified by MSBML Administrative Code Part 2610 Chapter 2: Rule 2.6 Annual Renewal: "If deficiencies are identified, licensee must complete deficiencies within six (6) months of date of notification. Failure to comply may result in the suspension of licensee's license." You were notified August 2, 2016, that by August 31, 2016, copies of your 40 hours of CME including 5 hours in the prescribing of controlled substances must be submitted to the Board. On August 25, 2016, the Board received documentation of 40 hours of CME; however, none of the CME was related to the prescribing of medications. You were notified on August 25, 2016, and again on September 9, 2016, that you must submit documentation of the CME deficiencies, five (5) hours related to the prescribing of medications with an emphasis on controlled substances, by September 30, 2016. As of the date of this letter, the Board has not received documentation of your prescribing CME; therefore, the Board must assume you do not have these hours.

The Board does not consider a public letter of concern to be a disciplinary action or a limitation or restriction on your license. The MSBML is concerned that you have not completed the required five (5) hours of CME related to the prescribing of medications with an emphasis on controlled substances and that you have filed a false certification.

The MSBML urges you to take steps to ensure that these hours are obtained and documentation is submitted to the Board expeditiously. Your 5 hours of prescribing of controlled substances must be received by the Board no later than February 26, 2017. Failure to submit these hours will lead to the Board commencing formal disciplinary proceedings which could result in a reportable action against your license to practice medicine. If that happens, this letter may be entered into evidence in determining appropriate disciplinary action.

While not a disciplinary action, this letter is a public record within the meaning of Miss. Code Ann. §73-43-11 and MSBML Administrative Code Part 2650 Chapter 2: Public Records and is subject to public inspection and dissemination. It will be reported to the Federation of State Medical Boards; however, it will not be reported to the National Practitioner Data Bank.

Sincerely,

A handwritten signature in dark ink, appearing to read "John K. Hall", is written over a light-colored background.

John K. Hall, MD, JD
Executive Director

Physician Assistant Protocol—Anna Burns

JOB TITLE: Physician Assistant

PRIMARY LOCATION OF PRACTICE: 497 Azalea Drive Suite 102 Oxford MS 38655

REPORTS TO: Daniel Boyd, MD MSL# 19120

POSITION SUMMARY/SCOPE:

Performing comprehensive and problem focused history and physical exams, interpret and correlate laboratory and diagnostic procedures. Interpret and correlate subjective data to formulate a differential diagnose and establish a working diagnosis. Formulate a treatment plan for medical problems within scope of practice. Implement therapeutic intervention for specific conditions when appropriate. Exercise judgment on problems requiring consultation, referral, or evaluation by the supervising physician or other health care professionals.

Order, collect, and perform appropriate laboratory or diagnostic procedures, and studies including blood and tissue specimens. Ordering or performing diagnostic studies such as EMG, nerve conduction studies, and x-ray examinations including special examinations CT, MRI, and bone scans etc.

Performing procedures such as digital blocks, local anesthesia, and minor outpatient surgical procedures such as: wound closures, wound management, wound debridement, wound vac placement, and incision and drainage.

Performs first assist surgical duties, including ensuring all needed equipment and supplies are present. Writes orders in the recovery room, talks with family, visits patients, performs post-op procedures and dictates discharge summaries, writes prescriptions, explains discharge instructions, confirms follow-up appointments.

Assist in the management of all aspects of pre-, intra- and post-operative care.

Perform diagnostic and therapeutic procedures. Order prescribe, sample, and administer medication, and other devices as may be allowed by state legislation.

Evaluate, screen, and council patient on health maintenance and promote utilization of community resources. Design, conduct, and/or participate in research, manage databases, and perform quality assurance.

ACTIVITIES:

The physician assistant's activities will include the following:

1. Works in concert with and under the supervision of physicians of Oxford Orthopedics and Sports Medicine at all times.
2. Performs comprehensive and problem-focused assessments of patients.
3. Elicits a medical history.
4. Performs an appropriate physical exam.
5. Responsible for assisting with the ordering and follow-up of patient laboratory and imaging results.
6. Formulates a differential diagnosis.
7. Makes a diagnoses based on the assessment.
8. Develops a treatment plan based on assessment.
9. Prescribes medication (see Prescriptive Authority).
10. Educates the patient and their family members regarding the treatment plan.
11. Assists with coordination of patient care. Links patient to appropriate resources.
12. Assures continuity of care.
13. Assists with patient phone calls.

14. Documents medical care provided.
15. Communicates with referring physician as instructed.
16. Assists the physician with procedures (see list below).
17. Follows all relevant regulations regarding compliances.
18. Participates in continuing medical education activities.
19. Assists and participates with departmental clinical research activities.
20. Practices within the scope of applicable regulations for physician assistants in the state.
21. Performs first assist surgical duties. Assist in the management of all aspects of pre-, intra- and post-operative care.
22. Issue and instruct patients with post-operative rehabilitation exercises.
23. Diagnostic and therapeutic procedures performed by the physician assistant may include:
 - a. Insertion of IV access
 - b. Venipuncture
 - c. Injections, including subcutaneous, intramuscular, intravenous, or intra-articular.
 - d. Administration of subcutaneous local anesthesia.
 - e. Suture simple wound
 - f. Application and removal of splints, casts, and bandages
 - g. Wound debridement and dressing change
 - h. Wound Vac placement
 - i. Removal of sutures
 - j. Urinary bladder catheterization and routine urinalysis.
 - k. Joint aspiration or collection of materials for bacteriological or viral culture.

PRESCRIPTIVE AUTHORITY:

Pharmacologic agents which may be ordered, administered, sampled and/or prescribed by the physician assistant include:

1. All non-controlled medication with the following exceptions
 - a. Chemotherapeutic agents
 - b. Immunosuppressive agents with the exception of steroids
2. PA may receive and distribute samples of non-controlled substances for which the PA has prescriptive authority; however, the PA may not receive samples of scheduled controlled substances.

It is the right and obligation of the supervising physician to monitor the controlled medications prescribed by the Physician Assistant through the Board of Pharmacy Prescriptions Monitory Program. This should be part of the quarterly quality improvement discussion.

SUPERVISION:

1. Physician assistant will see patients in concert with the supervising physician or the backup supervising physician and verbally convey all relevant information the physician. Treatment plan is developed jointly. Back-up Physicians include:
 - a. **Kurre Luber, MD**, MSL#19710, Oxford Orthopedics and Sports Medicine 497 Azalea Drive Suite 102 Oxford MS 38655
 - b. **Cooper Terry, MD**, MSL#14854, Oxford Orthopedics and Sports Medicine 497 Azalea Drive Suite 102 Oxford MS 38655
2. For any patient seen without the direct presence of the supervising physician or the back-up physician or the for any follow-up calls, correspondence, or laboratory and imaging review, the physician assistant will e-mail, page, and/or directly communicate relevant information with the faculty physician.

3. The physician assistant will practice in the same location as the physicians at all times to include:
 - a. Oxford Orthopedics and Sports Medicine - 497 Azalea Drive, Suite 102, Oxford, MS 38655
 - b. Baptist Memorial Hospital- North Mississippi - 2301 S. Lamar, Oxford, MS 38655
 - c. Oxford Surgery Center- 499 Azalea Drive, Oxford, MS 38655
 - d. Grenada Medical Complex - 1300 Sunset Drive, Suite T, Grenada, MS 38901
 - e. Potential Satellite Clinic coverage by Physician Assistant as required by Mississippi State Medical Board of Licensure.
4. Physician Assistant will undergo quarterly quality assurance reviews by clinic medical director to assess skill and fund of knowledge. Quarterly scheduled conferences between the supervising physician and the physician assistant will be conducted and documented.
5. The supervising physician must randomly review at least 10% of the PA's charts monthly. During the review, the supervising physician should note the medical and family history taken, results of any and all examinations, test, all diagnosis, orders given, medications prescribed, and treatments rendered. The review should be evidenced by the supervising physician placing their initials or a signature next to each of the above areas of review and is required to submit proof of the review upon request by MSBML.
6. The supervising physician or the back-up supervising physician will be onsite or available at all times to the physician assistant. One of these physicians will be within a 65-mile distance of the physician assistant and would always be available via phone.
7. Physician Assistant, Ms. Anna Burns has been given a waiver with regards to "Same Community Coverage". Ms. Burns will be allowed to perform her duties as a PA within a 65-mile distance of direct supervisor or back-up Physicians.

INSURANCE COVERAGE:

Insurance carrier is State Volunteer Mutual Insurance Company. Policy effective for Physician Assistant January 1, 2012. \$1,000,000 Individual/ \$3,000,000 Aggregate Coverage. Coverage provided by Oxford Orthopedics and Sports Medicine, 497 Azalea Drive Suite 102, Oxford, MS 38655

All stated above in accordance with state and hospital approved rules and regulations, laws, and policies.

SIGNATURES:

Anna Burns

date

Daniel Boyd, MD

date

**AGREEMENT TO APPEAR INFORMALLY BEFORE BOARD
BY CURRENT LICENSEE**

I, **Donald A. Balder, M.D.**, have been asked to appear informally before the Mississippi State Board of Medical Licensure (hereinafter "Board") to discuss issues which may relate to my practice and possible the grounds, if any, for disciplinary action, and possible resolution of the same. It is the purpose of the informal meeting to discuss the facts of the case, to give me an opportunity to ask questions of the Board or its staff, and to give the Board or its staff an opportunity to ask questions of me. Because the meeting is informal, no disciplinary action will be taken without my express written consent. In so doing, I have been advised and understand the following:

1. During the meeting, the Board may or may not be represented by legal counsel. Notwithstanding, I understand that I have a right, if I so choose, to employ legal counsel and have counsel present during the informal meeting.
2. I authorize the Board Members to review and examine any statements, documentary evidence, or materials concerning the possible grounds for disciplinary action against my license.
3. Because the purpose of my appearance is to avoid a hearing before the Board, I agree that presentation to and consideration by the Board of any facts, matters, and documents pertaining to my case shall not unfairly or illegally prejudice the Board members from further participation or consideration in the event a formal hearing is later conducted. Stated differently, in the event the pending matter is not resolved following my appearance before the Board, I will not object to any of the Board members from further participating in subsequent meetings or hearings that may be conducted in relation to this matter.
4. By signing my name in the space provided below, I hereby authorize the Board to proceed with the informal appearance, subject to the stipulations and understandings as noted above. I have elected to proceed:

with legal counsel present (name of counsel: BILL WALTER)

without legal counsel present

EXECUTED, this the 12th day of January, 2017.



LICENSEE

Witness: 

EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
January 12, 2017

AGENDA ITEM: Hearing in the case of Donald Balder, MD

In a motion made by Easterling, seconded by Crawford, and carried the Board offers the Licensee a Consent Order Agreement directing that Dr. Balder submit to an evaluation by a Board approved program.

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

With a motion by Dr. Crawford, seconded by Dr. Easterling, the Board came out of Executive Session.



Charles D. Miles, M.D.
President

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi State Board of Medical Licensure		CONTACT PERSON Rhonda Freeman	TELEPHONE NUMBER (601) 987-3079	
ADDRESS 1867 Crane Ridge Drive, Suite 200-B		CITY Jackson	STATE MS	ZIP 39216
EMAIL mboard@msbml.ms.gov	SUBMIT DATE 1/13/17	Name or number of rule(s): Part 2601 Chapter 1: Licensure Rules Governing the Practice of Allopathic Physicians, Osteopathic Physicians, Podiatrists, Physician Assistants, Radiologist Assistants and Acupuncturists		

Short explanation of rule/amendment/pepeal and reason(s) for proposing rule/amendment/pepeal: This rule has been reviewed and updated to clarify that the ~~RSCPS~~ ^{RCPSC} is the Royal College of Physicians and Surgeons of Canada.

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

List all rules repealed, amended, or suspended by the proposed rule: Part 2601 Chapter 1: Licensure Rules Governing the Practice of Allopathic Physicians, Osteopathic Physicians, Podiatrists, Physician Assistants, Radiologist Assistants and Acupuncturists

ORAL PROCEEDING:

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

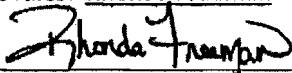
If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20)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

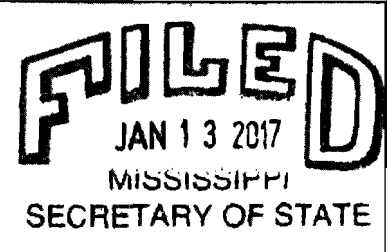
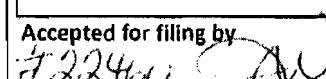
ECONOMIC IMPACT STATEMENT:

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

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

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

Signature of person authorized to file rules: 

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		
Accepted for filing by	Accepted for filing by 	Accepted for filing by

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

Part 2601: Professional Licensure

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

Rule 1.1 Scope. These rules apply to all applicants for licensure to practice allopathic medicine, osteopathic medicine, podiatric medicine, or acupuncture in the state of Mississippi and to all individuals practicing allopathic medicine, osteopathic medicine, podiatric medicine, or acupuncture within the state whether licensed or unlicensed.

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

Rule 1.2 Definitions. For the purpose of these rules, the following terms have the meanings indicated:

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

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

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

Rule 1.3 Duty to Obtain License. Any physician, physician assistant, radiologist assistant or acupuncturist desiring to practice in this state must first obtain a license to do so by completing an application for licensure and submitting all requested documentation to the Board.

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

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

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

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

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

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

Part 2601: Professional Licensure

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

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- N. "COMLEX" means the Comprehensive Osteopathic Medical Licensing Examination administered through the NBOME.
- O. "COMVEX" means the Comprehensive Osteopathic Medical Variable-Purpose Examination administered through the NBOME.
- P. "AOA" means American Osteopathic Association.
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- R. "APMA" means American Podiatric Medical Association.
- S. "ABPM" means American Board of Podiatric Medicine.
- T. "ABPS" means American Board of Podiatric Surgery.
- U. "FPMB" means Federation of Podiatric Medical Boards.
- V. "CPME" means Council on Podiatric Medical Education.
- W. "NBPME" means National Board of Podiatric Medical Examiners.

- X. "APMLE" means American Podiatric Medical Licensing Examination administered through the NBPME.
- Y. "NPDB" means National Practitioner Data Bank.
- Z. "ECFMG" means the Education Commission for Foreign Medical Graduates.
- AA. "Foreign Medical School" means any medical college or college of osteopathic medicine located outside the United States, Canada or Puerto Rico.
- BB. "IMED" means International Medical Education Directory.
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Amended April 15, 1999. Amended May 17, 2007.

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

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi State Board of Medical Licensure		CONTACT PERSON Rhonda Freeman	TELEPHONE NUMBER (601) 987-3079	
ADDRESS 1867 Crane Ridge Drive, Suite 200-B		CITY Jackson	STATE MS	ZIP 39216
EMAIL mboard@msbml.ms.gov	SUBMIT DATE 1/13/17	Name or number of rule(s): Part 2605: Medical, Osteopathic and Podiatric Physicians		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The rules in this Part have been reviewed and updated to reflect changes in terminology and to remove the personal appearance requirement of applicants.

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

List all rules repealed, amended, or suspended by the proposed rule: Part 2605: Medical, Osteopathic and Podiatric Physicians

ORAL PROCEEDING:

- An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____
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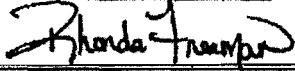
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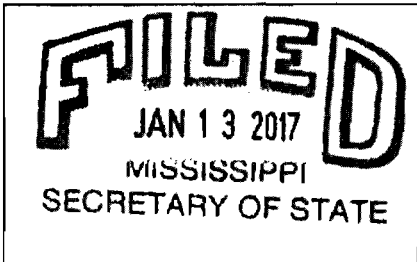
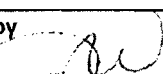
ECONOMIC IMPACT STATEMENT:

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

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

Signature of person authorized to file rules: 

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		
Accepted for filing by	Accepted for filing by 	Accepted for filing by

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

Part 2605: Medical, Osteopathic and Podiatric Physicians

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

Rule 1.1 Licensure by Credentials. The Board endorses licenses to practice medicine obtained in most states by written examination prior to March 8, 1973. Subject to the provisions of Part 2605, Rule 1.2, all applicants for medical licensure who took the FLEX between March 8, 1973, and January 24, 1985, must have passed the FLEX taken in one three-day sitting with a weighted average of 75 or higher in order to obtain licensure in Mississippi. The Board will not accept scores of more than one administration of the FLEX which have been combined (factored) to provide a FLEX weighted average of 75 or higher. From and after January 24, 1985, an applicant for medical licensure by reciprocity must have passed both Components I and II of the FLEX with a score of 75 to be considered the passing grade for each component. From and after June 1994, the Board shall endorse licenses to practice medicine from applicants who have successfully taken Steps 1, 2 and 3 of the USMLE.

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

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

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

In addition to the above requirements for licensure by credentials, an individual shall meet the following requirements:

- A. Applicant must be twenty-one (21) years of age and of good moral character.
- B. Present a diploma from a reputable medical college or college of osteopathic medicine, subject to the following conditions:
 1. If the degree is from a medical college or a college of osteopathic medicine in the United States or Puerto Rico, the medical college must be accredited at the time of graduation by the LCME, a Joint Committee of the Association of American Medical Colleges (AAMC) and the AMA or the College of Osteopathic Medicine which must be accredited by the AOA.
 2. If the degree is from a Canadian medical school, the school must be accredited at the time of graduation by the LCME and by the Committee on Accreditation for Canadian Medical Schools.
 3. If the degree is from an international medical school, the medical school must be listed on the substantial equivalence list of the Texas Medical Board. If school is not on the substantial equivalence list, the school must be individually evaluated and approved by the Executive Director subject to approval by the full Board. A graduate from an international medical school must either (i) possess a valid

certificate from the ECFMG or (ii) document successful completion of a Fifth Pathway program and be currently board certified by a specialty board recognized by the ABMS. The Board will accept for licensure only those individuals completing Fifth Pathway Programs by December 31, 2009. Credentialing via Fifth Pathway Programs will be considered on an individual basis.

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

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

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

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

Rule 1.2 Waiver. Notwithstanding the above requirements for Licensure by Credentials in Rule 1.1, the Board may, upon written request by the physician and after review of all relevant factors, choose to waive any or all of the existing requirements for licensure. To be considered for a waiver, the physician must:

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

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

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

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

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

Rule 1.3 Licensure Examinations. The Board recognizes four (4) separate and distinct examinations, to-wit: The examinations administered by the NBME, NBOME (COMLEX), FLEX and USMLE. The Board adopted the FLEX as a method of licensure by examination on March 8, 1973. Prior to this date, the Board administered a written examination and endorsed licenses to practice medicine or osteopathic medicine obtained in most states by written examination. A separate discussion of each examination and this Board's requirements for the purpose of licensure is as follows:

A. FLEX

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

Day I--Basic Science
Day II--Clinical Science
Day III--Clinical Competence

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

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

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

B. USMLE

1. The USMLE is a three-step examination for medical licensure in the United States and is sponsored by the FSMB and NBME. The Board adopted the USMLE as an additional method of licensure by examination on September 16, 1993. The USMLE replaced FLEX and the NBME certification examinations during a phase-in period from 1992 to 1994. Unlike the three-day (two-component) FLEX, USMLE is a three-step examination that consists of three two-day examinations, Step 1, Step 2, and Step 3. Each step is complementary to the other; no step can stand alone in the assessment of readiness for medical licensure. The clinical skills examination is a separately administered component of Step 2 and is referred to as Step 2 Clinical Skills, or Step 2 CS. Unlike the FLEX, which was taken upon or after graduation from medical school most applicants will take Step 1 and 2 of the USMLE during their medical school years. Step 3 will be taken after graduation.
2. USMLE Steps 1, 2 and 3 must be passed within a seven-year time period beginning when the examinee passes his or her first Step. The Board, at its discretion, may waive this requirement based on extraordinary circumstances. The Board encourages all applicants to take Step 3 of the USMLE as soon as possible following receipt of the M.D. or D.O. degree.

C. NBME or NBOME

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

D. EXAM COMBINATIONS

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

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

Amended September 13, 1997. Amended January 18, 2001. Amended February 18, 2003. Amended March 8, 2007. Amended May 17, 2007. Amended January 24, 2008. Amended July 1, 2009. Amended October 13, 2009. Amended March 19, 2015.

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

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

Rule 2.1 Licensure by Credentials. If the original license of an applicant was obtained by state board examination, the applicant must have the state board where original license was obtained by written examination submit a certified copy of the examination directly to the Board.

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

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

- A. Applicant must be twenty-one (21) years of age, and of good moral character.
- B. Applicant must have had at least four (4) years high school and be graduate of same; he or she shall have at least one (1) year pre-podiatry college education.

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

Amended March 8, 2007. Amended May 17, 2007. Amended January 24, 2008. Amended November 20, 2008. Amended November 13, 2015.

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

Part 2605 Chapter 3: Temporary Licensure

Rule 3.1 Temporary Licensure.

- A. Mississippi temporary medical or podiatric licenses may be issued to applicants for licensure in Mississippi under the following conditions:
 - 1. A restricted temporary medical or podiatric license may be issued upon proper completion of an application to an applicant who otherwise meets all requirements for licensure except successful completion:
 - a. of the postgraduate training requirements provided in Part 2605, Chapter 1, Rule 1.1 or Chapter 2, Rule 2.1; and/or
 - b. of Step 3 of USMLE, Level 3 of COMLEX, or Part 3 of the APMLE.
 Such restricted temporary license shall entitle the physician to practice medicine or podiatric medicine only within the confines of an ACGME, AOA or APMA approved postgraduate training program in this state and may be renewed annually for the duration of the postgraduate training for a period not to exceed five (5) years.
 - 2. An unrestricted temporary medical license may be issued in an exceptional case to an applicant seeking licensure by credentials. Such an unrestricted temporary license shall remain valid only for a period of time sufficient for applicant to submit required documents and credentials to complete an application for permanent licensure, but in no instance to exceed 30 days.

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

Mississippi temporary medical licenses are issued under the condition that the licensee shall not apply to the U.S. Drug Enforcement Administration for a Controlled Substances Registration Certificate.

Amended November 13, 2015.

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

Rule 3.2 Limited Institutional Licensure.

- A. Pursuant to Section 73-25-23, Mississippi Code, a limited institutional license is available only to graduates of Board-approved international medical schools who are employed or are being considered for employment to practice medicine in one or more Mississippi state-supported institutions located in the same county.
- B. Graduates of international medical schools holding a limited institutional license, and who are employed by and enrolled in an approved ACGME or AOA postgraduate training program in a state-supported institution, shall be authorized to participate only in such approved postgraduate educational program or affiliated training program sites.
- C. An application for limited institutional licensure may be accepted by the Board only upon the written request of the state-supported institution which has employed or is considering employing a graduate of an international medical school to practice medicine.
- D. A limited institutional license may be issued for a period of one (1) year for practice in a particular institution after a review and favorable recommendations by a majority of the following:
 1. President or Secretary, Board of Trustees of Institution
 2. Director of Institution
 3. President or Secretary, Local Chartered Medical Society in area in which institution is located
 4. Member, Board of Trustees, Mississippi State Medical Association in area in which institution is located
 5. Member, Mississippi State Board of Medical Licensure from district in which institution is located
 6. Executive Officer, Mississippi State Board of Medical Licensure
- E. In addition to the above requirements for a limited institutional license, an applicant shall meet the following requirements:
 1. Must be at least twenty-one (21) years of age and of good moral character.
 2. Must submit copy of diploma and certification of completion from a medical school listed on the substantial equivalence list of the Texas Medical Board. If school is not on the substantial equivalence list, then the school must be individually evaluated and approved by the Executive Director subject to approval by the full Board.
 3. Must submit certified copy of valid certificate from the ECFMG or its successor.
 4. Must submit an application completed in every detail with recent passport type photograph.
 5. Must submit fee prescribed by the Board.
 6. Submit fingerprints for state and national criminal background checks.

- F. Pursuant to Section 73-25-23, Mississippi Code, a limited institutional license must be renewed annually, after such review as the Board considers necessary. A graduate of an international medical school so licensed may hold such limited institutional license no longer than five (5) years.
- G. A limited institutional license shall become void immediately upon termination of employment of the licensee at the institution, or institutions, at which practice is authorized under the license.
- H. An annual renewal fee shall be prescribed by the Board.

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

Rule 3.3 Temporary Training License for Out-of-State Residents. An individual enrolled in an out-of-state postgraduate training program wishing to rotate through an ACGME or AOA approved training program within Mississippi, shall not be required to obtain a restricted temporary license provided the rotation lasts no longer than four (4) weeks. However, the individual must submit the following to the Board:

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

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

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

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

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

Rule 3.4 Short-Term Training for Out-of-State Physicians. The Board is aware that there are Mississippi physicians assisting out-of-state physicians in expanding professional knowledge and expertise by offering short-term training to the out-of-state physician. The Mississippi physician wishing to offer this training to the unlicensed out-of-state physician(s) must have their short-term training program approved by the Board.

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

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

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

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

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

**Amended November 19, 1998. Amended March 8, 2007. Amended May 17, 2007.
Amended July 12, 2007. Amended September 20, 2007.**

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

Part 2605 Chapter 4: Expedited Licensure

Rule 4.1 Military Applicants.

- A. Pursuant to MS Code Ann. Section 73-50-1, the Board of Medical Licensure is authorized to issue an expedited license to a military-trained applicant to allow the applicant to lawfully practice medicine in Mississippi. In order to receive the expedited license, the following requirements must be satisfied:
 - 1. Complete an application for medical license and submit it to the Board in the manner prescribed by the Board with a recent passport type photograph.
 - 2. Submit documentation that applicant has been awarded a military occupational specialty.
 - 3. Submit documentation of completion of a military program of medical training.
 - 4. Submit evidence that the applicant either (i) is currently on active duty with medical corps or (ii) has separated honorably from the military within the 6 months prior to the time of application.
 - 5. Submit verification of a completed licensing examination as described in Rule 2.3.

6. Have two references submit letters regarding applicant's performance in the practice of medicine.
 7. Submit verification that at least two of the past five years preceding the date of submission of the application applicant has engaged in the active practice of medicine.
 8. Submit certification that applicant has not committed any act in any jurisdiction that would have constituted grounds for refusal, suspension or revocation of a license to practice medicine in Mississippi at the time the act was committed. Applicants may participate in the Board's routine fingerprint background check, at the applicant's expense, in lieu of certification.
 9. Submit fingerprints for state and national criminal history background checks.
 10. Submit licensure fee prescribed by the Board.
- B. Pursuant to MS Code Ann. Section 73-50-1, the Board of Medical Licensure is authorized to issue a license to a military spouse to allow the military spouse to lawfully practice medicine in Mississippi. In order to receive the expedited license, the following requirements must be satisfied:
1. Complete an application for medical license and submit it to the Board in the manner prescribed by the Board with a recent passport type photograph.
 2. Submit certification of a current license from another jurisdiction, in which that jurisdiction's requirements for licensure are substantially equivalent to or exceed the requirements for licensure of the Board.
 3. Submit verification that at least two of the past five years preceding the date of submission of the application applicant has engaged in the active practice of medicine.
 4. Submit certification that applicant has not committed any act in any jurisdiction that would have constituted grounds for refusal, suspension or revocation of a license to practice medicine in Mississippi at the time the act was committed. Applicant may participate in the Board's routine fingerprint background check, at the applicant's expense, in lieu of certification.
 5. Submit verification that applicant is in good standing and has not been disciplined by the agency that had jurisdiction to issue the license.
 6. Submit licensure fee prescribed by the Board.
 7. Submit fingerprints for state and national criminal history background checks.
- C. All relevant experience of a military service member in the discharge of official duties or, for a military spouse, all relevant experience, including full-time and part-time experience, regardless of whether in a paid or volunteer capacity, shall be credited in the calculation of years of practice in the practice of medicine as required under subsection A or B of this section.
- D. A nonresident licensed under this section shall be entitled to the same rights and subject to the same obligations as required of a resident licensed by the Board.
- E. The Board may issue a temporary practice permit to a military-trained applicant or military spouse licensed in another jurisdiction while the military-trained applicant or military spouse is satisfying the requirements for licensure under subsection A or B of this section if that jurisdiction has licensure standards substantially equivalent to the standards for licensure of the Board. The military-trained applicant or military spouse may practice under the temporary permit until a license is granted or until a notice to

deny a license is issued in accordance with rules adopted by the Board.

Adopted July 10, 2014.

Source: Miss. Code Ann. §73-25-19 (1972, as amended).

Part 2605 Chapter 5: The Practice by Unlicensed Nonresident Physicians

Rule 5.1 Scope. This regulation shall apply to all individuals who practice or who seek to practice medicine or osteopathic medicine in the state of Mississippi pursuant to authority granted in Mississippi Code, Section 73-25-19.

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

Rule 5.2 Purpose. Pursuant to Mississippi Code, Section 73-25-19, non-resident physicians, not holding a license in the state of Mississippi, shall not be authorized to practice medicine in this state under any circumstances after remaining in the state for five (5) days, except when called in consultation by a licensed physician residing in this state. To implement its responsibility to protect the public, the Mississippi State Board of Medical Licensure shall monitor those non-resident physicians entering into this state to practice medicine pursuant to Section 73-25-19.

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

Rule 5.3 Notification to Board Required. Regardless of the number of days of anticipated practice, a non-resident physician not holding a license in the state of Mississippi shall not be authorized to practice medicine in this state under any circumstances, unless the following conditions have been satisfied:

The currently licensed Mississippi physician who needs consultation or assistance must notify the Board in writing of his or her request to have a non-resident physician practice in this state, setting forth (i) the identity of the non-resident unlicensed physician, (ii) a statement as to the purpose for the assistance/consultation, (iii) the location and address of the anticipated practice, and (iv) anticipated duration of practice.

Except in cases of emergencies, the above notification must be submitted to the Board at least seven (7) working days prior to the non-resident unlicensed physician entering into the state.

The non-resident unlicensed physician shall submit to the Board written proof of licensure status in good standing from another state or jurisdiction.

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

Rule 5.4 Intent. It is the intent and purpose of this regulation to encourage Mississippi licensed physicians to utilize the services of competent and well trained non-resident unlicensed physicians on an as needed basis. However, where it is anticipated that the services of the non-resident physicians will be utilized on a routine basis, that is, where the non-resident physicians

services will be utilized more than twice during any one year period of time, permanent licensure shall be required.

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

Rule 5.5 Exclusion. This regulation shall not apply to any non-resident physician who holds a temporary license to practice medicine at a youth camp issued under the provisions of Mississippi Code, Sections 75-74-8 and 73-25-17.

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

Rule 5.6 Effective Date of Regulation. The above rules pertaining to the practice by unlicensed nonresident physicians shall become effective August 22, 2002.

Amended October 19, 2002.

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

Part 2605 Chapter 6: Administrative Medical License

Rule 6.1 Definitions. For the purpose of Part 2601 Chapter 8, the following terms have the meanings indicated:

- A. "Administrative Medical License" means a license to engage in professional, managerial, or administrative activities related to the practice of medicine or to the delivery of health care services, but does not include nor permit the practice of clinical medicine or the right to engage in medical research including clinical trials on humans.
- B. "Clinical Medicine" means medical practice that includes but is not limited to:
 - 1. Direct involvement in patient evaluation, diagnosis, or treatment;
 - 2. Prescribing of any medication;
 - 3. Delegating medical acts or prescribing authority; or
 - 4. Supervision of physicians, physician's assistants, or advanced practice registered nurses in the practice of clinical medicine.

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

Rule 6.2 Administrative Medical License. The Board may issue an administrative medical license to a physician who meets all qualifications for full licensure in the state, including payment of a fee set by the Board but who does not intend to provide medical or clinical services to or for patients while in possession of an administrative medical license and signs a notarized statement to that effect. An administrative medical license is subject to annual renewal.

In addition to the restrictions as noted in Rule 8.1 above, any person holding an administrative medical license shall be subject to all other provisions of the Medical Practice Law, Sections 73-25-1, et. seq., and the Administrative Code of the Board, where deemed applicable.

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

Adopted March 19, 2015; and Amended May 26, 2015.

Part 2605: Medical, Osteopathic and Podiatric Physicians

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

Rule 1.1 Licensure by Credentials. The Board endorses licenses to practice medicine obtained in most states by written examination prior to March 8, 1973. Subject to the provisions of Part 2605, Rule 1.2, all applicants for medical licensure who took the FLEX between March 8, 1973, and January 24, 1985, must have passed the FLEX taken in one three-day sitting with a weighted average of 75 or higher in order to obtain licensure in Mississippi. The Board will not accept scores of more than one administration of the FLEX which have been combined (factored) to provide a FLEX weighted average of 75 or higher. From and after January 24, 1985, an applicant for medical licensure by reciprocity must have passed both Components I and II of the FLEX with a score of 75 to be considered the passing grade for each component. From and after June 1994, the Board shall endorse licenses to practice medicine from applicants who have successfully taken Steps 1, 2 and 3 of the USMLE.

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

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

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

In addition to the above requirements for licensure by credentials, an individual shall meet the following requirements:

- A. Applicant must be twenty-one (21) years of age and of good moral character.
- B. Present a diploma from a reputable medical college or college of osteopathic medicine, subject to the following conditions:
 1. If the degree is from a medical college or a college of osteopathic medicine in the United States or Puerto Rico, the medical college must be accredited at the time of graduation by the LCME, a Joint Committee of the Association of American Medical Colleges (AAMC) and the AMA or the College of Osteopathic Medicine which must be accredited by the AOA.
 2. If the degree is from a Canadian medical school, the school must be accredited at the time of graduation by the LCME and by the Committee on Accreditation for Canadian Medical Schools.
 3. If the degree is from a ~~foreign~~ an international medical school, the medical school must be listed on the substantial equivalence list of the Texas Medical Board. If school is not on the substantial equivalence list, the school must be individually evaluated and approved by the Executive Director subject to approval by the full Board. an applicant A graduate from an international medical school must either (i) possess a valid certificate from the ECFMG or (ii) document successful completion

- of a Fifth Pathway program and be currently board certified by a specialty board recognized by the ABMS. The Board will accept for licensure only those individuals completing Fifth Pathway Programs by December 31, 2009. Credentialing via Fifth Pathway Programs will be considered on an individual basis.
4. Any diploma or other document required to be submitted to the Board by an applicant which is not in the English language must be accompanied by a certified translation thereof into English.
- C. If a graduate from a medical college or college of osteopathic medicine in the United States, Canada or Puerto Rico, applicant must present documentation of having completed at least one (1) year of postgraduate training in the United States accredited by the ACGME or by the AOA; or training in Canada accredited by the RCPSC.
- D. ~~If a graduate from a foreign medical school, applicant~~ Applicants who graduated from an international medical school must present documentation of having completed either:
1. three (3) or more years of ACGME-approved postgraduate training in the United States or training in Canada approved by the RCPSC; or
 2. one (1) year of ACGME-approved postgraduate training in the United States or training in Canada approved by the RCPSC, be currently board certified by a specialty board recognized by the ABMS and must have approval by the Board.
- E. An applicant who otherwise possesses all of the qualifications for licensure by credentials, but has not taken a medical proficiency examination or licensure examination within ten (10) years prior to filing his or her application, must pass the SPEX or COMVEX*, unless the applicant:
1. Submits satisfactory proof of current certification by an ABMS and participating in Maintenance of Certification (MOC) or AOA approved specialty board and participating in Osteopathic Continuous Certification (OCC); or
 2. Submits proof that the applicant's sole purpose for seeking licensure is to serve as the Dean, Chairman of the Department or Faculty of an ACGME or AOA approved training program. In such case, a license shall remain in effect so long as licensee is a member of the faculty of the ACGME or AOA approved training program.
- F. Submit certified copy of either (i) a birth certificate or (ii) a valid passport.
- G. Complete an application for medical license and submit it to the Board in a manner prescribed by the Board with a recent passport type photograph.
- H. Submit fee prescribed by the Board.

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

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

- I. ~~Appear for a personal interview in the office of the Board, successfully pass the Jurisprudence Examination as administered by the Board, and submit for a criminal background check.~~ Submit fingerprints for state and national criminal history background checks.

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

Rule 1.2 Waiver. Notwithstanding the above requirements for Licensure by Credentials in Rule 1.1, the Board may, upon written request by the physician and after review of all relevant factors, choose to waive any or all of the existing requirements for licensure. To be considered for a waiver, the physician must:

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

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

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

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

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

Rule 1.3 Licensure Examinations. The Board recognizes four (4) separate and distinct examinations, to-wit: The examinations administered by the NBME, NBOME (COMLEX), FLEX and USMLE. The Board adopted the FLEX as a method of licensure by examination on March 8, 1973. Prior to this date, the Board administered a written examination and endorsed licenses to practice medicine or osteopathic medicine obtained in most states by written examination. A separate discussion of each examination and this Board's requirements for the purpose of licensure is as follows:

A. FLEX

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

Day I--Basic Science
Day II--Clinical Science
Day III--Clinical Competence

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

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

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

B. USMLE

1. The USMLE is a three-step examination for medical licensure in the United States and is sponsored by the FSMB and NBME. The Board adopted the USMLE as an additional method of licensure by examination on September 16, 1993. The USMLE replaced FLEX and the NBME certification examinations during a phase-in period from 1992 to 1994. Unlike the three-day (two-component) FLEX, USMLE is a three-step examination that consists of three two-day examinations, Step 1, Step 2, and Step 3. Each step is complementary to the other; no step can stand alone in the assessment of readiness for medical licensure. The clinical skills examination is a separately administered component of Step 2 and is referred to as Step 2 Clinical Skills, or Step 2 CS. Unlike the FLEX, which was taken upon or after graduation from medical school most applicants will take Step 1 and 2 of the USMLE during their medical school years. Step 3 will be taken after graduation.
2. USMLE Steps 1, 2 and 3 must be passed within a seven-year time period beginning when the examinee passes his or her first Step. The Board, at its discretion, may waive this requirement based on extraordinary circumstances. The Board encourages all applicants to take Step 3 of the USMLE as soon as possible following receipt of the M.D. or D.O. degree.

C. NBME or NBOME

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

D. EXAM COMBINATIONS

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

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

Amended September 13, 1997. Amended January 18, 2001. Amended February 18, 2003. Amended March 8, 2007. Amended May 17, 2007. Amended January 24, 2008. Amended July 1, 2009. Amended October 13, 2009. Amended March 19, 2015.

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

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

Rule 2.1 Licensure by Credentials. If the original license of an applicant was obtained by state board examination, the applicant must have the state board where original license was obtained by written examination submit a certified copy of the examination directly to the Board.

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

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

- A. Applicant must be twenty-one (21) years of age, and of good moral character.
- B. Applicant must have had at least four (4) years high school and be graduate of same; he or she shall have at least one (1) year pre-podiatry college education.

- C. Present a diploma from a college of podiatric medicine recognized by the Board as being in good standing, subject to the following conditions.
 - 1. Any diploma or other document required to be submitted to the Board by an applicant which is not in the English language must be accompanied by a certified translation thereof into English.
 - 2. No college of podiatry or chiropody shall be accredited by the Board as a college of good standing which does not require for graduation a course of study of at least four (4) years (eight and one-half [8½] months each) and be accredited by the CPME at the time of graduation.
- D. Present proof of completion of one (1) year of APMA-approved postgraduate training in the U.S. or Canada. If the podiatrist graduated from an accredited college of podiatric medicine prior to 1990, has continuously practiced for the past ten (10) years and has held unrestricted license(s) to practice podiatry, the one (1) year of APMA-approved postgraduate training may be waived at the Board's discretion.
- E. Submit certified copy of birth certificate or valid passport.
- F. Complete an application for podiatry license and submit it to the Board in the manner prescribed by the Board with a recent passport type photograph.
- G. Submit fee prescribed by the Board.
- H. ~~Appear for a personal interview in the office of the Board, submit for a criminal background check and successfully pass the Jurisprudence Examination as administered by the Board.~~ Submit fingerprints for state and national criminal history background checks.

Amended March 8, 2007. Amended May 17, 2007. Amended January 24, 2008. Amended November 20, 2008. Amended November 13, 2015.

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

Part 2605 Chapter 3: Temporary Licensure

Rule 3.1 Temporary Licensure.

- A. Mississippi temporary medical or podiatric licenses may be issued to applicants for licensure in Mississippi under the following conditions:
 - 1. A restricted temporary medical or podiatric license may be issued upon proper completion of an application to an applicant who otherwise meets all requirements for licensure except successful completion:
 - a. of the postgraduate training requirements provided in Part 2605, Chapter 1, Rule 1.1 or Chapter 2, Rule 2.1; and/or
 - b. of Step 3 of USMLE, Level 3 of COMLEX, or Part 3 of the APMLE.
 Such restricted temporary license shall entitle the physician to practice medicine or podiatric medicine only within the confines of an ACGME, AOA or APMA approved postgraduate training program in this state and may be renewed annually for the duration of the postgraduate training for a period not to exceed five (5) years.
 - 2. An unrestricted temporary medical license may be issued in an exceptional case to an applicant seeking licensure by credentials. Such an unrestricted temporary

license shall remain valid only for a period of time sufficient for applicant to submit required documents and credentials to complete an application for permanent licensure, but in no instance to exceed 30 days.

- B. The Board may issue a temporary license to practice medicine for a period not to exceed 90 days at a youth camp licensed by the State Department of Health to any nonresident physician who is not licensed to practice medicine in this state or to any resident physician who is retired from the active practice of medicine in this state while serving as a volunteer at such camp.
 - 1. Nonresident Physician
 - a. must have favorable references from two physicians with whom the applicant has worked or trained within the last year;
 - b. must have written certification from the medical licensing authority in the state in which he or she holds a currently valid license to practice medicine; and
 - c. must submit fee prescribed by the Board.
 - 2. Retired Resident Physician
 - a. must be in good standing with the Board, and
 - b. must submit fee as prescribed by the Board.
- C. The Board may issue a temporary license to practice medicine to physicians who have been admitted for treatment in a drug and/or alcohol treatment program approved by the Board, or who are enrolled in the fellowship of addictionology in the Mississippi State Medical Association Professionals Health Program; provided that, a nonresident applicant shall hold a valid (unrestricted) license to practice medicine in another state and the medical licensing authority of that state shall certify to the Board in writing that such license is in good standing.
 - 1. A temporary license issued under this rule shall be valid for a period of ninety (90) days but may be renewed every ninety (90) days for the duration of the fellowship or treatment program. If the applicant discontinues treatment or leaves the fellowship program, the temporary license shall automatically become null and void. The Board may rescind or extend this temporary license for cause.
 - 2. A temporary license issued to a physician under this rule shall be limited to the out-patient phase of the treatment program or the time necessary to complete the fellowship of addictionology. The physician to whom the license is issued may administer treatment and care within the scope of the drug and/or alcohol treatment program or fellowship in an institutional setting and shall not otherwise practice in this state. A physician licensed under this rule shall not apply to the U.S. Drug Enforcement Administration for a controlled substances registration certificate and must be under the supervision of another physician holding a valid and unrestricted license in this state.
 - 3. A physician who has had his or her permanent license to practice in this state revoked or suspended by the Board due to habitual personal use of intoxicating liquors or narcotic drugs, or any other drug having addiction-forming or addiction-sustaining liability, may be granted a temporary license pursuant to this rule provided the temporary license is not in conflict with the prior disciplinary order of the Board rendered against the physician.
 - 4. The applicant applying for a ninety (90) day temporary license to practice while in treatment in an approved drug and/or alcohol treatment program or while enrolled

in the fellowship of addictionology shall pay a fee prescribed by the Board (not to exceed \$50.00) to the Board. No additional fee shall be charged for an extension.

Mississippi temporary medical licenses are issued under the condition that the licensee shall not apply to the U.S. Drug Enforcement Administration for a Controlled Substances Registration Certificate.

Amended November 13, 2015.

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

Rule 3.2 Limited Institutional Licensure.

- A. Pursuant to Section 73-25-23, Mississippi Code, a limited institutional license is available only to graduates of ~~foreign~~ Board-approved international medical schools who are employed or are being considered for employment to practice medicine in one or more Mississippi state-supported institutions located in the same county.
- B. ~~It is understood that g~~Graduates of ~~foreign~~ international medical schools holding a limited institutional license, and who are employed by and enrolled in an approved ACGME or AOA postgraduate training program ~~at the University of Mississippi Medical Center~~ in a state-supported institution, shall be authorized to participate only in such approved ~~any~~ postgraduate educational program ~~at the University of Mississippi Medical Center, or any of its-affiliated training program sites.~~
- C. An application for limited institutional licensure may be accepted by the Board only upon the written request of the state-supported institution which has employed or is considering employing a graduate of a ~~foreign~~ an international medical school to practice medicine.
- D. A limited institutional license may be issued for a period of one (1) year for practice in a particular institution after a review and favorable recommendations by a majority of the following:
 1. President or Secretary, Board of Trustees of Institution
 2. Director of Institution
 3. President or Secretary, Local Chartered Medical Society in area in which institution is located
 4. Member, Board of Trustees, Mississippi State Medical Association in area in which institution is located
 5. Member, Mississippi State Board of Medical Licensure from district in which institution is located
 6. Executive Officer, Mississippi State Board of Medical Licensure
- E. In addition to the above requirements for a limited institutional license, an applicant shall meet the following requirements:
 1. Must be at least twenty-one (21) years of age and of good moral character.
 2. Must submit copy of diploma and certification of completion from a ~~reputable medical college or reputable college of osteopathic medicine~~ medical school listed on the substantial equivalence list of the Texas Medical Board. If school is not on the substantial equivalence list, then the school must be individually evaluated and approved by the Executive Director subject to approval by the full Board.
 3. Must submit certified copy of valid certificate from the ECFMG or its successor.

4. Must submit an application completed in every detail with recent passport type photograph.
 5. Must submit fee prescribed by the Board.
 6. ~~Must appear for a personal interview in the office of the Board, submit for a criminal background check and successfully pass the Jurisprudence Examination as administered by the Board.~~ Submit fingerprints for state and national criminal background checks.
- F. Pursuant to Section 73-25-23, Mississippi Code, a limited institutional license must be renewed annually, after such review as the Board considers necessary. ~~The limited institutional licenses of graduates of foreign medical schools so licensed and employed by a state institution on and after July 1, 1983, shall be renewable annually based upon the favorable recommendation of the director of the institution by which the licensee is employed.~~ A graduate of a foreign an international medical school so licensed may hold such limited institutional license no longer than five (5) years.
- G. ~~Since a limited institutional license is issued to a graduate of a foreign medical school for employment to practice medicine in a particular Mississippi state supported institution, or institutions located in the same county, such~~ A limited institutional license shall become void immediately upon termination of employment of the licensee at the institution, or institutions, at which practice is authorized under the license.
- H. An annual renewal fee shall be prescribed by the Board.

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

Rule 3.3 Temporary Training License for Out-of-State Residents. An individual enrolled in an out-of-state postgraduate training program wishing to rotate through an ACGME or AOA approved training program within Mississippi, shall not be required to obtain a restricted temporary license provided the rotation lasts no longer than four (4) weeks. However, the individual must submit the following to the Board:

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

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

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

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

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

Rule 3.4 Short-Term Training for Out-of-State Physicians. The Board is aware that there are Mississippi physicians assisting out-of-state physicians in expanding professional knowledge and expertise by offering short-term training to the out-of-state physician. The Mississippi physician wishing to offer this training to the unlicensed out-of-state physician(s) must have their short-term training program approved by the Board.

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

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

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

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

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

Amended November 19, 1998. Amended March 8, 2007. Amended May 17, 2007. Amended July 12, 2007. Amended September 20, 2007.

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

Part 2605 Chapter 4: Expedited Licensure

Rule 4.1 Military Applicants.

- A. Pursuant to MS Code Ann. Section 73-50-1, the Board of Medical Licensure is

authorized to issue an expedited license to a military-trained applicant to allow the applicant to lawfully practice medicine in Mississippi. In order to receive the expedited license, the following requirements must be satisfied:

1. Complete an application for medical license and submit it to the Board in the manner prescribed by the Board with a recent passport type photograph.
 2. Submit documentation that applicant has been awarded a military occupational specialty.
 3. Submit documentation of completion of a military program of medical training.
 4. Submit evidence that the applicant either (i) is currently on active duty with medical corps or (ii) has separated honorably from the military within the 6 months prior to the time of application.
 - 4.5. Submit verification of a completed licensing examination as described in Rule 2.3.
 - 5.6. Have two references submit letters regarding applicant's performance in the practice of medicine.
 - 6.7. Submit verification that at least two of the past five years preceding the date of submission of the application applicant has engaged in the active practice of medicine.
 - 7.8. Submit certification that applicant has not committed any act in any jurisdiction that would have constituted grounds for refusal, suspension or revocation of a license to practice medicine in Mississippi at the time the act was committed. Applicants may participate in the Board's routine fingerprint background check, at the applicant's expense, in lieu of certification.
 - 8.9. ~~Appear for a personal interview in the office of the Board, successfully pass the Jurisprudence Examination as administered by the Board, and submit for a criminal background check.~~ Submit fingerprints for state and national criminal history background checks.
 - 9.10. Submit licensure fee prescribed by the Board.
- B. Pursuant to MS Code Ann. Section 73-50-1, the Board of Medical Licensure is authorized to issue a license to a military spouse to allow the military spouse to lawfully practice medicine in Mississippi. In order to receive the expedited license, the following requirements must be satisfied:
1. Complete an application for medical license and submit it to the Board in the manner prescribed by the Board with a recent passport type photograph.
 2. Submit certification of a current license from another jurisdiction, in which that jurisdiction's requirements for licensure are substantially equivalent to or exceed the requirements for licensure of the Board.
 3. Submit verification that at least two of the past five years preceding the date of submission of the application applicant has engaged in the active practice of medicine.
 4. Submit certification that applicant has not committed any act in any jurisdiction that would have constituted grounds for refusal, suspension or revocation of a license to practice medicine in Mississippi at the time the act was committed. Applicant may participate in the Board's routine fingerprint background check, at the applicant's expense, in lieu of certification.
 5. Submit verification that applicant is in good standing and has not been disciplined

- by the agency that had jurisdiction to issue the license.
6. Submit licensure fee prescribed by the Board.
 7. ~~Appear for a personal interview in the office of the Board, successfully pass the Jurisprudence Examination as administered by the Board, and submit for a criminal background check.~~ Submit fingerprints for state and national criminal history background checks.
- C. All relevant experience of a military service member in the discharge of official duties or, for a military spouse, all relevant experience, including full-time and part-time experience, regardless of whether in a paid or volunteer capacity, shall be credited in the calculation of years of practice in the practice of medicine as required under subsection A or B of this section.
- D. A nonresident licensed under this section shall be entitled to the same rights and subject to the same obligations as required of a resident licensed by the Board.
- E. The Board may issue a temporary practice permit to a military-trained applicant or military spouse licensed in another jurisdiction while the military-trained applicant or military spouse is satisfying the requirements for licensure under subsection A or B of this section if that jurisdiction has licensure standards substantially equivalent to the standards for licensure of the Board. The military-trained applicant or military spouse may practice under the temporary permit until a license is granted or until a notice to deny a license is issued in accordance with rules adopted by the Board.

Adopted July 10, 2014.

Source: Miss. Code Ann. §73-25-19 (1972, as amended).

Part 2605 Chapter 5: The Practice by Unlicensed Nonresident Physicians

Rule 5.1 Scope. This regulation shall apply to all individuals who practice or who seek to practice medicine or osteopathic medicine in the state of Mississippi pursuant to authority granted in Mississippi Code, Section 73-25-19.

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

Rule 5.2 Purpose. Pursuant to Mississippi Code, Section 73-25-19, non-resident physicians, not holding a license in the state of Mississippi, shall not be authorized to practice medicine in this state under any circumstances after remaining in the state for five (5) days, except when called in consultation by a licensed physician residing in this state. To implement its responsibility to protect the public, the Mississippi State Board of Medical Licensure shall monitor those non-resident physicians entering into this state to practice medicine pursuant to Section 73-25-19.

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

Rule 5.3 Notification to Board Required. Regardless of the number of days of anticipated practice, a non-resident physician not holding a license in the state of Mississippi shall not be authorized to practice medicine in this state under any circumstances, unless the following conditions have been satisfied:

The currently licensed Mississippi physician who needs consultation or assistance must notify the Board in writing of his or her request to have a non-resident physician practice in this state, setting forth (i) the identity of the non-resident unlicensed physician, (ii) a statement as to the purpose for the assistance/consultation, (iii) the location and address of the anticipated practice, and (iv) anticipated duration of practice.

Except in cases of emergencies, the above notification must be submitted to the Board at least seven (7) working days prior to the non-resident unlicensed physician entering into the state.

The non-resident unlicensed physician shall submit to the Board written proof of licensure status in good standing from another state or jurisdiction.

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

Rule 5.4 Intent. It is the intent and purpose of this regulation to encourage Mississippi licensed physicians to utilize the services of competent and well trained non-resident unlicensed physicians on an as needed basis. However, where it is anticipated that the services of the non-resident physicians will be utilized on a routine basis, that is, where the non-resident physicians services will be utilized more than twice during any one year period of time, permanent licensure shall be required.

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

Rule 5.5 Exclusion. This regulation shall not apply to any non-resident physician who holds a temporary license to practice medicine at a youth camp issued under the provisions of Mississippi Code, Sections 75-74-8 and 73-25-17.

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

Rule 5.6 Effective Date of Regulation. The above rules pertaining to the practice by unlicensed nonresident physicians shall become effective August 22, 2002.

Amended October 19, 2002.

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

Part 2605 Chapter 6: Administrative Medical License

Rule 6.1 Definitions. For the purpose of Part 2601 Chapter 8, the following terms have the meanings indicated:

- A. "Administrative Medical License" means a license to engage in professional, managerial, or administrative activities related to the practice of medicine or to the delivery of health care services, but does not include nor permit the practice of clinical medicine or the right to engage in medical research including clinical trials on humans.
- B. "Clinical Medicine" means medical practice that includes but is not limited to:
 - 1. Direct involvement in patient evaluation, diagnosis, or treatment;

2. *Prescribing of any medication;*
3. *Delegating medical acts or prescribing authority; or*
4. *Supervision of physicians, physician's assistants, or advanced practice registered nurses in the practice of clinical medicine.*

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

Rule 6.2 Administrative Medical License. The Board may issue an administrative medical license to a physician who meets all qualifications for full licensure in the state, including payment of a fee set by the Board but who does not intend to provide medical or clinical services to or for patients while in possession of an administrative medical license and signs a notarized statement to that effect. An administrative medical license is subject to annual renewal.

In addition to the restrictions as noted in Rule 8.1 above, any person holding an administrative medical license shall be subject to all other provisions of the Medical Practice Law, Sections 73-25-1, et. seq., and the Administrative Code of the Board, where deemed applicable.

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

Adopted March 19, 2015; and Amended May 26, 2015.

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi State Board of Medical Licensure		CONTACT PERSON Rhonda Freeman	TELEPHONE NUMBER (601) 987-3079	
ADDRESS 1867 Crane Ridge Drive, Suite 200-B		CITY Jackson	STATE MS	ZIP 39216
EMAIL mboard@msbml.ms.gov	SUBMIT DATE 1/13/17	Name or number of rule(s): Part 2615: Physician Assistants		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The rules in this Part have been reviewed and updated to reflect changes in terminology, to clarify certain requirements and to remove the personal appearance requirement of applicants.

Specific legal authority authorizing the promulgation of rule: 73-26-5

List all rules repealed, amended, or suspended by the proposed rule: Part 2615: Physician Assistants

ORAL PROCEEDING:

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


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

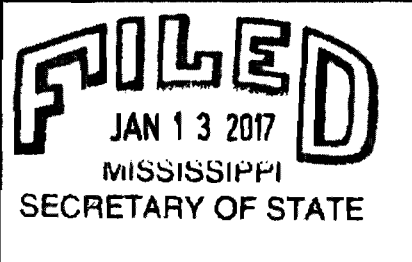
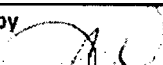
ECONOMIC IMPACT STATEMENT:

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

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

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

Signature of person authorized to file rules: 

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		
Accepted for filing by	Accepted for filing by 	Accepted for filing by

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

Part 2615 Physician Assistants

Part 2615 Chapter 1: The Practice of Physician Assistants

Rule 1.1 Scope. The following rules pertain to physician assistants practicing medicine with physician supervision. Physician assistants may perform those duties and responsibilities, including diagnosing and the ordering, prescribing, dispensing of prepackaged drugs, and administration of drugs and medical devices as delegated by their supervising physician(s).

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

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

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

Rule 1.2 Definitions. For the purpose of Part 2615, Chapter 1 only, the following terms have the meanings indicated:

- A. "Board" means the Mississippi State Board of Medical Licensure.
- B. "Physician Assistant" means a person who meets the Board's criteria for licensure as a physician assistant and is licensed as a physician assistant by the Board.
- C. "Supervising Physician" means a doctor of medicine or a doctor of osteopathic medicine who holds an unrestricted license from the Board, who is in the full-time practice of medicine, and who has been approved by the Board to supervise physician assistants.
- D. "Supervise" or "Supervision" means overseeing and accepting responsibility for the medical services rendered by a physician assistant.
- E. "Primary Office" means the usual practice location of a physician and being the same location reported by that physician to the Mississippi State Board of Medical Licensure and the United States Drug Enforcement Administration.
- F. "NCCPA" means the National Commission on Certification of Physician Assistants.
- G. "PANCE" means the Physician Assistant National Certifying Examination.
- H. "ARC-PA" means the Accreditation Review Commission on Education for the Physician Assistant.
- I. "Predecessor or Successor Agency" refers to the agency responsible for accreditation of educational programs for physician assistants that preceded ARC-PA or the agency responsible for accreditation of educational programs for physician assistants that succeeded ARC-PA.

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

Rule 1.3 Qualifications for Licensure.

- A. Applicants for physician assistant licensure must meet the following requirements:
 1. Satisfy the Board that he or she is at least twenty-one (21) years of age and of good moral character.

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

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

Rule 1.4 Temporary License. The Board may grant a temporary license to an applicant who meets the qualifications for licensure except that the applicant has not yet taken the national certifying examination administered by the NCCPA or the applicant has taken the national certifying examination and is awaiting the results or the applicant has not obtained a minimum of a master's degree in a health-related or science field.

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

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

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

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

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

Rule 1.5 Requirement of Protocol - Prescribing/Dispensing. Physician assistants shall practice according to a Board-approved protocol which has been mutually agreed upon by the physician assistant and the supervising physician. Each protocol shall be prepared taking into consideration the specialty of the supervising physician, and must outline diagnostic and therapeutic procedures and categories of pharmacologic agents which may be ordered, administered, dispensed and/or prescribed for patients with diagnoses identified by the physician assistant.

Each protocol shall contain a detailed description of back-up coverage if the supervising physician is away from the primary office. Although licensed, no physician assistant shall practice until a duly executed protocol has been approved by the Board.

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

Prescribing Controlled Substances and Medications by Physician Assistants

A. Scope

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

B. Application for Authority to Prescribe Controlled Substances

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

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

For the purpose of directing the manner in which physician assistants may prescribe controlled substances, the Board incorporates Administrative Code Part 2640, Chapter 1 *Pertaining to Prescribing, Administering and Dispensing of Medication* as applied to physicians, including but not limited to all Definitions, Maintenance of Records and Inventories, Use of Diet Medication, Use of Controlled Substances for Chronic (Non-Terminal) Pain, and Prescription Guidelines. All physician assistants authorized to prescribe controlled substances shall fully comply with these rules.

D. Registration for Controlled Substances Certificate Prescriptive Authority

1. Every physician assistant authorized to practice in Mississippi who prescribes any controlled substance must be registered with the U. S. Drug Enforcement Administration in compliance with Title 21 CFR, Part 1301 Food and Drugs.
2. Pursuant to authority granted in Mississippi Code, Section 41-29-125, the Board hereby adopts, in lieu of a separate registration with the Board, the registration with the U.S. Drug Enforcement Administration as required in Part 2615, Rule 1.5.D.1, provided, however, where a physician assistant already possesses a controlled substances registration certificate for a practice location in another state or jurisdiction, the physician assistant may not transfer or otherwise use the same registration until he or she meets the training requirements set forth in Part 2615, Rule 1.5.B.1. In the event, however, a physician assistant has had limitations or other restrictions placed upon his or her license wherein he or she is prohibited from handling controlled substances in any or all schedules, said physician assistant shall be prohibited from registering with the U. S. Drug Enforcement Administration for a Uniform Controlled Substances Registration Certificate without first being expressly authorized to do so by order of the Board.

3. The registration requirement set forth in these rules does not apply to the distribution and manufacture of controlled substances. Any physician assistant who engages in the manufacture or distribution of controlled substances or legend drugs shall register with the Mississippi State Board of Pharmacy pursuant to Mississippi Code, Section 73-21-105. For the purposes herein, "distribute" shall mean the delivery of a drug other than by administering, prescribing, or dispensing. The word "manufacture" shall have the same meaning as set forth in Mississippi Code, Section 73-21-105(q).

E. Drug Maintenance, Labeling and Distribution Requirements

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

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

Rule 1.6 Supervision. Before any physician shall supervise a physician assistant, the physician and physician assistant must present to the Board's Executive Director a duly executed protocol and obtain written approval to practice in a supervisory arrangement. Protocols will be forwarded to the Board's Physician Assistant Advisory Committee for their review and recommendation prior to disapproval. The facts and matters to be considered by the Committee when reviewing a protocol or supervision arrangement shall include, but are not limited to, how the supervising physician and physician assistant plan to implement the protocol, the method and manner of supervision, consultation, referral and liability.

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

Rule 1.7 Supervising Physician Limited. No physician shall be authorized to supervise a physician assistant unless that physician holds an unrestricted license to practice medicine in the state of Mississippi.

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

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

The physician assistant's practice shall be confined to the primary office or clinic of the supervising physician or any hospital(s) or clinic or other health care facility within 30 miles of where the primary office is located, wherein the supervising physician holds medical staff

privileges. Exceptions to this requirement may be granted on an individual basis, provided the location(s) of practice are set forth in the protocol.

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

The supervising physician shall, on at least a monthly basis, conduct a review of the records/charts of at least ten percent (10%) of the patients treated by the physician assistant, said records/charts selected on a random basis. During said review, the supervising physician shall note the medical and family histories taken, results of any and all examinations and tests, all diagnoses, orders given, medications prescribed, and treatments rendered. The review shall be evidenced by the supervising physician placing his or her signature or initials at the base of the clinic note, either electronically or by hand, and shall submit proof of said review to the Board upon request.

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

Rule 1.8 Termination. The physician assistant shall notify the Board in writing immediately upon the physician assistant's termination; physician retirement; withdrawal from active practice; or any other change in employment, functions or activities. Failure to notify can result in disciplinary action.

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

Rule 1.9 Duty to Notify Board of Change of Address. Any physician assistant who is licensed to practice as a physician assistant in this state and changes his or her practice location or mailing address, shall immediately notify the Board in writing of the change. Failure to notify within 30 days could result in disciplinary action.

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

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

Rule 1.10 Continuing Education. Each licensed physician assistant must show proof of completing 50 hours of CME each year, 20 hours of which must be Category 1, as defined by the Accreditation Council for Continuing Medical Education (ACCME), American Academy of Physician Assistants (AAPA), American Medical Association (AMA), or American Osteopathic Association (AOA). Physician assistants who are certified by the NCCPA may meet this requirement by providing evidence of current NCCPA certification.

All physician assistants authorized to prescribe controlled substances must show proof of completing 50 hours of CME each year, 20 hours of which must be Category 1, as defined by the

ACCME, AAPA, AMA, or AOA and 10 hours of which must be related to the prescribing of medications with an emphasis on controlled substances.

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

Rule 1.11 Identification. The supervising physician shall be responsible to ensure that any physician assistant under his or her supervision does not advertise or otherwise hold himself or herself out in any manner which would tend to mislead the general public or patients. Physician assistants shall at all times when on duty wear a name tag, placard or plate identifying themselves as physician assistants.

Physician assistants may not advertise in any manner which implies that the physician assistant is an independent practitioner.

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

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

Rule 1.12 Physician Liability. Prior to the supervision of a physician assistant, the physician's and/or physician assistant's insurance carrier must forward to the Board a Certificate of Insurance.

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

Rule 1.13 Renewal Schedule. The license of every person licensed to practice as a physician assistant in the state of Mississippi shall be renewed annually.

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

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

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

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

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

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

Rule 1.14 Disciplinary Proceedings.

A. Grounds for Disciplinary Action Against Physician Assistants

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

B. Hearing Procedure and Appeals

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

C. Reinstatement of License

1. A person whose license to practice as a physician assistant has been revoked, suspended, or otherwise restricted may petition the Mississippi State Board of Medical Licensure to reinstate his or her license after a period of one (1) year has elapsed from the date of the revocation or suspension. The procedure for the reinstatement of a license that is suspended for being out of compliance with an order for support, as defined in Section 93-11-153, shall be governed by Sections 93-11-157 or 93-11-163, as the case may be.
2. The petition shall be accompanied by two (2) or more verified recommendations from physicians or osteopaths licensed by the Board of Medical Licensure to which the petition is addressed and by two (2) or more recommendations from citizens each having personal knowledge of the activities of the petitioner since the disciplinary penalty was imposed and such facts as may be required by the Board of Medical Licensure.

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

hearing may be continued from time to time as the Board of Medical Licensure finds necessary.

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

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

Rule 1.15 Impaired Physician Assistants. For the purpose of the Mississippi Disabled Physician Law, Mississippi Code, Sections 73-25-51 to 73-25-67, any individual licensed to practice as a physician assistant, shall be subject to restriction, suspension, or revocation in the case of disability by reason of one or more of the following:

- A. mental illness
- B. physical illness, including but not limited to deterioration through the aging process, or loss of motor skills
- C. excessive use or abuse of drugs, including alcohol

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

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

Rule 1.16 Effective Date of Rules. The above rules pertaining to the practice of physician assistants shall become effective September 1, 2000; as amended September 16, 2004; as amended May 19, 2005; as amended March 8, 2007; as amended May 17, 2007; as amended July 10, 2008; as amended May 18, 2012; and as amended July 10, 2014.

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

Part 2615 Physician Assistants

Part 2615 Chapter 1: The Practice of Physician Assistants

Rule 1.1 Scope. The following rules pertain to physician assistants practicing medicine with physician supervision. Physician assistants may perform those duties and responsibilities, including diagnosing and the ordering, prescribing, dispensing of prepackaged drugs, and administration of drugs and medical devices as delegated by their supervising physician(s).

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

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

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

Rule 1.2 Definitions. For the purpose of Part 2615, Chapter 1 only, the following terms have the meanings indicated:

- A. "Board" means the Mississippi State Board of Medical Licensure.
- B. "Physician Assistant" means a person who meets the Board's criteria for licensure as a physician assistant and is licensed as a physician assistant by the Board.
- C. "Supervising Physician" means a doctor of medicine or a doctor of osteopathic medicine who holds an unrestricted license from the Board, who is in the full-time practice of medicine, and who has been approved by the Board to supervise physician assistants.
- D. "Supervise" or "Supervision" means overseeing and accepting responsibility for the medical services rendered by a physician assistant.
- E. "Primary Office" means the usual practice location of a physician and being the same location reported by that physician to the Mississippi State Board of Medical Licensure and the United States Drug Enforcement Administration.
- F. "NCCPA" means the National Commission on Certification of Physician Assistants.
- G. "PANCE" means the Physician Assistant National Certifying Examination.
- H. "~~CAAHEP~~" means ~~the Commission on Accreditation of Allied Health Education Programs~~ "ARC-PA" means the Accreditation Review Commission on Education for the Physician Assistant.
- I. "Predecessor or Successor Agency" refers to the agency responsible for accreditation of educational programs for physician assistants that preceded ~~CAAHEP~~ ARC-PA or the agency responsible for accreditation of educational programs for physician assistants that succeeded ~~CAAHEP~~ ARC-PA.

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

Rule 1.3 Qualifications for Licensure.

- A. ~~Pursuant to Section 73-43-11, Mississippi Code, all physician assistants who are employed as physician assistants by a Department of Veterans Affairs health care facility;~~

~~a branch of the United States military, or the Federal Bureau of Prisons and who are practicing as physician assistants in a federal facility in Mississippi on July 1, 2000, and those physician assistants who trained in a Mississippi physician assistant program and have been continuously practicing as a physician assistant in Mississippi since 1976, shall be eligible for licensure if they submit an application for licensure to the Board by December 31, 2000, and meet the following additional requirements:~~

- ~~1. Satisfy the Board that he or she is at least twenty one (21) years of age and of good moral character.~~
- ~~2. Submit an application for license on a form supplied by the Board, completed in every detail with a recent photograph (wallet size/passport type) attached. A Polaroid or informal snapshot will not be accepted.~~
- ~~3. Pay the appropriate fee as determined by the Board.~~
- ~~4. Present a certified copy of birth certificate.~~
- ~~5. Submit proof of legal change of name if applicable (notarized or certified copy of marriage or other legal proceeding).~~
- ~~6. Provide information on registration or licensure in all other states where the applicant is or has been registered or licensed as a physician assistant.~~
- ~~7. Provide favorable references from two (2) physicians licensed in the United States with whom the applicant has worked or trained.~~
- ~~8. No basis or grounds exist for the denial of licensure as provided in Part 2615, Rule 1.15.~~

~~Physician assistants licensed under this rule will be eligible for license renewal so long as they meet standard renewal requirements.~~

~~B. Before December 31, 2004, applicants for physician assistant licensure, except those licensed pursuant to the paragraph above, must be graduates of physician assistant educational programs accredited by the Commission on Accreditation of Allied Health Educational Programs or its predecessor or successor agency, have passed the certification examination administered by the National Commission on Certification of Physician Assistants (NCCPA), have current NCCPA certification, and possess a minimum of a baccalaureate degree, and meet the following additional requirements:~~

- ~~1. Satisfy the Board that he or she is at least twenty one (21) years of age and of good moral character.~~
- ~~2. Submit an application for license on a form supplied by the Board, completed in every detail with a recent photograph (wallet size/passport type) attached. A Polaroid or informal snapshot will not be accepted.~~
- ~~3. Pay the appropriate fee as determined by the Board.~~
- ~~4. Present a certified copy of birth certificate.~~
- ~~5. Submit proof of legal change of name if applicable (notarized or certified copy of marriage or other legal proceeding).~~
- ~~6. Provide information on registration or licensure in all other states where the applicant is or has been registered or licensed as a physician assistant.~~
- ~~7. Provide favorable references from two (2) physicians licensed in the United States with whom the applicant has worked or trained.~~
- ~~8. No basis or grounds exist for the denial of licensure as provided in Rule 1.15.~~

~~Physician assistants meeting these licensure requirements will be eligible for license renewal so long as they meet standard renewal requirements.~~

- C. ~~On or after December 31, 2004, A.~~ Applicants for physician assistant licensure must meet the following requirements:
1. Satisfy the Board that he or she is at least twenty-one (21) years of age and of good moral character.
 2. Complete an application for license and submit same to the Board in the manner prescribed by the Board with a recent passport type photograph.
 3. Pay the appropriate fee as determined by the Board.
 4. Present a certified copy of birth certificate or valid passport.
 5. Submit proof of legal change of name if applicable (notarized or certified copy of marriage license or other legal proceeding).
 6. Possess a master's degree in a health-related or science field.
 7. Successfully complete an educational program for physician assistants accredited by CAAHEP ARC-PA or its predecessor or successor agency.
 8. Pass the certification examination administered by the NCCPA and have current NCCPA certification.
 9. Provide information on registration or licensure in all other states where the applicant is or has been registered or licensed as a physician assistant.
 10. ~~Provide favorable references from two (2) physicians licensed in the United States with whom the applicant has worked or trained.~~
 11. ~~Appear for a personal interview in the office of the Mississippi State Board of Medical Licensure and pass the Jurisprudence Examination as administered by the Board.~~ 10. Submit fingerprints for state and national criminal history background checks.
 12. No basis or grounds exist for the denial of licensure as provided in Part 2615, Rule 1.15.

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

Rule 1.4 Temporary License. The Board may grant a temporary license to an applicant who meets the qualifications for licensure except that the applicant has not yet taken the national certifying examination administered by the NCCPA or the applicant has taken the national certifying examination and is awaiting the results or the applicant has not obtained a minimum of a master's degree in a health-related or science field.

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

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

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

A temporary license may be issued to an applicant who has not obtained a master's degree so long as the applicant can show proof of enrollment in a master's program that will, when

completed, meet the master's degree requirement. The temporary license will be valid no longer than one (1) year, and may not be renewed.

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

Rule 1.5 Requirement of Protocol - Prescribing/Dispensing. Physician assistants shall practice according to a Board-approved protocol which has been mutually agreed upon by the physician assistant and the supervising physician. Each protocol shall be prepared taking into consideration the specialty of the supervising physician, and must outline diagnostic and therapeutic procedures and categories of pharmacologic agents which may be ordered, administered, dispensed and/or prescribed for patients with diagnoses identified by the physician assistant. Each protocol shall contain a detailed description of back-up coverage if the supervising physician is away from the primary office. Although licensed, no physician assistant shall practice until a duly executed protocol has been approved by the Board.

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

Prescribing Controlled Substances and Medications by Physician Assistants

A. Scope

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

B. Application for Authority to Prescribe Controlled Substances

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

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

For the purpose of directing the manner in which physician assistants may prescribe controlled substances, the Board incorporates Administrative Code Part 2640, Chapter 1 *Pertaining to Prescribing, Administering and Dispensing of Medication* as applied to physicians, including but not limited to all Definitions, Maintenance of Records and Inventories, Use of Diet Medication, Use of Controlled Substances for Chronic (Non-Terminal) Pain, and Prescription Guidelines. All physician assistants authorized to prescribe controlled substances shall fully comply with these rules.

D. Registration for Controlled Substances Certificate Prescriptive Authority

1. Every physician assistant authorized to practice in Mississippi who prescribes any controlled substance must be registered with the U. S. Drug Enforcement Administration in compliance with Title 21 CFR, Part 1301 Food and Drugs.
2. Pursuant to authority granted in Mississippi Code, Section 41-29-125, the Board hereby adopts, in lieu of a separate registration with the Board, the registration with the U.S. Drug Enforcement Administration as required in Part 2615, Rule 1.5.D.1, provided, however, where a physician assistant already possesses a

controlled substances registration certificate for a practice location in another state or jurisdiction, the physician assistant may not transfer or otherwise use the same registration until he or she meets the training requirements set forth in Part 2615, Rule 1.5.B.1. In the event, however, a physician assistant has had limitations or other restrictions placed upon his or her license wherein he or she is prohibited from handling controlled substances in any or all schedules, said physician assistant shall be prohibited from registering with the U. S. Drug Enforcement Administration for a Uniform Controlled Substances Registration Certificate without first being expressly authorized to do so by order of the Board.

3. The registration requirement set forth in these rules does not apply to the distribution and manufacture of controlled substances. Any physician assistant who engages in the manufacture or distribution of controlled substances or legend drugs shall register with the Mississippi State Board of Pharmacy pursuant to Mississippi Code, Section 73-21-105. For the purposes herein, "distribute" shall mean the delivery of a drug other than by administering, prescribing, or dispensing. The word "manufacture" shall have the same meaning as set forth in Mississippi Code, Section 73-21-105(q).

E. Drug Maintenance, Labeling and Distribution Requirements

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

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

Rule 1.6 Supervision. Before any physician shall supervise a physician assistant, the physician and physician assistant must ~~first (a) present to the Board's Executive Director a duly executed protocol, (b) appear personally before the Board or its Executive Director, and (c) obtain written approval to act as a supervising physician practice in a supervisory arrangement. Protocols will be forwarded to the Board's Physician Assistant Advisory Committee for their review and recommendation prior to disapproval.~~ The facts and matters to be considered by the ~~Board Committee when approving or disapproving~~ reviewing a protocol or supervision arrangement shall include, but are not limited to, how the supervising physician and physician assistant plan to implement the protocol, the method and manner of supervision, consultation, referral and liability.

~~Where two or more physicians anticipate executing a protocol to supervise a physician assistant, it shall not be necessary that all of the physicians personally appear before the Board or Executive Director as required in Part 2615, Rule 1.6. In this situation, the physician who will bear the primary responsibility for the supervision of the physician assistant shall make the required personal appearance.~~

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

Rule 1.7 Supervising Physician Limited. No physician shall be authorized to supervise a physician assistant unless that physician holds an unrestricted license to practice medicine in the state of Mississippi.

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

New graduate physician assistants and all physician assistants ~~newly practicing in Mississippi, except those licensed under Part 2615, Rule 1.3, whose Mississippi license is their initial license~~ require the on-site presence of a supervising physician for one hundred twenty (120) days or its equivalent of 960 hours. If physician assistant's clerkship was completed with their supervising physician, the 120 days or 960 hours may be reduced.

The physician assistant's practice shall be confined to the primary office or clinic of the supervising physician or any hospital(s) or clinic or other health care facility within ~~the same community~~ 30 miles of where the primary office is located, wherein the supervising physician holds medical staff privileges. Exceptions to this requirement may be granted on an individual basis, provided the location(s) of practice are set forth in the protocol.

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

The supervising physician shall, on at least a monthly basis, conduct a review of the records/charts of at least ten percent (10%) of the patients treated by the physician assistant, said records/charts selected on a random basis. During said review, the supervising physician shall note the medical and family histories taken, results of any and all examinations and tests, all diagnoses, orders given, medications prescribed, and treatments rendered. The review shall be evidenced by the supervising physician placing his or her signature or initials at the base of the clinic note, either electronically or by hand, and shall submit proof of said review to the Board upon request.

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

~~*Rule 1.8 Number of Physician Assistants Supervised.* No physician shall supervise more than two (2) physician assistants at any one time. A physician supervising two (2) nurse practitioners may not supervise a physician assistant.~~

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

Rule 1.98 Termination. The physician assistant ~~and supervising physician~~ shall notify the Board in writing immediately upon the physician assistant's termination; physician retirement; withdrawal from active practice; or any other change in employment, functions or activities. Failure to notify can result in disciplinary action.

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

Rule 1.109 Duty to Notify Board of Change of Address. Any physician assistant who is licensed to practice as a physician assistant in this state and changes his or her practice location or mailing address, shall immediately notify the Board in writing of the change. Failure to notify within 30 days could result in disciplinary action.

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

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

Rule 1.110 Continuing Education. Each licensed physician assistant must show proof of completing 50 hours of CME each year, 20 hours of which must be Category 1, as defined by the Accreditation Council for Continuing Medical Education (ACCME), American Academy of Physician Assistants (AAPA), American Medical Association (AMA), or American Osteopathic Association (AOA). Physician assistants who are certified by the NCCPA may meet this requirement by providing evidence of current NCCPA certification.

All physician assistants authorized to prescribe controlled substances must show proof of completing 50 hours of CME each year, 20 hours of which must be Category 1, as defined by the ACCME, AAPA, AMA, or AOA and 10 hours of which must be related to the prescribing of medications with an emphasis on controlled substances.

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

Rule 1.121 Identification. The supervising physician shall be responsible to ensure that any physician assistant under his or her supervision does not advertise or otherwise hold himself or herself out in any manner which would tend to mislead the general public or patients. Physician assistants shall at all times when on duty wear a name tag, placard or plate identifying themselves as physician assistants.

Physician assistants may not advertise in any manner which implies that the physician assistant is an independent practitioner.

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

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

Rule 1.132 Physician Liability. Prior to the supervision of a physician assistant, the physician's and/or physician assistant's insurance carrier must forward to the Board a Certificate of Insurance.

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

Rule 1.143 Renewal Schedule. The license of every person licensed to practice as a physician assistant in the state of Mississippi shall be renewed annually.

On or before May 1 of each year, the State Board of Medical Licensure shall ~~mail a notice of renewal of license to~~ notify every physician assistant to whom a license was issued or renewed during the current licensing year the process of licensure renewal. The notice shall provide instructions for obtaining and submitting applications for renewal. The applicant shall obtain and complete the application and submit it to the Board in the manner prescribed by the Board in the notice before June 30 along with documentation of completing each year 50 hours of CME and the renewal fee of an amount established by the Board. The payment of the annual license renewal fee shall be optional with all physician assistants over the age of seventy (70) years. Upon receipt of the application and fee, the Board shall verify the accuracy of the application and issue to applicant a certificate of renewal for the ensuing year, beginning July 1 and expiring June 30 of the succeeding calendar year.

A physician assistant practicing in Mississippi who allows his or her license to lapse by failing to renew the license as provided in ~~Part 2615, Rule 1.14~~ in the paragraph above may be reinstated by the Board ~~on satisfactory explanation for such failure to renew, by~~ upon completion of a reinstatement form; and ~~upon~~ payment of the renewal fee for the current year, and shall be assessed a fine of Twenty-five Dollars (\$25.00) plus an additional fine of Five Dollars (\$5.00) for each month thereafter ~~that the license renewal remains delinquent.~~

Any physician assistant not practicing in Mississippi who allows his or her license to lapse by failing to renew the license as provided in ~~Part 2615, Rule 1.14~~ the paragraph above may be reinstated by the Board ~~on satisfactory explanation for such failure to renew, by~~ upon completion of a reinstatement form; and ~~upon~~ payment of the arrearage for the previous five (5) years and the renewal fee for the current year.

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

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

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

Rule 1.154 Disciplinary Proceedings.

A. Grounds for Disciplinary Action Against Physician Assistants

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

B. Hearing Procedure and Appeals

1. No individual shall be denied a license or have his or her license suspended, revoked or restriction placed thereon, unless the individual licensed as a physician assistant has been given notice and opportunity to be heard. For the purpose of notice,

disciplinary hearings and appeals, the Board hereby adopts and incorporates by reference all provisions of the "Rules of Procedure" now utilized by the Board for those individuals licensed to practice medicine, osteopathic medicine, and podiatric medicine in the state of Mississippi.

C. Reinstatement of License

1. A person whose license to practice as a physician assistant has been revoked, suspended, or otherwise restricted may petition the Mississippi State Board of Medical Licensure to reinstate his or her license after a period of one (1) year has elapsed from the date of the revocation or suspension. The procedure for the reinstatement of a license that is suspended for being out of compliance with an order for support, as defined in Section 93-11-153, shall be governed by Sections 93-11-157 or 93-11-163, as the case may be.
2. The petition shall be accompanied by two (2) or more verified recommendations from physicians or osteopaths licensed by the Board of Medical Licensure to which the petition is addressed and by two (2) or more recommendations from citizens each having personal knowledge of the activities of the petitioner since the disciplinary penalty was imposed and such facts as may be required by the Board of Medical Licensure.

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

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

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

Rule 1.165 Impaired Physician Assistants. For the purpose of the Mississippi Disabled Physician Law, Mississippi Code, Sections 73-25-51 to 73-25-67, any individual licensed to practice as a physician assistant, shall be subject to restriction, suspension, or revocation in the case of disability by reason of one or more of the following:

- A. mental illness
- B. physical illness, including but not limited to deterioration through the aging process, or loss of motor skills
- C. excessive use or abuse of drugs, including alcohol

If the Board has reasonable cause to believe that a physician assistant is unable to practice with reasonable skill and safety to patients because of one or more of the conditions described above,

referral of the physician assistant shall be made, and action taken, if any, in the manner as provided in Sections 73-25-55 through 73-25-65, including referral to the Mississippi Professionals Health Program, sponsored by the Mississippi State Medical Association.

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

Rule 1.176 Effective Date of Rules. The above rules pertaining to the practice of physician assistants shall become effective September 1, 2000; as amended September 16, 2004; as amended May 19, 2005; as amended March 8, 2007; as amended May 17, 2007; as amended July 10, 2008; as amended May 18, 2012; and as amended July 10, 2014.

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

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi State Board of Medical Licensure		CONTACT PERSON Rhonda Freeman	TELEPHONE NUMBER (601) 987-3079	
ADDRESS 1867 Crane Ridge Drive, Suite 200-B		CITY Jackson	STATE MS	ZIP 39216
EMAIL mboard@msbml.ms.gov	SUBMIT DATE 1/13/17	Name or number of rule(s): Part 2620: Radiologist Assistants		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The rules in this Part have been reviewed and updated to reflect changes in terminology, to clarify certain requirements and to remove the personal appearance requirement of applicants.

Specific legal authority authorizing the promulgation of rule: 41-58-7

List all rules repealed, amended, or suspended by the proposed rule: Part 2620: Radiologist Assistants

ORAL PROCEEDING:

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

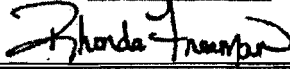
If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20)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

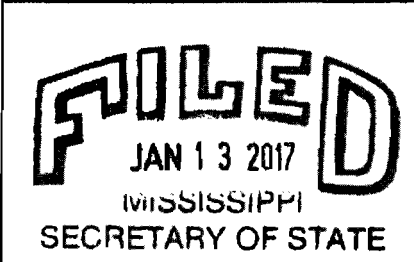

ECONOMIC IMPACT STATEMENT:

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

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

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

Signature of person authorized to file rules: 

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		
Accepted for filing by	Accepted for filing by <u>#22463</u> 	Accepted for filing by

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

Part 2620 Radiologist Assistants

Part 2620 Chapter 1: The Practice of Radiologist Assistants

Rule 1.1 Scope. The following rules pertain to radiologist assistants performing any x-ray procedure or operating any x-ray equipment in a physician's office, hospital or clinical setting.

The radiologist assistant shall evaluate the day's schedule of procedures with the supervising radiologist and determine where the radiologist assistant's skills will be best utilized.

After demonstrating competency, the radiologist assistant when ordered to do so by the supervising radiologist may:

- A. Perform selected procedures under the direct supervision of a radiologist including static and dynamic fluoroscopic procedures.
- B. Assess and evaluate the physiologic and psychological responsiveness of patients undergoing radiologic procedures.
- C. Evaluate image quality, make initial image observations and communicate observations of image quality to the supervising radiologist.
- D. Administer intravenous contrast media or other prescribed medications.

The radiologist assistant may not interpret images, make diagnoses, or prescribe medications or therapies.

The radiologist assistant shall adhere to the Code of Ethics of the American Registry of Radiologic Technologists and to national, institutional and/or departmental standards, policies and procedures regarding the standards of care for patients.

Source: Miss. Code Ann. §41-58-7 (1972, as amended).

Rule 1.2 Definitions. For the purpose of Part 2620, Chapter 1 only, the following terms have the meanings indicated:

- A. "A.R.R.T." - American Registry of Radiologic Technologists.
- B. "Full Certification" - Certification obtained by submitting certification issued by the A.R.R.T.
- C. "Radiologist" - A physician licensed by the Mississippi State Board of Medical Licensure who is certified or eligible to be certified by the American Board of Radiology or the American Osteopathic Board of Radiology.
- D. "Radiologist Assistant Certification" - Certification obtained by submitting proof of A.R.R.T. certification as a radiologist assistant which will enable the holder to perform any and all radiologist assistant procedures or functions as defined in Part 2620, Rule 1.3 in a radiology practice or radiologist's office.
- E. "Direct Supervision" - The radiologist must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of all procedures. "Direct supervision" does not mean that the supervising radiologist must be present in the room when the procedure is performed.

Source: Miss. Code Ann. §41-58-7 (1972, as amended).

Rule 1.3 Qualifications for Licensure. Applicants for radiologist assistant licensure must be graduates of a radiologist assistant education program accredited by the American Registry of Radiologic Technologists or graduates of an RPA school holding an RA certification from the A.R.R.T., must have passed the radiologist assistant examination provided by the A.R.R.T., must have current and unencumbered registration as a radiologic technologist with the Mississippi State Department of Health, must have current certification in advanced cardiac life support (ACLS), and must meet the following additional requirements:

- A. Satisfy the Board that he or she is at least twenty-one (21) years of age and of good moral character.
- B. Submit an application for license on a form supplied by the Board, completed in every detail with a recent passport type photograph.
- C. Pay the appropriate fee as determined by the Board.
- D. Present a certified copy of birth certificate or valid passport.
- E. Submit proof of legal change of name if applicable (notarized or certified copy of marriage license or other legal proceeding).
- F. Provide information on registration or licensure in all other states where the applicant is or has been registered or licensed as a radiologist assistant.
- G. No basis or grounds exist for the denial of licensure as provided at Part 2620, Rule 1.12.

Radiologist assistants meeting these licensure requirements will be eligible for license renewal so long as they meet standard renewal requirements.

Source: Miss. Code Ann. §41-58-7 (1972, as amended).

Rule 1.4 Supervision. Before any radiologist shall supervise a radiologist assistant, the radiologist must present to the Board's Executive Director a duly executed protocol and obtain written approval to act as a supervising radiologist. The facts and matters to be considered by the Board when approving or disapproving a protocol or supervision arrangement shall include, but are not limited to, how the supervising radiologist and radiologist assistant plan to implement the protocol, the method and manner of supervision, consultation, referral and liability.

Source: Miss. Code Ann. §41-58-7 (1972, as amended).

Rule 1.5 Supervising Physician Limited. No radiologist shall be authorized to supervise a radiologist assistant unless that radiologist holds an unrestricted license to practice medicine in the state of Mississippi.

The employing radiologist(s) shall exercise supervision and assume full control and responsibility for the services provided by any person practicing as a radiologist assistant employed in the radiologist's practice. Any services being provided by a radiologist assistant must be performed at either the physical location of the radiologist's primary medical practice or any healthcare facility where the supervising radiologist holds staff privileges.

Source: Miss. Code Ann. §41-58-7 (1972, as amended).

Rule 1.6 Termination. The radiologist assistant and supervising radiologist shall notify the Board in writing immediately upon the radiologist assistant's termination; radiologist retirement;

withdrawal from active practice; or any other change in employment, functions or activities. Failure to notify can result in disciplinary action.

Source: Miss. Code Ann. §41-58-7 (1972, as amended).

Rule 1.7 Duty to Notify Board of Change of Address. Any radiologist assistant who is licensed or receives a license to practice as a radiologist assistant in this state and thereafter changes his or her practice location or mailing address from what was noted in the application upon which he or she received a license, shall immediately notify the Board in writing of the change. Failure to notify within 30 days could result in disciplinary action.

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

Source: Miss. Code Ann. §41-58-7 (1972, as amended).

Rule 1.8 Continuing Education. Biennially attend and complete at least twenty-four (24) hours of radiological related continuing education courses sponsored or approved by any of the following organizations:

- A. Mississippi Society of Radiologic Technologists
- B. Mississippi Radiological Society
- C. Mississippi Medical Association or Mississippi Osteopathic Medical Association
- D. American Medical Association or American Osteopathic Association
- E. American Society of Radiologic Technologists
- F. American Registry of Radiologic Technologists
- G. American College of Radiology or American Osteopathic College of Radiology

Source: Miss. Code Ann. §41-58-7 (1972, as amended).

Rule 1.9 Identification. The supervising physician shall be responsible to ensure that any radiologist assistant under his or her supervision does not advertise or otherwise hold himself or herself out in any manner which would tend to mislead the general public or patients. Radiologist assistants shall at all times when on duty wear a name tag, placard or plate identifying themselves as radiologist assistants.

Radiologist assistants may not advertise in any manner which implies that the radiologist assistant is an independent practitioner.

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

Source: Miss. Code Ann. §41-58-7 (1972, as amended).

Rule 1.10 Physician Liability. Prior to the supervision of a radiologist assistant, the physician's and/or radiologist assistant's insurance carrier must forward to the Board a Certificate of Insurance.

Source: Miss. Code Ann. §41-58-7 (1972, as amended).

Rule 1.11 Renewal Schedule. The license of every person licensed to practice as a radiologist assistant in the state of Mississippi shall be renewed annually.

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

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

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

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

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

Source: Miss. Code Ann. §41-58-7 (1972, as amended).

Rule 1.12 Disciplinary Proceedings.

A. Grounds for Disciplinary Action Against Radiologist Assistants

For the purpose of conducting disciplinary actions against individuals licensed to practice as radiologist assistants, the Board hereby incorporates those grounds for the non-issuance, suspension, revocation, or restriction of a license or the denial of reinstatement

or renewal of a license, as set forth in Mississippi Code, Sections 73-25-29 and 73-25-83. As a basis for denial, suspension, revocation or other restriction, the Board may initiate disciplinary proceedings based upon any one or more of those grounds as set forth in Sections 73-25-29 and 73-25-83, and may make provision for the assessment of costs as provided therein.

B. Hearing Procedure and Appeals

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

C. Reinstatement of License

1. A person whose license to practice as a radiologist assistant has been revoked, suspended, or otherwise restricted may petition the Mississippi State Board of Medical Licensure to reinstate his or her license after a period of not less than one (1) year has elapsed from the date of the revocation or suspension. The procedure for the reinstatement of a license that is suspended for being out of compliance with an order for support, as defined in Section 93-11-153, shall be governed by Sections 93-11-157 or 93-11-163, as the case may be.
2. The petition shall be accompanied by two (2) or more verified recommendations from physicians or osteopaths licensed by the Board of Medical Licensure to which the petition is addressed and by two (2) or more recommendations from citizens each having personal knowledge of the activities of the petitioner since the disciplinary penalty was imposed and such facts as may be required by the Board of Medical Licensure.

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

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

Source: Miss. Code Ann. §41-58-7 (1972, as amended).

Rule 1.13 Impaired Radiologist Assistants. For the purpose of the Mississippi Disabled Physician Law, Mississippi Code, Sections 73-25-51 to 73-25-67, any individual licensed to practice as a

radiologist assistant shall be subject to restriction, suspension, or revocation in the case of disability by reason of one or more of the following:

- A. mental illness
- B. physical illness, including but not limited to deterioration through the aging process, or loss of motor skills
- C. excessive use or abuse of drugs, including alcohol

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

Source: Miss. Code Ann. §41-58-7 (1972, as amended).

Rule 1.14 Effective Date of Rules. The above rules pertaining to the practice of radiologist assistants shall become effective upon adoption.

Adopted November 16, 2005; amended July 20, 2006; amended November 8, 2007; amended July 10, 2008; and amended July 10, 2014.

Source: Miss. Code Ann. §41-58-7 (1972, as amended).

Part 2620 Radiologist Assistants

Part 2620 Chapter 1: The Practice of Radiologist Assistants

Rule 1.1 Scope. The following rules pertain to radiologist assistants performing any x-ray procedure or operating any x-ray equipment in a physician's office, hospital or clinical setting.

The radiologist assistant shall evaluate the day's schedule of procedures with the supervising radiologist and determine where the radiologist assistant's skills will be best utilized.

After demonstrating competency, the radiologist assistant when ordered to do so by the supervising radiologist may:

- A. Perform selected procedures under the direct supervision of a radiologist including static and dynamic fluoroscopic procedures.
- B. Assess and evaluate the physiologic and psychological responsiveness of patients undergoing radiologic procedures.
- C. Evaluate image quality, make initial image observations and communicate observations of image quality to the supervising radiologist.
- D. Administer intravenous contrast media or other prescribed medications.

The radiologist assistant may not interpret images, make diagnoses, or prescribe medications or therapies.

The radiologist assistant shall adhere to the Code of Ethics of the American Registry of Radiologic Technologists and to national, institutional and/or departmental standards, policies and procedures regarding the standards of care for patients.

Source: Miss. Code Ann. §41-58-7 (1972, as amended).

Rule 1.2 Definitions. For the purpose of Part 2620, Chapter 1 only, the following terms have the meanings indicated:

- A. "A.R.R.T." - American Registry of Radiologic Technologists.
- B. "Full Certification" - Certification obtained by submitting certification issued by the A.R.R.T.
- C. "Radiologist" - A physician licensed by the Mississippi State Board of Medical Licensure who is certified or eligible to be certified by the American Board of Radiology or the American Osteopathic Board of Radiology.
- D. "Radiologist Assistant Certification" - Certification obtained by submitting proof of A.R.R.T. certification as a radiologist assistant which will enable the holder to perform any and all radiologist assistant procedures or functions as defined in Part 2620, Rule 1.3 in a radiology practice or radiologist's office.
- E. "Direct Supervision" - The radiologist must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of all procedures. "Direct supervision" does not mean that the supervising radiologist must be present in the room when the procedure is performed.

Source: Miss. Code Ann. §41-58-7 (1972, as amended).

Rule 1.3 Qualifications for Licensure. Applicants for radiologist assistant licensure must be graduates of a radiologist assistant education program accredited by the American Registry of Radiologic Technologists or graduates of an RPA school holding an RA certification from the A.R.R.T., must have passed the radiologist assistant examination provided by the A.R.R.T., must have current and unencumbered registration as a radiologic technologist with the Mississippi State Department of Health, must have current certification in advanced cardiac life support (ACLS), and must meet the following additional requirements:

- A. Satisfy the Board that he or she is at least twenty-one (21) years of age and of good moral character.
- B. Submit an application for license on a form supplied by the Board, completed in every detail with a recent passport type photograph.
- C. Pay the appropriate fee as determined by the Board.
- D. Present a certified copy of birth certificate or valid passport.
- E. Submit proof of legal change of name if applicable (notarized or certified copy of marriage license or other legal proceeding).
- F. Provide information on registration or licensure in all other states where the applicant is or has been registered or licensed as a radiologist assistant.
- G. ~~Must have favorable references from two (2) physicians licensed in the United States with whom the applicant has worked or trained.~~
- H. G. No basis or grounds exist for the denial of licensure as provided at Part 2620, Rule 1.12.

Radiologist assistants meeting these licensure requirements will be eligible for license renewal so long as they meet standard renewal requirements.

Source: Miss. Code Ann. §41-58-7 (1972, as amended).

Rule 1.4 Supervision. Before any radiologist shall supervise a radiologist assistant, the radiologist must ~~first (a) present to the Board's Executive Director a duly executed protocol, (b) appear personally before the Board or its Executive Director, and (c) obtain written approval to act as a supervising radiologist.~~ The facts and matters to be considered by the Board when approving or disapproving a protocol or supervision arrangement shall include, but are not limited to, how the supervising radiologist and radiologist assistant plan to implement the protocol, the method and manner of supervision, consultation, referral and liability.

~~Where two or more radiologists anticipate executing a protocol to supervise a radiologist assistant, it shall not be necessary that all of the radiologists personally appear before the Board or Executive Director as required in the paragraph above. In this situation, the radiologist who will bear the primary responsibility for the supervision of the radiologist assistant shall make the required personal appearance.~~

Source: Miss. Code Ann. §41-58-7 (1972, as amended).

Rule 1.5 Supervising Physician Limited. No radiologist shall be authorized to supervise a radiologist assistant unless that radiologist holds an unrestricted license to practice medicine in the state of Mississippi.

The employing radiologist(s) shall exercise supervision and assume full control and responsibility for the services provided by any person practicing as a radiologist assistant employed in the radiologist's practice. Any services being provided by a radiologist assistant must be performed at either the physical location of the radiologist's primary medical practice or any healthcare facility where the supervising radiologist holds staff privileges.

Source: Miss. Code Ann. §41-58-7 (1972, as amended).

Rule 1.6 Termination. The radiologist assistant and supervising radiologist shall notify the Board in writing immediately upon the radiologist assistant's termination; radiologist retirement; withdrawal from active practice; or any other change in employment, functions or activities. Failure to notify can result in disciplinary action.

Source: Miss. Code Ann. §41-58-7 (1972, as amended).

Rule 1.7 Duty to Notify Board of Change of Address. Any radiologist assistant who is licensed or receives a license to practice as a radiologist assistant in this state and thereafter changes his or her practice location or mailing address from what was noted in the application upon which he or she received a license, shall immediately notify the Board in writing of the change. Failure to notify within 30 days could result in disciplinary action.

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Source: Miss. Code Ann. §41-58-7 (1972, as amended).

Rule 1.8 Continuing Education. Biennially attend and complete at least twenty-four (24) hours of radiological related continuing education courses sponsored or approved by any of the following organizations:

- A. Mississippi Society of Radiologic Technologists
- B. Mississippi Radiological Society
- C. Mississippi Medical Association or Mississippi Osteopathic Medical Association
- D. American Medical Association or American Osteopathic Association
- E. American Society of Radiologic Technologists
- F. American Registry of Radiologic Technologists
- G. American College of Radiology or American Osteopathic College of Radiology

Source: Miss. Code Ann. §41-58-7 (1972, as amended).

Rule 1.9 Identification. The supervising physician shall be responsible to ensure that any radiologist assistant under his or her supervision does not advertise or otherwise hold himself or herself out in any manner which would tend to mislead the general public or patients.

Radiologist assistants shall at all times when on duty wear a name tag, placard or plate identifying themselves as radiologist assistants.

Radiologist assistants may not advertise in any manner which implies that the radiologist assistant is an independent practitioner.

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

Source: Miss. Code Ann. §41-58-7 (1972, as amended).

Rule 1.10 Physician Liability. Prior to the supervision of a radiologist assistant, the physician's and/or radiologist assistant's insurance carrier must forward to the Board a Certificate of Insurance.

Source: Miss. Code Ann. §41-58-7 (1972, as amended).

Rule 1.11 Renewal Schedule. The license of every person licensed to practice as a radiologist assistant in the state of Mississippi shall be renewed annually.

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

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

Any radiologist assistant not practicing in Mississippi who allows his or her license to lapse by failing to renew the license as provided in this rule may be reinstated by the Board ~~on satisfactory explanation for such failure to renew, by~~ upon completion of a reinstatement form, and ~~upon~~ payment of the arrearage for the previous five (5) years and the renewal fee for the current year.

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

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

Source: Miss. Code Ann. §41-58-7 (1972, as amended).

Rule 1.12 Disciplinary Proceedings.

A. Grounds for Disciplinary Action Against Radiologist Assistants

For the purpose of conducting disciplinary actions against individuals licensed to practice as radiologist assistants, the Board hereby incorporates those grounds for the non-issuance, suspension, revocation, or restriction of a license or the denial of reinstatement or renewal of a license, as set forth in Mississippi Code, Sections 73-25-29 and 73-25-83. As a basis for denial, suspension, revocation or other restriction, the Board may initiate disciplinary proceedings based upon any one or more of those grounds as set forth in Sections 73-25-29 and 73-25-83, and may make provision for the assessment of costs as provided therein.

B. Hearing Procedure and Appeals

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

C. Reinstatement of License

1. A person whose license to practice as a radiologist assistant has been revoked, suspended, or otherwise restricted may petition the Mississippi State Board of Medical Licensure to reinstate his or her license after a period of not less than one (1) year has elapsed from the date of the revocation or suspension. The procedure for the reinstatement of a license that is suspended for being out of compliance with an order for support, as defined in Section 93-11-153, shall be governed by Sections 93-11-157 or 93-11-163, as the case may be.
2. The petition shall be accompanied by two (2) or more verified recommendations from physicians or osteopaths licensed by the Board of Medical Licensure to which the petition is addressed and by two (2) or more recommendations from citizens each having personal knowledge of the activities of the petitioner since the disciplinary penalty was imposed and such facts as may be required by the Board of Medical Licensure.

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

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

Source: Miss. Code Ann. §41-58-7 (1972, as amended).

Rule 1.13 Impaired Radiologist Assistants. For the purpose of the Mississippi Disabled Physician Law, Mississippi Code, Sections 73-25-51 to 73-25-67, any individual licensed to practice as a radiologist assistant shall be subject to restriction, suspension, or revocation in the case of disability by reason of one or more of the following:

- A. mental illness
- B. physical illness, including but not limited to deterioration through the aging process, or loss of motor skills
- C. excessive use or abuse of drugs, including alcohol

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

Source: Miss. Code Ann. §41-58-7 (1972, as amended).

Rule 1.14 Effective Date of Rules. The above rules pertaining to the practice of radiologist assistants shall become effective upon adoption.

Adopted November 16, 2005; amended July 20, 2006; amended November 8, 2007; amended July 10, 2008; and amended July 10, 2014.

Source: Miss. Code Ann. §41-58-7 (1972, as amended).

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi State Board of Medical Licensure		CONTACT PERSON Rhonda Freeman	TELEPHONE NUMBER (601) 987-3079	
ADDRESS 1867 Crane Ridge Drive, Suite 200-B		CITY Jackson	STATE MS	ZIP 39216
EMAIL mboard@msbml.ms.gov	SUBMIT DATE 1/13/17	Name or number of rule(s): Part 2625: Acupuncturist		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The rules in this Part have been reviewed and updated to reflect changes in terminology, to clarify certain requirements and to remove the personal appearance requirement of applicants.

Specific legal authority authorizing the promulgation of rule: 73-71-13

List all rules repealed, amended, or suspended by the proposed rule: Part 2625: Acupuncturist

ORAL PROCEEDING:

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

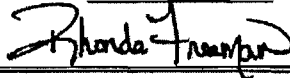
If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) 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.


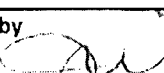
ECONOMIC IMPACT STATEMENT:

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

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

Signature of person authorized to file rules: 

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		
Accepted for filing by	Accepted for filing by 	Accepted for filing by

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

Part 2625 Acupuncturist

Part 2625: Chapter 1 The Practice of Acupuncture

Rule 1.1 Scope. The following rules pertain to acupuncture practitioners performing the technique of acupuncture for a patient only if the patient has received a written referral or prescription for acupuncture from a Mississippi currently licensed physician. If the patient has received a written referral or prescription for the treatment of infertility, the referral or prescription must be issued by a currently licensed Mississippi physician whose primary practice specialty is obstetrics and gynecology.

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

While treating a patient, the practitioner shall not make a medical diagnosis, but may provide pattern differentiation according to Traditional Chinese Medicine. If a patient's condition is not improving or a patient requires emergency medical treatment, the practitioner shall consult promptly with a physician.

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

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

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

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

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

- A. "Board" means the Mississippi State Board of Medical Licensure.
- B. "Council" means the Mississippi Council of Advisors in Acupuncture.
- C. "NCCAOM" means the National Certification Commission for Acupuncture and Oriental Medicine.
- D. "ACAOM" means the Accreditation Commission of Acupuncture and Oriental Medicine.
- E. "CCAOM" means the Council of Colleges of Acupuncture and Oriental Medicine.

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

Rule 1.3 Qualifications for Licensure. On or after July 1, 2009, applicants for acupuncture licensure must meet the following requirements:

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

3. If taken on or after January 1, 2007, pass the NCCAOM Foundations of Oriental Medicine Module, Acupuncture Module with Point Location Module, and the Biomedicine Module.
- K. If applicant is a graduate of an international educational program, provide proof that the applicant is able to communicate in English as demonstrated by one of the following:
 1. Passage of the NCCAOM examination taken in English.
 2. Passage of the TOEFL (Test of English as a Foreign Language) with a score of 560 or higher on the paper based test or with a score of 220 or higher on the computer based test.
 3. Passage of the TSE (Test of Spoken English) with a score of 50 or higher.
 4. Passage of the TOEIC (Test of English for International Communication) with a score of 500 or higher.
 - L. Provide proof of successful completion of a CCAOM-approved clean needle technique course sent directly from the course provider to the Board.
 - M. Provide proof of current cardiopulmonary resuscitation (CPR) certification from either the American Heart Association or the American Red Cross.
 - N. Provide proof of malpractice insurance with a minimum of \$1 million dollars in coverage.
 - O. Submit fingerprints for state and national criminal history background checks.

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

Rule 1.4 Practice Standards. Before treatment of a patient the acupuncturist (if not a Mississippi licensed physician) shall be sure that the patient has been examined and referred by a licensed physician and shall review the diagnosis for which the patient is receiving treatment.

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

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

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

An acupuncture practitioner will use sterilized equipment that has been sterilized according to standards of the Centers for Disease Control and Prevention (CDC).

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

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

Rule 1.5 Patient Records. A licensed acupuncturist shall maintain a complete and accurate record of each patient. The record shall be sufficient to demonstrate a valid acupuncturist-patient relationship:

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

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

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

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

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

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

Rule 1.6 Supervision. Any acupuncturist licensed to practice as an acupuncturist in this state shall perform the technique of acupuncture for a patient only if the patient has received a written referral or prescription for acupuncture from a physician. As specified in the referral or prescription, the Mississippi licensed acupuncturist shall provide reports to the physician on the patient's condition or progress in treatment and comply with the conditions or restrictions on the acupuncturist's course of treatment.

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

Before treating a patient, the acupuncturist shall advise the patient that acupuncture is not a substitute for conventional medical diagnosis and treatment and shall obtain the informed consent of the patient.

On initially meeting a patient in person, the acupuncturist shall provide in writing the acupuncturist's name, business address, and business telephone number, and information on acupuncture, including the techniques that are used.

While treating a patient, the acupuncturist shall not make a diagnosis. If a patient's condition is not improving or a patient requires emergency medical treatment, the acupuncturist shall consult promptly with a physician.

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

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

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

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

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

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

Rule 1.8 Duty to Notify Board of Change of Address. Any acupuncturist who is licensed to practice as an acupuncturist in this state and changes their practice location or mailing address shall immediately notify the Board in writing of the change. Failure to notify within 30 days could result in disciplinary action.

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

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

Rule 1.9 Continuing Education.

- A. Every acupuncturist must earn or receive not less than thirty (30) hours of acupuncture related continuing education courses as precedent to renewing their license for the next fiscal year. This thirty (30) hours is per two-year cycle. Excess hours may not be carried over to another two-year cycle. *For the purpose of this regulation, the two-year period begins July 1, 2010, and every two years thereafter.* Continuing education courses must be sponsored and/or approved by one of the following organizations:
 1. Mississippi Council of Advisors in Acupuncture
 2. Mississippi Oriental Medicine Association
 3. American Association of Acupuncture and Oriental Medicine
 4. National Certification Commission for Acupuncture and Oriental Medicine
 5. American Acupuncture Council
- B. All persons licensed as acupuncturists must comply with the following continuing education rules as a prerequisite to license renewal.
 1. Acupuncturists receiving their initial license to perform acupuncture in Mississippi after June 30 are exempt from the minimum continuing education requirement for the two-year period following their receiving a license. The thirty (30) hour continuing education certification will be due within the next two-year cycle.

2. The approved hours of any individual course or activity will not be counted more than once in a two (2) year period toward the required hour total regardless of the number of times the course or activity is attended or completed by any individual.
3. The Board may waive or otherwise modify the requirements of this rule in cases where there is illness, military service, disability or other undue hardship that prevents a license holder from obtaining the requisite number of continuing education hours. Requests for waivers or modification must be sent in writing to the Executive Director prior to the expiration of the renewal period in which the continuing education is due.
- 4.

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

Rule 1.10 Violations. Any acupuncturist who falsely attests to completion of the required continuing education may be subject to disciplinary action pursuant to Mississippi Code, Section 73-71-33 and 73-71-35.

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

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

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

Rule 1.11 Renewal Schedule. The license of every person licensed to practice as an acupuncturist in the state of Mississippi shall be renewed annually.

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

An acupuncturist practicing in Mississippi who allows a license to lapse by failing to renew the license as provided in the foregoing paragraph may be reinstated by the Board on satisfactory explanation for such failure to renew, by completion of a reinstatement form, and upon payment

of the renewal fee for the current year. If the license has not been renewed within ninety (90) days after its expiration, the renewal shall be assessed a late fee of \$200.

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

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

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

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

Rule 1.12 Professional Ethics. All license holders shall comply with the Code of Ethics adopted by the NCCAOM except to the extent that they conflict with the laws of the State of Mississippi or the rules of the Board. If the NCCAOM Code of Ethics conflicts with state law or rules, the state law or rules govern the matter. Violation of the Code of Ethics or state law or rules may subject a license holder to disciplinary action pursuant to Part 2625, Rule 1.10.

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

Rule 1.13 Disciplinary Proceedings.

A. Hearing Procedure and Appeals

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

B. Reinstatement of License

1. A person whose license to practice as an acupuncturist has been revoked, suspended, or otherwise restricted may petition the Mississippi State Board of Medical Licensure to reinstate their license after a period of one (1) year has elapsed from the date of the revocation or suspension. The procedure for the reinstatement of a license that is suspended for being out of compliance with an order for support, as defined in Section 93-11-153, shall be governed by Sections 93-11-157 or 93-11-163, as the case may be.
2. The petition shall be accompanied by two (2) or more verified recommendations from physicians or acupuncturists licensed by the Board of Medical Licensure to which the petition is addressed and by two (2) or more recommendations from citizens each having personal knowledge of the activities of the petitioner since the disciplinary penalty was imposed and such facts as may be required by the Board of Medical Licensure.

The petition may be heard at the next regular meeting of the Board of Medical Licensure but not earlier than thirty (30) days after the petition was filed. No petition

shall be considered while the petitioner is under sentence for any criminal offense, including any period during which he or she is under probation or parole. The hearing may be continued from time to time as the Board of Medical Licensure finds necessary.

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

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

Rule 1.14 Impaired Acupuncturists. Any individual licensed to practice as an acupuncturist, shall be subject to restriction, suspension, or revocation in the case of disability by reason of one or more of the following:

- A. mental illness, or
- B. physical illness, including but not limited to deterioration through the aging process, or loss of motor skills
- C. excessive use or abuse of drugs, including alcohol

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

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

Rule 1.15 Use of Professional Titles. A licensee shall use the title "Acupuncturist" or "Licensed Acupuncturist," "Lic. Ac.," or "L.Ac.," immediately following his/her name on any advertising or other materials visible to the public which pertain to the licensee's practice of acupuncture. Only persons licensed as an acupuncturist may use these titles. A licensee who is also licensed in Mississippi as a physician, dentist, chiropractor, optometrist, podiatrist, and/or veterinarian is exempt from the requirement that the licensee's acupuncture title immediately follow his/her name.

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

Rule 1.16 Acupuncture Advertising. Misleading or Deceptive Advertising. Acupuncturists shall not authorize or use false, misleading, or deceptive advertising, and, in addition, shall not engage in any of the following:

- A. Hold themselves out as a physician or surgeon or any combination or derivative of those terms unless also licensed by the Board of Medical Licensure as a physician as defined under the Mississippi Medical Practice Act.
- B. Use the terms "board certified." Acupuncturists may use the term "certified" provided the advertising also discloses the complete name of the board which conferred the referenced certification.

- C. Use the terms "certified" or any similar words or phrases calculated to convey the same meaning if the advertised certification has expired and has not been renewed at the time the advertising in question was published, broadcast, or otherwise promulgated.

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

Rule 1.17 Sale of Goods from Practitioner's Office. Due to the potential for patient exploitation in the sale of goods, acupuncturists should be mindful of appropriate boundaries with patients, should avoid coercion in the sale of goods in their offices, and should not engage in exclusive distributorship and/or personal branding.

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

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

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

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

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

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

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

Part 2625 Acupuncturist

Part 2625: Chapter 1 The Practice of Acupuncture

Rule 1.1 Scope. The following rules pertain to acupuncture practitioners performing the technique of acupuncture for a patient only if the patient has received a written referral or prescription for acupuncture from a Mississippi currently licensed physician. If the patient has received a written referral or prescription for the treatment of infertility, the referral or prescription must be issued by a currently licensed Mississippi physician whose primary practice specialty is obstetrics and gynecology.

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

While treating a patient, the practitioner shall not make a medical diagnosis, but may provide pattern differentiation according to Traditional Chinese Medicine. If a patient's condition is not improving or a patient requires emergency medical treatment, the practitioner shall consult promptly with a physician.

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

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

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

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

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

- A. "Board" means the Mississippi State Board of Medical Licensure.
- B. "Council" means the Mississippi Council of Advisors in Acupuncture.
- C. "NCCAOM" means the National Certification Commission for Acupuncture and Oriental Medicine.
- D. "ACAOM" means the Accreditation Commission of Acupuncture and Oriental Medicine.
- E. "CCAOM" means the Council of Colleges of Acupuncture and Oriental Medicine.

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

Rule 1.3 Qualifications for Licensure. On or after July 1, 2009, applicants for acupuncture licensure must meet the following requirements:

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

3. If taken on or after January 1, 2007, pass the NCCAOM Foundations of Oriental Medicine Module, Acupuncture Module with Point Location Module, and the Biomedicine Module.
- K. If applicant is a graduate of an international educational program, provide proof that the applicant is able to communicate in English as demonstrated by one of the following:
1. Passage of the NCCAOM examination taken in English.
 2. Passage of the TOEFL (Test of English as a Foreign Language) with a score of 560 or higher on the paper based test or with a score of 220 or higher on the computer based test.
 3. Passage of the TSE (Test of Spoken English) with a score of 50 or higher.
 4. Passage of the TOEIC (Test of English for International Communication) with a score of 500 or higher.
- L. Provide proof of successful completion of a CCAOM-approved clean needle technique course sent directly from the course provider to the Board.
- M. Provide proof of current cardiopulmonary resuscitation (CPR) certification from either the American Heart Association or the American Red Cross.
- N. Provide proof of malpractice insurance with a minimum of \$1 million dollars in coverage.
- O. ~~Appear for a personal interview in the office of the Mississippi State Board of Medical Licensure, pass the Jurisprudence Examination as administered by the Board and submit for a criminal background check.~~ Submit fingerprints for state and national criminal history background checks.

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

Rule 1.4 Practice Standards. Before treatment of a patient the acupuncturist (if not a Mississippi licensed physician) shall be sure that the patient has been examined and referred by a licensed physician and shall review the diagnosis for which the patient is receiving treatment.

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

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

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

An acupuncture practitioner will use sterilized equipment that has been sterilized according to standards of the ~~national centers for disease control and prevention~~ Centers for Disease Control and Prevention (CDC).

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

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

Rule 1.5 Patient Records. A licensed acupuncturist shall maintain a complete and accurate record of each patient ~~that they treat~~. The record shall ~~include~~ be sufficient to demonstrate a valid acupuncturist-patient relationship:

- A. ~~Name and address of the patient and other appropriate identifying information~~ verify that the person requesting the medical treatment is in fact who they claim to be;
- B. ~~Written referral from physician~~ conduct and appropriate examination of the patient that meets the applicable standard of care and is sufficient to justify the differential diagnosis and proposed therapies;
- C. ~~The acupuncturist's evaluation of the patient including patient history examination and diagnosis~~ establish a differential diagnosis through the use of accepted medical practices, i.e., a patient history, mental status exam, physical exam and appropriate diagnostic and laboratory testing;
- D. ~~Informed consent~~ discuss with the patient the diagnosis, risks and benefits of various treatment options and obtain informed consent;
- E. ~~Documentation of treatment including points treated~~ insure the availability of appropriate follow-up care including use of traditional medicine; and
- F. ~~Evidence of instructions given to patient~~ maintain a complete medical record.

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

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

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

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

Rule 1.6 Supervision. Any acupuncturist licensed to practice as an acupuncturist in this state shall perform the technique of acupuncture for a patient only if the patient has received a written referral or prescription for acupuncture from a physician. As specified in the referral or prescription, the Mississippi licensed acupuncturist shall provide reports to the physician on the patient's condition or progress in treatment and comply with the conditions or restrictions on the acupuncturist's course of treatment.

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

Before treating a patient, the acupuncturist shall advise the patient that acupuncture is not a substitute for conventional medical diagnosis and treatment and shall obtain the informed consent of the patient.

On initially meeting a patient in person, the acupuncturist shall provide in writing the acupuncturist's name, business address, and business telephone number, and information on acupuncture, including the techniques that are used.

While treating a patient, the acupuncturist shall not make a diagnosis. If a patient's condition is not improving or a patient requires emergency medical treatment, the acupuncturist shall consult promptly with a physician.

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

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

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

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

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

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

Rule 1.8 Duty to Notify Board of Change of Address. Any acupuncturist who is licensed to practice as an acupuncturist in this state and changes their practice location or mailing address shall immediately notify the Board in writing of the change. Failure to notify within 30 days could result in disciplinary action.

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

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

Rule 1.9 Continuing Education.

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

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

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

Rule 1.10 Violations. Any acupuncturist who falsely attests to completion of the required continuing education may be subject to disciplinary action pursuant to Mississippi Code, Section 73-71-33 and 73-71-35.

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

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

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

Rule 1.11 Renewal Schedule. The license of every person licensed to practice as an acupuncturist in the state of Mississippi shall be renewed annually.

On or before May 1 of every year, the State Board of Medical Licensure shall notify every acupuncturist to whom a license was issued or renewed during the current licensing period of the forthcoming annual renewal of license. The notice shall provide instructions for obtaining and submitting applications for renewal. The applicant shall obtain and complete the application and submit it to the Board in the manner prescribed by the Board in the notice before June 30 with

the renewal fee of an amount established by the Board. The payment of the annual license renewal fee shall be optional with all acupuncturists over the age of seventy (70) years. Upon receipt of the application and fee, the Board shall verify the accuracy of the application and issue to applicant a license of renewal for the ensuing one (1) year period, beginning July 1 and expiring June 30 of the succeeding licensure period.

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

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

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

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

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

Rule 1.12 Professional Ethics. All license holders shall comply with the Code of Ethics adopted by the NCCAOM except to the extent that they conflict with the laws of the State of Mississippi or the rules of the Board. If the NCCAOM Code of Ethics conflicts with state law or rules, the state law or rules govern the matter. Violation of the Code of Ethics or state law or rules may subject a license holder to disciplinary action pursuant to Part 2625, Rule 1.10.

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

Rule 1.13 Disciplinary Proceedings.

A. Hearing Procedure and Appeals

No individual shall be denied a license or have ~~their~~ a license suspended, revoked or restriction placed thereon, unless the individual licensed as an acupuncturist has been given notice and opportunity to be heard. For the purpose of notice, disciplinary hearings and appeals, the Board hereby adopts and incorporates by reference all provisions of the "Rules of Procedure" now utilized by the Board for those individuals licensed to practice medicine in the state of Mississippi.

B. Reinstatement of License

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

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

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

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

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

Rule 1.14 Impaired Acupuncturists. Any individual licensed to practice as an acupuncturist, shall be subject to restriction, suspension, or revocation in the case of disability by reason of one or more of the following:

- A. mental illness, or
- B. physical illness, including but not limited to deterioration through the aging process, or loss of motor skills
- C. excessive use or abuse of drugs, including alcohol

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

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

Rule 1.15 Use of Professional Titles. A licensee shall use the title "Acupuncturist" or "Licensed Acupuncturist," "Lic. Ac.," or "L.Ac.," immediately following his/her name on any advertising or other materials visible to the public which pertain to the licensee's practice of acupuncture. Only persons licensed as an acupuncturist may use these titles. A licensee who is also licensed in Mississippi as a physician, dentist, chiropractor, optometrist, podiatrist, and/or veterinarian is exempt from the requirement that the licensee's acupuncture title immediately follow his/her name.

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

Rule 1.16 Acupuncture Advertising. Misleading or Deceptive Advertising. Acupuncturists shall not authorize or use false, misleading, or deceptive advertising, and, in addition, shall not engage in any of the following:

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

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

Rule 1.17 Sale of Goods from Practitioner's Office. Due to the potential for patient exploitation in the sale of goods, acupuncturists should be mindful of appropriate boundaries with patients, should avoid coercion in the sale of goods in their offices, and should not engage in exclusive distributorship and/or personal branding.

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

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

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

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

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

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

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

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi State Board of Medical Licensure		CONTACT PERSON Rhonda Freeman	TELEPHONE NUMBER (601) 987-3079	
ADDRESS 1867 Crane Rldge Drive, Suite 200-B		CITY Jackson	STATE MS	ZIP 39216
EMAIL mboard@msbml.ms.gov	SUBMIT DATE 1/13/17	Name or number of rule(s): Part 2635: Practice of Medicinc		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The rules in this Part have been reviewed and updated to reflect changes in terminology, to clarify certain requirements and to withdraw two chapters that are no longer necessary.

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

List all rules repealed, amended, or suspended by the proposed rule: Part 2635: Practice of Medicine

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.

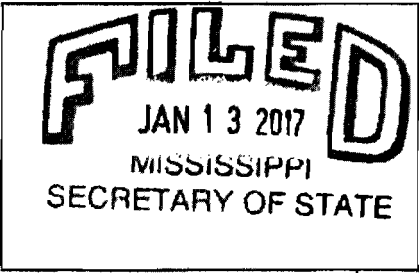
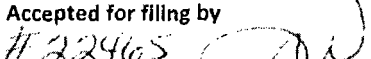
ECONOMIC IMPACT STATEMENT:

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

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

Signature of person authorized to file rules: 

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		
Accepted for filing by	Accepted for filing by 	Accepted for filing by

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

Part 2635 Practice of Medicine

Part 2635: Chapter 1 Surgery/Post-Operative Care

Rule 1.1 Scope. The following regulation sets forth the policies of the Mississippi State Board of Medical Licensure regarding post-operative surgical care rendered by individuals licensed to practice medicine, osteopathic medicine and podiatric medicine in the state of Mississippi.

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

Rule 1.2 Definitions. For the purpose of Part 2635, Chapter 1 only, the following terms have the meanings indicated:

- A. "Auxiliary" or "Auxiliaries" shall include, but is not limited to, registered nurses, licensed practical nurses, certified nursing assistants, physical therapists, nurse practitioners and optometrists.
- B. "Under the supervision" means to critically watch, direct, advise and oversee, and to inspect and examine the actions of another health care practitioner.
- C. "Physician" means any person licensed to practice medicine, osteopathic medicine or podiatric medicine in the state of Mississippi.
- D. "Surgery" is defined as any operative procedure, including the use of lasers, performed upon the body of a living human being for the purposes of preserving health, diagnosing or curing disease, repairing injury, correcting deformity or defects, prolonging life, relieving suffering or any elective procedure for aesthetic, reconstructive or cosmetic purposes, to include, but not be limited to: incision or curettage of tissue or organ; suture or other repair of tissue or organ, including a closed as well as an open reduction of a fracture; extraction of tissue including premature extraction of the products of conception from the uterus; insertion of natural or artificial implants; or an endoscopic procedure.

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

Rule 1.3 Informed Consent. The responsibility for medical and surgical diagnoses is that of the licensed physician. In addition, it is the responsibility of the operating physician to explain the procedure and to obtain informed consent of the patient. It is not necessary, however, that the operating physician obtain or witness the signature of a patient on a written form evidencing informed consent.

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

Rule 1.4 Post-Surgical Care. The management of post-surgical care is the responsibility of the operating physician. The operating physician should provide those aspects of post-surgical care which are within the unique competence of the physician. Patients are best served by having post-surgical care conducted by the physician who best knows their condition--the operating physician.

Where the operating physician cannot personally provide post-surgical care, the physician must arrange *before* surgery for post-surgical care to be performed by another qualified physician who is acceptable to the patient. In this case, the operating physician may delegate discretionary post-operative activities to a qualified licensed physician. Like the operating physician, the physician

to whom a patient has been referred for post-surgical care should provide, at a minimum, those aspects of post-surgical care that are not delegable.

Unless otherwise provided by law, delegation of post-surgical activities to an auxiliary is permitted only if the auxiliary is under the supervision of the operating physician or the physician to whom the operating physician has referred a patient for post-surgical care. While an auxiliary may be authorized by law to provide certain aspects of post-surgical care, this does not relieve the operating physician of his or her responsibility to provide post-surgical care or arrange for the delegation of post-surgical care, when appropriate, as required by this rule.

Those aspects of post-surgical care which may be delegated to an auxiliary must be determined on a case-by-case basis, but shall be limited to those procedures which the auxiliary is authorized by law to perform and within the unique competence and training of the auxiliary.

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

Rule 1.5 Effective Date of Rules. The rules pertaining to Surgery/Post-Operative Care shall become effective October 23, 1994.

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

Part 2635: Chapter 2 Office Based Surgery

Rule 2.1 Scope. This regulation sets forth the policies of the Mississippi State Board of Medical Licensure regarding office based surgery rendered by individuals licensed to practice medicine, osteopathic medicine and podiatric medicine in the state of Mississippi.

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

Rule 2.2 Definitions. For the purpose of Part 2635, Chapter 2 only, the following terms have the meanings indicated:

- A. "Surgery" is defined as any operative procedure, including the use of lasers, performed upon the body of a living human being for the purposes of preserving health, diagnosing or curing disease, repairing injury, correcting deformity or defects, prolonging life, relieving suffering or any elective procedure for aesthetic, reconstructive or cosmetic purposes, to include, but not be limited to: incision or curettage of tissue or organ; suture or other repair of tissue or organ, including a closed as well as an open reduction of a fracture; extraction of tissue including premature extraction of the products of conception from the uterus; insertion of natural or artificial implants; or an endoscopic procedure. The use of local, general or topical anesthesia and/or intravenous sedation is the prerogative of the surgeon.
- B. "Surgeon" is defined as a licensed physician performing any procedure included within the definition of surgery.
- C. Implicit within the use of the term "equipment" is the requirement that the specific item named must meet current performance standards.
- D. "Office surgery" is defined as surgery which is performed outside a hospital, an ambulatory surgical center, abortion clinic, or other medical facility licensed by the Mississippi State Department of Health or a successor agency. Physicians performing Level II or Level III office based surgery must register with the Mississippi State

Board of Medical Licensure. A copy of the registration form is attached hereto (Appendix A).

- E. A “Surgical Event” for the purpose of this regulation is recognized as a potentially harmful or life-threatening episode related to either the anesthetic or the surgery. Any “Surgical Event” in the immediate perioperative period that must be reported are those which are life-threatening, or require special treatment, or require hospitalization, including, but not limited to the following: (1) serious cardiopulmonary or anesthetic events; (2) major anesthetic or surgical complications; (3) temporary or permanent disability; (4) coma; or (5) death.

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

Rule 2.3 General Requirements for Office Surgery. For all surgical procedures, the level of sterilization shall meet current OSHA requirements.

The surgeon must maintain complete records of each surgical procedure, including anesthesia records, when applicable and the records on all Level II and Level III cases shall contain written informed consent from the patient reflecting the patient’s knowledge of identified risks, consent to the procedure, type of anesthesia and anesthesia provider.

The surgeon must maintain a log of all Level II and Level III surgical procedures performed, which must include a confidential patient identifier, the type of procedure, the type of anesthesia used, the duration of the procedure, the type of post-operative care, and any surgical events. The log and all surgical records shall be provided to investigators of the Mississippi State Board of Medical Licensure upon request.

In any liposuction procedure, the surgeon is responsible for determining the appropriate amount of supernatant fat to be removed from a particular patient. Using the tumescent method of liposuction, the surgeon must fully document the anticipated amount of material to be removed in a manner consistent with recognized standards of care. Post-operatively, any deviation from the anticipated amount, and the reason for deviation, should be fully documented in the operative report. Morbidly obese patients should have liposuction performed in the hospital setting unless the surgeon can document significant advantage to an alternative setting.

A policy and procedure manual must be maintained in the office and updated annually. The policy and procedure manual must contain the following: duties and responsibilities of all personnel, cleaning and infection control, and emergency procedures.

The surgeon shall report to the Mississippi State Board of Medical Licensure any surgical events that occur within the office based surgical setting. This report shall be made within 15 days after the occurrence of a surgical event. A suggested form for reporting is attached hereto (Appendix B). The filing of a report of surgical event as required by this rule does not, in and of itself, constitute an acknowledgment or admission of malpractice, error, or omission. Upon receipt of the report, the Board may, in its discretion, obtain patient and other records pursuant to authority granted in Mississippi Code, Section 73-25-28.

The surgeon must have a written response plan for emergencies within his or her facility.

In offices where Level II and Level III office based surgery is performed, a sign must be prominently posted in the office which states that the office is a doctor's office regulated pursuant to the rules of the Mississippi State Board of Medical Licensure. This notice must also appear prominently within the required patient informed consent.

Office surgery facilities should adhere to recognized standards such as those promulgated by the American Society of Anesthesiologists' *Guidelines for Office-Based Anesthesia* or *American Association of Nurse Anesthetists' Standards for Office Based Anesthesia*.

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

Rule 2.4 Level I Office Surgery.

A. Scope

1. Level I office surgery includes, but not limited to, the following:

- i. Minor procedures such as excision of skin lesions, moles, warts, cysts, lipomas, Loop Electrosurgical Excision Procedures (LEEP), laser cone of cervix, laser/cautery ablation of warts or other lesions, and repair of lacerations or surgery limited to the skin and subcutaneous tissue performed under topical or local anesthesia not involving drug-induced alteration of consciousness.
- ii. Incision and drainage of superficial abscesses, limited endoscopies such as proctoscopies, flexible sigmoidoscopies, hysteroscopies, skin biopsies, arthrocentesis, paracentesis, dilation of urethra, cystoscopy procedures, and closed reduction of simple fractures or small joint dislocations (i.e., finger and toe joints).
- iii. Procedures requiring only topical, local or no anesthesia. Only minimal or no preoperative sedation should be required or used. No drug-induced alteration of respiratory effort or consciousness other than minimal pre-operative tranquilization of the patient is permitted in Level I Office Surgery.
- iv. Chances of complication requiring hospitalization are remote.

2. Standards for Level I Office Surgery

i. Training Required

The surgeon's continuing medical education should include management of toxicity or hypersensitivity to local anesthetic drugs. The surgeon's continuing medical education *shall* include Basic Life Support Certification.

ii. Equipment and Supplies Required

Oral airway, positive pressure ventilation device, epinephrine (or other vasopressor), corticosteroids, antihistamines and atropine, if any anesthesia is used. The equipment and skills to establish intravenous access must be available if any other medications are administered. The equipment and supplies should reflect the patient population, i.e., pediatrics, etc.

iii. Assistance of Other Personnel Required

No other assistance is required, unless the specific surgical procedure being performed requires an assistant.

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

Rule 2.5 Level II Office Surgery.

A. Scope

1. Level II Office Surgery is that in which perioperative medication and sedation are used orally, intravenously, intramuscularly, or rectally. If perioperative or intraoperative medication is administered, intraoperative and postoperative monitoring is required. Such procedures include, but are not limited to: hernia repair, hemorrhoidectomy, reduction of simple fractures, large joint dislocations, breast biopsies, dilatation and curettage, thoracentesis, and colonoscopy.
2. Level II Office surgery also includes any surgery in which the patient is sufficiently sedated to allow the patient to tolerate unpleasant procedures while maintaining adequate cardiorespiratory function and the ability to respond purposefully to verbal command and/or tactile stimulation. Patients whose only response is reflex withdrawal from a painful stimulus are sedated to a greater degree than encompassed by this definition.
3. Any procedures that may yield an excessive loss of blood should be covered under Level II.

B. Transfer Agreement Required

The surgeon must have a written transfer agreement from a licensed hospital within reasonable proximity. The transfer agreement should also include physician coverage of transferred patients if the physician does not have privileges at the hospital.

C. Level of Anesthetic

Local or peripheral nerve block, including Bier Block, plus intravenous or intramuscular sedation, but with preservation of vital reflexes.

D. Training Required

To perform office based surgery, the physician must be able to document satisfactory completion of surgical training such as Board certification or Board eligibility by a Board approved by the American Board of Medical Specialties or American Board of Osteopathic Specialties. The certification should include training in the procedures performed in the office setting. Alternative credentialing for procedures outside the physician's core curriculum must be applied for through the Mississippi State Board of Medical Licensure and reviewed by a multi-specialty board appointed by the Director. In addition to the surgeon, there must be at least one assistant certified in Basic Life Support present during any Level II or III procedure. There should be at least one person certified in Advanced Cardiac Life Support present during any Level II or III procedure unless there is an anesthesiologist or certified registered nurse anesthetist to manage the anesthetic.

E. Equipment and Supplies Required

1. Full and current crash cart at the location the anesthetizing is being carried out.

The crash cart must include, at a minimum, the following resuscitative medications, or other resuscitative medication subsequently marketed and available after initial adoption of this regulation, provided said medication has the same FDA approved indications and usage as the medications specified below:

- i. Adrenalin (epinephrine) Abboject 1mg-1:10,000; 10ml
- ii. Adrenalin (epinephrine) ampules 1mg-1:1000; 1ml
- iii. Atropine Abboject 0.1mg/ml; 5ml
- iv. Benadryl (diphenhydramine) syringe 50mg/ml; 1ml
- v. Calcium chloride Abboject 10%; 100mg/ml; 10ml
- vi. Dextrose Abboject 50%; 25g/50ml

- vii. Dilantin (phenytoin) syringe 250mg/5ml
- viii. Dopamine 400mg/250ml pre-mixed
- ix. Heparin 10,000 units/ml; 1 ml vial
- x. Inderal (propranolol) 1mg/ml; 1 ml ampule
- xi. Isuprel (isoproterenol) 1mg/5ml; 1:5000 ampule
- xii. Lanoxin (digoxin) 0.5 mg/2ml ampule
- xiii. Lasix (furosemide) 40 mg/4ml vial
- xiv. Lidocaine Abboject 2%; 100mg/5ml
- xv. Lidocaine 2 grams/500ml pre-mixed
- xvi. Magnesium sulfate 50%; 20ml vial (1g/2ml)
- xvii. Narcan (naloxone) 0.4mg/ml; 1ml ampule
- xviii. Pronestyl (procainamide) 100mg/ml; 10ml vial
- xix. Romazicon 5ml or 10 ml (0.1mg/ml)
- xx. Sodium bicarbonate Abboject 50mEq/50ml
- xxi. Solu-medrol (methylprednisolone) 125mg/2ml vial
- xxii. Verapamil syringe 5mg/2ml

The above dosage levels may be adjusted, depending on ages of the patient population.

- 2. Suction devices, endotracheal tubes, laryngoscopes, etc.
 - 3. Positive pressure ventilation device (e.g., Ambu) plus oxygen supply.
 - 4. Double tourniquet for the Bier Block procedure.
 - 5. Monitors for blood pressure/EKG/Oxygen saturation and portable approved defibrillator.
 - 6. Emergency intubation equipment.
 - 7. Adequate operating room lighting with onsite backup sufficient to supply required equipment perioperative equipment and monitors for a minimum of two (2) hours.
 - 8. Sterilization equipment or facilities meeting Joint Commission requirements.
 - 9. IV solution and IV equipment.
- F. Assistance of Other Personnel Required

In addition to the surgeon there must be at least one assistant certified in Basic Life Support present during any Level II or III procedure. There should be at least one person certified in Advanced Cardiac Life Support present during any Level II or III procedure unless there is an anesthesiologist or certified registered nurse anesthetist to manage the anesthetic.

A registered nurse may only administer analgesic doses of medications on the direct order of a physician. An assisting anesthesia provider, including nurse providing sedation, may not function in any other capacity during the procedure. If additional assistance is required by the specific procedure or patient circumstances, such assistance must be provided by a physician, registered nurse, licensed practical nurse, or operating room technician.

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

Rule 2.6 Level III Office Surgery.

A. Scope

1. Level III Office Surgery is that surgery which involves, or might foreseeably require, the use of a general anesthesia or major conduction anesthesia and perioperative sedation. This includes the use of:
 - i. Intravenous sedation beyond that defined for Level II office surgery;
 - ii. General Anesthesia: loss of consciousness and loss of vital reflexes with probable requirement of external support of pulmonary or cardiac functions; or
 - iii. Major Conduction anesthesia.
 2. Only patients classified under the American Society of Anesthesiologist's (ASA) risk classification criteria as Class I, II, or III are appropriate candidates for Level III office surgery. For ASA Class III patients, the surgeon must document in the patient's record the justification for an office procedure rather than other surgical venues. The record must also document precautions taken that make the office a preferred venue for the particular procedure to be performed.
- B. Transfer Agreement Required
- The surgeon must have a written transfer agreement from a licensed hospital within reasonable proximity. The transfer agreement must include physician coverage of transferred patients if the physician does not have privileges at the hospital. Level of Anesthetic
1. General Anesthetic: loss of consciousness and loss of vital reflexes with probable requirement of external support of pulmonary or cardiac functions.
 2. Major Conduction: epidural, spinal, caudal or any block of a nerve or plexus more proximal than the hip or shoulder joint including visceral nerve blocks.
- C. Training Required
1. To perform office based surgery, the physician must be able to document satisfactory completion of surgical training such as board certification or board eligibility by a board approved by the American Board of Medical Specialties or American Board of Osteopathic Specialties. The certification should include training in the procedures performed in the office setting. Alternative credentialing for procedures outside the physician's core curriculum must be applied for through the Mississippi State Board of Medical Licensure and reviewed by a multi-specialty board appointed by the Executive Director.
 2. In addition to the surgeon there must be at least one assistant certified in Basic Life Support present during any Level II or III procedure. There should be at least one person certified in Advanced Cardiac Life Support present during any Level II or III procedure unless there is an anesthesiologist or certified registered nurse anesthetist to manage the anesthetic.
 3. Emergency procedures related to serious anesthesia complications should be formulated, periodically reviewed, practiced, updated, and posted in a conspicuous location.
- D. Equipment and Supplies Required
1. Equipment, medication and monitored post-anesthesia recovery must be available in the office. If anesthetic agents include inhaled agents, other than nitrous oxide, medications must include a stock of no less than 12 vials of Dantrolene.
 2. The facility, in terms of general preparation, equipment, and supplies, must be comparable to a free standing ambulatory surgical center, including, but not limited to, recovery capability, and must have provisions for proper record keeping.

3. Blood pressure monitoring equipment; EKG; end tidal CO2 monitor; pulse oximeter, precordial or esophageal stethoscope, emergency intubation equipment and a temperature monitoring device must be available for all phases of perioperative care.
 4. Table capable of Trendelenburg and other positions necessary to facilitate the surgical procedure.
 5. IV solutions and IV equipment.
 6. All equipment and supplies listed under Part 2635, Rule 2.5, Level II.
- E. Assistance of Other Personnel Required

An anesthesiologist or certified registered nurse anesthetist must administer the general or regional anesthesia and a physician, registered nurse, licensed practical nurse, or operating room technician must assist with the surgery. The anesthesia provider may not function in any other capacity during the procedure. A licensed physician or a licensed registered nurse with post-anesthesia care unit experience or the equivalent, and credentialed in Advanced Cardiac Life Support, or in the case of pediatric patients, Pediatric Advanced Life Support, must be available to monitor the patient in the recovery room until the patient has recovered from anesthesia.

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

Rule 2.7 Effective Date of Rules. The above rules pertaining to office based surgery shall become effective September 1, 2001.

Adopted July 31, 2001. Amended April 18, 2002, with a June 1, 2002, effective date. Amended September 19, 2002.

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

Part 2635 Chapter 3: Laser Devices

Rule 3.1 Laser Devices. The use of laser, pulsed light or similar devices, either for invasive or cosmetic procedures, is considered to be the practice of medicine in the state of Mississippi and therefore such use shall be limited to physicians and those directly supervised by physicians, such that a physician is on the premises and would be directly involved in the treatment if required. These rules shall not apply to any person licensed to practice dentistry if the laser, pulsed light, or similar device is used exclusively for the practice of dentistry.

Adopted March 18, 1999. Amended May 19, 2005. Amended January 18, 2007. Amended March 8, 2007. Amended May 17, 2007. Amended March 27, 2008.

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

Part 2635 Chapter 4: Chelation Therapy

Rule 4.1 Chelation Therapy. The use of EDTA (ethylenediaminetetraacetic acid) outside of FDA approved clinical indications or an approved research protocol (see below) is not permitted. Other off-label uses may be permissible if there is substantial, high-quality research to support such use. The research should be peer-reviewed and published in recognized journals such as

those cited in PubMed or in the National Library of Medicine. Specific reference should be made to the publications and research in the medical record. Informed consent for off-label use should be obtained. Use of EDTA in any other manner may be considered to be violation of Mississippi Code, Section 73-25-29(8)(d).

However, EDTA may be used when a licensee experienced in clinical investigations has applied for and received from the Board written approval for off-label use in a clinical investigation. The licensee applying for approval must be the principal investigator for the protocol or subject to the direction of the principal investigator.

Advertising EDTA's administration for off-label use, except for approved research protocols, is prohibited. Such advertising may be considered to be violation of Mississippi Code, Section 73-25-29(8)(d) and/or the rules promulgated pursuant thereto.

Adopted July 18, 2002.

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

Part 2635 Chapter 5: Practice of Telemedicine

Rule 5.1 Definitions. For the purpose of Part 2635, Chapter 5 only, the following terms have the meanings indicated:

- A. "Physician" means any person licensed to practice medicine or osteopathic medicine in the state of Mississippi.
- B. "Telemedicine" is the practice of medicine using electronic communication, information technology or other means between a physician in one location and a patient in another location with or without an intervening health care provider. This definition does not include the practice of medicine through postal or courier services.
- C. "Teleemergency medicine" is a unique combination of telemedicine and the collaborative/consultative role of a physician board certified in emergency medicine, and an appropriate skilled health professional (nurse practitioner or physician assistant).

Source: Miss. Code Ann. §73-25-34 (1972, as amended).

Rule 5.2 Licensure. The practice of medicine is deemed to occur in the location of the patient. Therefore only physicians holding a valid Mississippi license are allowed to practice telemedicine in Mississippi. The interpretation of clinical laboratory studies as well as pathology and histopathology studies performed by physicians without Mississippi licensure is not the practice of telemedicine provided a Mississippi licensed physician is responsible for accepting, rejecting, or modifying the interpretation. The Mississippi licensed physician must maintain exclusive control over any subsequent therapy or additional diagnostics.

Source: Miss. Code Ann. §73-25-34 (1972, as amended).

Rule 5.3 Informed Consent. The physician using telemedicine should obtain the patient's informed consent before providing care via telemedicine technology. In addition to information relative to treatment, the patient should be informed of the risk and benefits of being treated via a

telemedicine network including how to receive follow-up care or assistance in the event of an adverse reaction to treatment or if there is a telemedicine equipment failure.

Source: Miss. Code Ann. §73-25-34 (1972, as amended).

Rule 5.4 Physician Patient Relationship. In order to practice telemedicine a valid “physician patient relationship” must be established. The elements of this valid relationship are:

- A. verify that the person requesting the medical treatment is in fact who they claim to be;
- B. conducting an appropriate history and physical examination of the patient that meets the applicable standard of care;
- C. establishing a diagnosis through the use of accepted medical practices, i.e., a patient history, mental status exam, physical exam and appropriate diagnostic and laboratory testing;
- D. discussing with the patient the diagnosis, risks and benefits of various treatment options to obtain informed consent;
- E. insuring the availability of appropriate follow-up care; and
- F. maintaining a complete medical record available to patient and other treating health care providers.

Source: Miss. Code Ann. §73-25-34 (1972, as amended).

Rule 5.5 Examination. Physicians using telemedicine technologies to provide medical care to patients located in Mississippi must provide an appropriate examination prior to diagnosis and treatment of the patient. However, this exam need not be in person if the technology is sufficient to provide the same information to the physician as if the exam had been performed face to face.

Other exams may be appropriate if a licensed health care provider is on site with the patient and is able to provide various physical findings that the physician needs to complete an adequate assessment. However a simple questionnaire without an appropriate exam is in violation of this policy and may subject the physician to discipline by the Board.

Source: Miss. Code Ann. §73-25-34 (1972, as amended).

Rule 5.6 Medical Records. The physician treating a patient through a telemedicine network must maintain a complete record of the patient’s care. The physician must maintain the record’s confidentiality and disclose the record to the patient consistent with state and federal laws. If the patient has a primary treating physician and a telemedicine physician for the same medical condition, then the primary physician’s medical record and the telemedicine physician’s record constitute one complete patient record.

Source: Miss. Code Ann. §73-25-34 (1972, as amended).

Rule 5.7 Collaborative/Consultative Physician Limited. No physician practicing telemergency medicine shall be authorized to function in a collaborative/consultative role as outlined in Part 2630, Chapter 1 unless his or her practice location is a Level One Hospital Trauma Center that is able to provide continuous twenty-four hour coverage and has an existing air ambulance system in place. Coverage will be authorized only for those emergency departments of licensed hospitals who have an average daily census of thirty (30) or fewer acute care/medical surgical occupied beds as defined by their Medicare Cost Report.

Source: Miss. Code Ann. §73-25-34 (1972, as amended).

Rule 5.8 Reporting Requirements. Annual reports detailing quality assurance activities, adverse or sentinel events shall be submitted for review to the Mississippi State Board of Medical Licensure by all institutions and/or hospitals operating telemergency programs.

Amended October 15, 2003. Amended November 4, 2004. Amended January 30, 2006. Amended May 20, 2010.

Source: Miss. Code Ann. §73-25-34 (1972, as amended).

Part 2635 Chapter 6: Electrodiagnostic Testing

Rule 6.1 General. Electrodiagnostic testing includes two primary categories: needle electromyography testing and nerve conduction testing.

The purpose of both categories of electrodiagnostic testing is to detect abnormalities of the peripheral neuromuscular system or to determine the extent and degree of recovery of neuromuscular abnormalities.

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

Rule 6.2 Delegation of Electrodiagnostic Testing Procedures. Electrodiagnostic testing is a clinical diagnostic study that must be considered only in the light of the clinical finding. The person performing electrodiagnostic testing must be able to elicit the pertinent history and perform the necessary examination to define the clinical problems. Differential diagnoses must be considered, and as abnormalities unfold or fail to unfold during the course of testing, the electrodiagnostic testing may be modified until a probable diagnosis is reached.

Electrodiagnostic testing procedures may be delegated to a specifically trained non-physician or physician in a residency or fellowship training program. The responsible electrodiagnostic physician need not be physically present but must be immediately available within the same building throughout the performance of the entire procedure.

Adopted November 20, 2003.

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

Part 2635 Chapter 7: Internet Prescribing

Rule 7.1 Internet Prescribing. Essential components of proper prescribing and legitimate medical practice require that the physician obtains a thorough medical history and conducts an appropriate physical and/or mental examination before prescribing any medication.

Prescribing drugs to individuals that the physician has never met and based solely on answers to a set of questions, as is found in Internet or toll-free telephone prescribing fails to meet an acceptable standard of care and could constitute unprofessional conduct subject to disciplinary action.

Adopted September 18, 2003. Amended July 15, 2004.

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

Part 2635 Chapter 8: Withdrawn January 12, 2017.

Part 2635 Chapter 9 Community-Based Immunization Programs

Rule 9.1 Scope. The administration of vaccinations constitutes the practice of medicine, as defined by Mississippi Code Section 73-43-11, and thus may only be performed by a physician licensed to practice medicine in this state, or by a licensed nurse under the direction and supervision of a licensed physician.

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

Rule 9.2 Position. It is the position of the Mississippi State Board of Medical Licensure that vaccinations administered pursuant to a community-based public immunization program are considered to be under the direction and supervision of a physician, and thus do not constitute the unlawful practice of medicine, when all of the following criteria are met:

- A. the vaccinations are administered to the public by a licensed provider who is:
 1. authorized under Mississippi statute or regulation to provide vaccinations and is
 2. subject to the regulation of a Mississippi regulatory agency.
- B. The vaccinations are carried out pursuant to state and federal public health immunization programs or other programs which:
 1. shall be approved in advance by the Board;
 2. shall be conducted under the general supervision of a physician
 - a. licensed in the state of Mississippi,
 - b. who actively practices medicine at least 20 hours/week, and
 - c. resides in the state of Mississippi; and,
 3. a single physician assumes responsibility for the safe administration of the vaccine.

Adopted March 24, 2011.

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

Part 2635 Chapter 10: Release of Medical Records

Rule 10.1 Definitions. For the purpose of Part 2635, Chapter 10 only, the following terms have the meanings indicated:

- A. "Licensee" means any person licensed to practice medicine, osteopathic medicine, podiatric medicine or acupuncture in the state of Mississippi.
- B. "Medical Records" means all records and/or documents relating to the treatment of a patient, including, but not limited to, family histories, medical histories, report of clinical findings and diagnosis, laboratory test results, x-rays, reports of examination and/or evaluation and any hospital admission/discharge records which the licensee may have.

- C. "Patient" means a natural person who receives or should have received health care from a licensed licensee, under a contract, express or implied, whether or not the licensee is compensated for services rendered.
- D. "Legal Representative" means an attorney, guardian, custodian, or in the case of a deceased patient, the executor/administrator of the estate, surviving spouse, heirs and/or devisees.
- E. "Authorized Requesting Party" includes patient and legal representative as defined above who holds a valid written release and authorization.

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

Rule 10.2 Medical Records - Property of Licensee. Medical records, as defined herein, are and shall remain the property of the licensee in whose facility said records are maintained, subject to reasonable access to the information by authorized individuals or entities.

In the case of employed or contracted licensees (those lacking authority to manage or maintain medical records, medical record ownership shall be determined by federal and state statute and regulations. Licensees in such relationships shall make reasonable efforts to assure reasonable access to the information by authorized individuals or entities. Further, licensees should inform patients of procedures for release of records if the licensee is not the custodian of the records.

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

Rule 10.3 Transfer of Patient Records to Another Licensee. A licensee shall not refuse for any reason to make the information contained in the medical records available upon valid request by authorized requesting party to another licensee presently treating the patient. The licensee has a right to request a written release from the patient or legal representative of the patient, authorizing the transfer prior to transfer of said documents. Upon receipt of the written release and authorization, the licensee must tender a copy of said documents to the other licensee within a reasonable period of time. Transfer of said documents shall not be withheld because of an unpaid bill for medical services, but the licensee is entitled to reasonable compensation paid in advance for any copy expenses as provided in Part 2635, Rule 10.6.

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

Rule 10.4 Release of Patient Records to Patient. A licensee shall, upon request of authorized requesting party holding a written release and authorization, provide a copy of a patient's medical record to the authorized requesting party within a reasonable period of time.

In those cases where release of psychiatric/psychological records directly to a patient would be deemed harmful to the patient's mental health or well-being, the licensee shall not be obligated to release the records directly to the patient, but shall, upon request, release the records to the patient's legal representative. The licensee has a right to request a written authorization prior to release of the records to any party other than the patient. Upon receipt of the written release and authorization, the licensee must tender a copy of the records to the authorized requesting party within a reasonable period of time. Transfer of the records shall not be withheld because of an unpaid bill for medical services, but the licensee is entitled to reasonable compensation paid in advance for any copy expenses as provided in Part 2635, Rule 10.6.

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

Rule 10.5 Narrative Summary of Medical Record. In some cases, a requesting party may wish to obtain a narrative summary of the medical record, in lieu of, or in addition to a copy of the medical record. Upon such a request, the licensee may provide the narrative summary. The licensee may charge a reasonable fee for the time devoted to preparation of the medical record narrative summary.

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

Rule 10.6 Duplication and Administrative Fees.

- A. Licensees have a right to be reimbursed for duplication and other expenses relating to requests for medical records. The copying charge is set by Mississippi Code, Section 11-1-52 as follows:
1. Any medical provider or hospital or nursing home or other medical facility shall charge no more than the following amounts to an authorized requesting party for photocopying any patient's records:
 - i. Twenty Dollars (\$20.00) for pages one (1) through twenty (20);
 - ii. One Dollar (\$1.00) per page for the next eighty (80) pages;
 - iii. Fifty Cents (50¢) per page for all pages thereafter.
 - iv. Ten percent (10%) of the total charge may be added for postage and handling.
 - v. Fifteen Dollars (\$15.00) may be recovered by the medical provider or hospital or nursing home or other medical facility for retrieving medical records in archives at a location off the premises where the facility/office is located.
 - vi. In addition, the actual costs of reproducing x-rays or other special records may be included.
 - vii. The duplication and administrative fees authorized herein are not intended to include or restrict any fees charged in relation to expert testimony.

Source: Miss. Code Ann. §11-1-52 (1972, as amended).

Rule 10.7 Exclusion. Federal or state agencies providing benefit programs as well as contractual third party payers and administrators are excluded from the above stated fees. Records that are requested by state or federal agencies as well as contracted payers and administrators may be billed at rates established by those payers and contracts. The release of records as requested by state or federal agencies or third party payers and administrators may not be refused for failure to pay required fees.

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

Rule 10.8 Violation of Rules. A refusal by a licensee to release patient records shall constitute unprofessional conduct, dishonorable or unethical conduct likely to deceive, defraud or harm the public in violation of Mississippi Code, Section 73-25-29(8)(d).

Amended March 16, 1995. Amended July 18, 2002. Amended September 18, 2003. Amended September 16, 2004. Amended May 17, 2007. Amended January 21, 2010.

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

Part 2635 Chapter 11: Withdrawn January 12, 2017

Part 2635 Chapter 12: Physician Advertising

Rule 12.1 Scope. The following rule on physician advertising applies to all individuals licensed to practice medicine, osteopathic medicine or podiatric medicine in the state of Mississippi.

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

Rule 12.2 Definitions. For the purpose of Part 2635, Chapter 12 only, the following terms have the meanings indicated:

- A. “Board” means the Mississippi State Board of Medical Licensure.
- B. “Physician” means any individual licensed to practice medicine, osteopathic medicine or podiatric medicine in the state of Mississippi.
- C. “Advertisement” or “Advertising” means any form of public communication, such as office signage, newspaper, magazine, telephone directory, medical directory, radio, television, direct mail, billboard, sign, computer, business card, billing statement, letterhead or any other means by which physicians may communicate with the public or patients.

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

Rule 12.3 Requirements.

- A. Subject to the requirements set forth herein below, any advertisement by a physician may include:
 1. The educational background or specialty of the physician.
 2. The basis on which fees are determined, including charges for specific services.
 3. Available credit or other methods of payment.
 4. Any other non-deceptive information.
- B. A physician may publicize himself or herself as a physician through any form of advertisement, provided the communication, (i) shall not be misleading because of the omission of necessary information, (ii) shall not contain any false or misleading statement, or (iii) shall not otherwise operate to deceive.
- C. Because the public may be deceived by the use of medical terms or illustrations that are difficult to understand, physicians should design the advertisement to communicate the information contained therein to the public in a readily comprehensible manner.
- D. It is unethical to advertise in such a manner as to create unjustified medical expectations by the public. The key issue is whether advertising or publicity is true and not materially misleading.
- E. In addition to the above general requirements, any advertisement or other form of public communication shall comply with the following specific requirements:
 1. All advertisements and written communications pursuant to these rules shall include the name of at least one (1) physician responsible for its content. In the case of office signage at least one sign in reasonable proximity to the main entrance must bear the name of the responsible physician.
 2. Whenever a physician is identified in an advertisement or other written communication, the physician should not be identified solely as “Doctor” or “Dr.” but

shall be identified as M.D. for medical doctors, D.O. for osteopathic physicians and D.P.M. for podiatric physicians.

3. A physician who advertises a specific fee for a particular service or procedure shall honor the advertised fee for at least ninety (90) days unless the advertisement specifies a longer period; provided that for advertisements in the yellow pages of a telephone directory or other media not published more frequently than annually, the advertised fee shall be honored for no less than one (1) year following publication.
4. A physician shall not make statements which are merely self-laudatory or statements describing or characterizing the quality of the physician's services.
5. No physician shall advertise or otherwise hold himself or herself out to the public as being "Board Certified" without, (i) a complete disclosure in the advertisement of the specialty board by which the physician was certified, and (ii) can submit proof of current certification by a specialty board recognized by the American Board of Medical Specialties or the American Osteopathic Association. The term "Board Certified" frequently appears in conjunction with a list of services that the physician or clinic provides. The general public could easily be misled into thinking that the physician is certified in all of those services.
6. No physician shall hold himself or herself out as a specialist in a particular field unless that physician has either, (i) completed a residency program recognized by the Accreditation Council for Graduate Medical Education, by the American Osteopathic Association or by the American Podiatric Medical Association and can submit proof that such training was completed, or (ii) can submit proof that the licensee was "grandfathered" into a specialty by board certification by a recognized specialty board of the American Board of Medical Specialties or the American Osteopathic Association.
7. No physician shall compare his or her service with other physicians' services, unless the comparison can be factually substantiated; this precludes the use of terms such as "the best," "one of the best," or "one of the most experienced" or the like.
8. Where an advertisement includes a consumer-endorser's experience (i.e., patient testimonials), the advertisement must contain clear and prominent disclosure of (a) what the generally expected outcome would be in the depicted circumstances, and (b) the limited applicability of the endorser's experience. Although testimonials and endorsements are authorized under this rule, compliance will be strictly monitored as endorsements and testimonials are inherently misleading to the lay public and to those untrained in medicine.
9. Any claims of success, efficacy or result (i.e., cure) must have scientific evidence in substantiation of such claims.
10. Any claims that purport to represent "typical" results (results that consumers will generally achieve) must be based on a study of a sample of all patients who entered the program, or, if the claim refers to a subset of those patients, a sample of that subset.
11. Any claim made regarding the safety of a medical procedure or drug must also disclose the risk of adverse medical complications.
12. No physician shall claim to have any drug or medication or use of a drug or medication for a specific ailment or condition unless such drug or medication has an F.D.A. approved indication for such purpose.

13. Any claim that improvements can be achieved through surgery in a specified time period must also include disclosure of the typical recovery time.
- F. Consistent with federal regulatory standards which apply to commercial advertising, a physician who is considering the placement of an advertisement or publicity release, whether in print, radio or television, should determine in advance that the communication or message is explicitly and implicitly truthful and not misleading. These standards require the advertiser to have a reasonable basis for claims before they are used in advertising. The reasonable basis must be established by those facts known to the advertiser, and those which a reasonable, prudent advertiser should have discovered.
- G. The above rules do not prohibit physicians or clinics from authorizing the use of the physician's name or clinic name in medical directories, HMO directories, preferred provider agreements or other communications intended primarily for referral purposes.

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

Rule 12.4 Violation of Rules. The above rules on physician advertising shall not be interpreted to alter or amend that which is otherwise provided by Mississippi statutory law or the rules on advertising adopted by the Federal Trade Commission.

If any physician subject to this rule advertises or enters into any communication in violation of the above rules, such act shall constitute unprofessional conduct, which includes dishonorable or unethical conduct likely to deceive, defraud or harm the public, in violation of Mississippi Code, Sections 73-25-29(8)(d) and 73-27-13(h)(iv).

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

Rule 12.5 Effective Date of Rules. The above rules pertaining to physician advertising shall become effective November 2, 1995. Amended January 24, 2008.

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

Part 2635: Chapter 1 Surgery/Post-Operative Care

Rule 1.1 Scope. The following regulation sets forth the policies of the Mississippi State Board of Medical Licensure regarding post-operative surgical care rendered by individuals licensed to practice medicine, osteopathic medicine and podiatric medicine in the state of Mississippi.

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

Rule 1.2 Definitions. For the purpose of Part 2635, Chapter 1 only, the following terms have the meanings indicated:

- A. "Auxiliary" or "Auxiliaries" shall include, but is not limited to, registered nurses, licensed practical nurses, certified nursing assistants, physical therapists, nurse practitioners and optometrists.
- B. "Under the supervision" means to critically watch, direct, advise and oversee, and to inspect and examine the actions of another health care practitioner.
- C. "Physician" means any person licensed to practice medicine, osteopathic medicine or podiatric medicine in the state of Mississippi.
- D. "Surgery" ~~means any invasive procedure which results in the projection into (i.e. laser surgery), entering, cutting or suturing of tissue or any body organ~~ is defined as any operative procedure, including the use of lasers, performed upon the body of a living human being for the purposes of preserving health, diagnosing or curing disease, repairing injury, correcting deformity or defects, prolonging life, relieving suffering or any elective procedure for aesthetic, reconstructive or cosmetic purposes, to include, but not be limited to: incision or curettage of tissue or organ; suture or other repair of tissue or organ, including a closed as well as an open reduction of a fracture; extraction of tissue including premature extraction of the products of conception from the uterus; insertion of natural or artificial implants; or an endoscopic procedure.

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

Rule 1.3 Informed Consent. ~~The ultimate responsibility for diagnosing medical and surgical problems~~ medical and surgical diagnoses is that of the licensed physician. In addition, it is the responsibility of the operating physician to explain the procedure and to obtain informed consent of the patient. It is not necessary, however, that the operating physician obtain or witness the signature of a patient on a written form evidencing informed consent.

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

Rule 1.4 Post-Surgical Care. The management of post-surgical care is the responsibility of the operating physician. The operating physician should provide those aspects of post-surgical care which are within the unique competence of the physician. Patients are best served by having post-surgical care conducted by the physician who best knows their condition--the operating physician.

Where the operating physician cannot personally provide post-surgical care, the physician must arrange *before* surgery for post-surgical care to be performed by another qualified physician who is acceptable to the patient. In this case, the operating physician may delegate discretionary post-

operative activities to ~~an equivalently trained~~ a qualified licensed physician. Like the operating physician, the physician to whom a patient has been referred for post-surgical care should provide, at a minimum, those aspects of post-surgical care ~~that are not permitted to be performed by auxiliaries that are not delegable.~~

Unless otherwise provided by law, delegation of post-surgical activities to an auxiliary is permitted only if the auxiliary is under the supervision of the operating physician or the physician to whom the operating physician has referred a patient for post-surgical care. While an auxiliary may be authorized by law to provide certain aspects of post-surgical care, this does not relieve the operating physician of his or her responsibility to provide post-surgical care or arrange for the delegation of post-surgical care, when appropriate, as required by this rule.

Those aspects of post-surgical care which may be delegated to an auxiliary must be determined on a case-by-case basis, but shall be limited to those procedures which the auxiliary is authorized by law to perform and within the unique competence and training of the auxiliary.

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

Rule 1.5 Effective Date of Rules. The rules pertaining to Surgery/Post-Operative Care shall become effective October 23, 1994.

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

Part 2635: Chapter 2 Office Based Surgery

Rule 2.1 Scope. This regulation sets forth the policies of the Mississippi State Board of Medical Licensure regarding office based surgery rendered by individuals licensed to practice medicine, osteopathic medicine and podiatric medicine in the state of Mississippi.

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

Rule 2.2 Definitions. For the purpose of Part 2635, Chapter 2 only, the following terms have the meanings indicated:

- A. "Surgery" is defined as any operative procedure, including the use of lasers, performed upon the body of a living human being for the purposes of preserving health, diagnosing or curing disease, repairing injury, correcting deformity or defects, prolonging life, relieving suffering or any elective procedure for aesthetic, reconstructive or cosmetic purposes, to include, but not be limited to: incision or curettage of tissue or organ; suture or other repair of tissue or organ, including a closed as well as an open reduction of a fracture; extraction of tissue including premature extraction of the products of conception from the uterus; insertion of natural or artificial implants; or an endoscopic procedure. The use of local, general or topical anesthesia and/or intravenous sedation is the prerogative of the surgeon.
- B. "Surgeon" is defined as a licensed physician performing any procedure included within the definition of surgery.
- C. Implicit within the use of the term "equipment" is the requirement that the specific item named must meet current performance standards.
- D. "Office surgery" is defined as surgery which is performed outside a hospital, an ambulatory surgical center, abortion clinic, or other medical facility licensed by the

Mississippi State Department of Health or a successor agency. Physicians performing Level II or Level III office based surgery must register with the Mississippi State Board of Medical Licensure. A copy of the registration form is attached hereto (Appendix A).

- E. A “Surgical Event” for the purpose of this regulation is recognized as a potentially harmful or life-threatening episode related to either the anesthetic or the surgery. Any “Surgical Event” in the immediate peri-operative period that must be reported are those which are life-threatening, or require special treatment, or require hospitalization, including, but not limited to the following: (1) serious cardiopulmonary or anesthetic events; (2) major anesthetic or surgical complications; (3) temporary or permanent disability; (4) coma; or (5) death.

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

Rule 2.3 General Requirements for Office Surgery. For all surgical procedures, the level of sterilization shall meet current OSHA requirements.

The surgeon must maintain complete records of each surgical procedure, including anesthesia records, when applicable and the records on all Level II and Level III cases shall contain written informed consent from the patient reflecting the patient’s knowledge of identified risks, consent to the procedure, type of anesthesia and anesthesia provider.

The surgeon must maintain a log of all Level II and Level III surgical procedures performed, which must include a confidential patient identifier, the type of procedure, the type of anesthesia used, the duration of the procedure, the type of post-operative care, and any surgical events. The log and all surgical records shall be provided to investigators of the Mississippi State Board of Medical Licensure upon request.

In any liposuction procedure, the surgeon is responsible for determining the appropriate amount of supernatant fat to be removed from a particular patient. Using the tumescent method of liposuction, ~~it is strongly recommended that a reasonable amount of fat should be removed in the office setting, i.e., a range of 4000cc to 5000cc of supernatant fat in a 70 Kg patient with a BMI (body mass index) of less than 30. This range should be adjusted downward in thin patients (less than 25 BMI) and upward in obese patients (over 30 BMI) the surgeon must fully document the anticipated amount of material to be removed in a manner consistent with recognized standards of care. Post-operatively, any deviation from the anticipated amount, and the reason for deviation, should be fully documented in the operative report. Morbidly obese patients should preferably have liposuction performed in the hospital setting unless the surgeon can document significant advantage to an alternative setting.~~

A policy and procedure manual must be maintained in the office and updated annually. The policy and procedure manual must contain the following: duties and responsibilities of all personnel, cleaning and infection control, and emergency procedures. ~~This shall not apply to offices that limit surgery to Level I procedures.~~

The surgeon shall report to the Mississippi State Board of Medical Licensure any surgical events that occur within the office based surgical setting. This report shall be made within 15 days after the occurrence of a surgical event. A suggested form for reporting is attached hereto (Appendix B). The filing of a report of surgical event as required by this rule does not, in and of itself,

constitute an acknowledgment or admission of malpractice, error, or omission. Upon receipt of the report, the Board may, in its discretion, obtain patient and other records pursuant to authority granted in Mississippi Code, Section 73-25-28.

The surgeon's office must have a written response plan for emergencies within ~~their~~ his or her facility.

In offices where Level II and Level III office based surgery is performed, a sign must be prominently posted in the office which states that the office is a doctor's office regulated pursuant to the rules of the Mississippi State Board of Medical Licensure. This notice must also appear prominently within the required patient informed consent.

~~It is strongly recommended that~~ Office surgery facilities should adhere to recognized standards such as those promulgated by the American Society of Anesthesiologists' *Guidelines for Office-Based Anesthesia* and/or American Association of Nurse Anesthetists' *Standards for Office Based Anesthesia* be utilized for Level III procedures.

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

Rule 2.4 Level I Office Surgery.

A. Scope

1. Level I office surgery includes, but not limited to, the following:

- i. Minor procedures such as excision of skin lesions, moles, warts, cysts, lipomas, Loop Electrosurgical Excision Procedures (LEEP), laser cone of cervix, laser/cautery ablation of warts or other lesions, and repair of lacerations or surgery limited to the skin and subcutaneous tissue performed under topical or local anesthesia not involving drug-induced alteration of consciousness.
- ii. Incision and drainage of superficial abscesses, limited endoscopies such as proctoscopies, flexible sigmoidoscopies, hysteroscopies, skin biopsies, arthrocentesis, paracentesis, dilation of urethra, cysto-scopic procedures, and closed reduction of simple fractures or small joint dislocations (i.e., finger and toe joints).
- iii. ~~Pre-operative medications not required or used other than minimal pre-operative tranquilization of the patient; anesthesia is local, topical, or none. Procedures requiring only topical, local or no anesthesia. Only minimal or no preoperative sedation should be required or used.~~ No drug-induced alteration of respiratory effort or consciousness other than minimal pre-operative tranquilization of the patient is permitted in Level I Office Surgery.
- iv. Chances of complication requiring hospitalization are remote.

2. Standards for Level I Office Surgery

i. Training Required

The surgeon's continuing medical education should include ~~proper dosages and management of toxicity or hypersensitivity to regional~~ local anesthetic drugs. The surgeon's continuing medical education shall include Basic Life Support Certification is required.

ii. Equipment and Supplies Required

Oral airway, positive pressure ventilation device, ~~E~~pinephrine (or other vasopressor), ~~Corticoids~~ corticosteroids, ~~A~~ntihistamines and ~~A~~tropine, if any anesthesia is used.

The equipment and skills to establish intravenous access must be available if any other medications are administered. The equipment and supplies should reflect the patient population, i.e., pediatrics, etc.

iii. Assistance of Other Personnel Required

No other assistance is required, unless the specific surgical procedure being performed requires an assistant.

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

Rule 2.5 Level II Office Surgery.

A. Scope

1. Level II Office Surgery is that in which perioperative medication and sedation are used orally, intravenously, intramuscularly, or rectally, ~~thus making~~ If perioperative or intraoperative medication is administered, intraoperative and postoperative monitoring necessary is required. Such procedures ~~shall include, but are not be~~ limited to: hernia repair, hemorrhoidectomy, reduction of simple fractures, large joint dislocations, breast biopsies, dilatation and curettage, thoracentesis, and colonoscopy.
2. Level II Office surgery also includes any surgery in which the patient is placed in a state which sufficiently sedated to allow the patient to tolerate unpleasant procedures while maintaining adequate cardiorespiratory function and the ability to respond purposefully to verbal command and/or tactile stimulation. Patients whose only response is reflex withdrawal from a painful stimulus are sedated to a greater degree than encompassed by this definition.
3. Any procedures that may yield an excessive loss of blood should be covered under Level II.

B. Transfer Agreement Required

The surgeon must have a written transfer agreement from a licensed hospital within reasonable proximity, ~~if the surgeon does not have staff privileges to perform the same procedure as that being performed in the office based surgical setting at a licensed hospital within reasonable proximity.~~ The transfer agreement should also include physician coverage of transferred patients if the physician does not have privileges at the hospital.

C. Level of Anesthetic

Local or peripheral ~~major~~ nerve block, including Bier Block, plus intravenous or intramuscular sedation, but with preservation of vital reflexes.

D. Training Required

To perform office based surgery, the physician must be able to document satisfactory completion of surgical training such as Board certification or Board eligibility by a Board approved by the American Board of Medical Specialties or American Board of Osteopathic Specialties. The certification should include training in the procedures performed in the office setting. Alternative credentialing for procedures outside the physician's core curriculum must be applied for through the Mississippi State Board of Medical Licensure and reviewed by a multi-specialty board appointed by the Director. In addition to t~~The surgeon, and there must be at least one attending assistant must be certified in Basic Life Support present during any Level II or III procedure. It is recommended that the surgeon and at least one assistant be~~ There should be at least one person certified in Advanced Cardiac Life Support present during any Level II or III

~~procedure or have a~~ unless there is an anesthesiologist or certified registered nurse anesthetist qualified anesthetic provider, practicing within the scope of the provider's license, to manage the anesthetic.

E. Equipment and Supplies Required

1. Full and current crash cart at the location the anesthetizing is being carried out.

The crash cart must include, at a minimum, the following resuscitative medications, or other resuscitative medication subsequently marketed and available after initial adoption of this regulation, provided said medication has the same FDA approved indications and usage as the medications specified below:

- i. Adrenalin (epinephrine) Abboject 1mg-1:10,000; 10ml
- ii. Adrenalin (epinephrine) ampules 1mg-1:1000; 1ml
- iii. Atropine Abboject 0.1mg/ml; 5ml
- iv. Benadryl (diphenhydramine) syringe 50mg/ml; 1ml
- v. Calcium chloride Abboject 10%; 100mg/ml; 10ml
- vi. Dextrose Abboject 50%; 25g/50ml
- vii. Dilantin (phenytoin) syringe 250mg/5ml
- viii. Dopamine 400mg/250ml pre-mixed
- ix. Heparin 10,000 units/ml; 1 ml vial
- x. Inderal (propranolol) 1mg/ml; 1 ml ampule
- xi. Isuprel (isoproterenol) 1mg/5ml; 1:5000 ampule
- xii. Lanoxin (digoxin) 0.5 mg/2ml ampule
- xiii. Lasix (furosemide) 40 mg/4ml vial
- xiv. Lidocaine Abboject 2%; 100mg/5ml
- xv. Lidocaine 2 grams/500ml pre-mixed
- xvi. Magnesium sulfate 50%; 20ml vial (1g/2ml)
- xvii. Narcan (naloxone) 0.4mg/ml; 1ml ampule
- xviii. Pronestyl (procainamide) 100mg/ml; 10ml vial
- xix. Romazicon 5ml or 10 ml (0.1mg/ml)
- xx. Sodium bicarbonate Abboject 50mEq/50ml
- xxi. Solu-medrol (methylprednisolone) 125mg/2ml vial
- xxii. Verapamil syringe 5mg/2ml

The above dosage levels may be adjusted, depending on ages of the patient population.

2. Suction devices, endotracheal tubes, laryngoscopes, etc.
3. Positive pressure ventilation device (e.g., Ambu) plus oxygen supply.
4. Double tourniquet for the Bier Block procedure.
5. Monitors for blood pressure/EKG/Oxygen saturation and portable approved defibrillator.
6. Emergency intubation equipment.
7. Adequate operating room lighting with onsite backup sufficient to supply Emergency power source able to produce adequate power to run required equipment perioperative equipment and monitors for a minimum of two (2) hours, ~~which would require generator on site.~~
8. Appropriate sSterilization equipment or facilities meeting Joint Commission requirements.
9. IV solution and IV equipment.

F. Assistance of Other Personnel Required

~~The surgeon and at least one attending assistant must be certified in Basic Life Support. It is recommended that the surgeon and at least one assistant be certified in Advanced Cardiac Life Support. In addition to the surgeon there must be at least one assistant certified in Basic Life Support present during any Level II or III procedure. There should be at least one person certified in Advanced Cardiac Life Support present during any Level II or III procedure unless there is an anesthesiologist or certified registered nurse anesthetist to manage the anesthetic.~~

A registered nurse may only administer analgesic doses of ~~anesthetic agents~~ medications ~~under on~~ the direct order of a physician. An assisting anesthesia provider, including nurse providing sedation, ~~cannot~~ may not function in any other capacity during the procedure. If additional assistance is required by the specific procedure or patient circumstances, such assistance must be provided by a physician, registered nurse, licensed practical nurse, or operating room technician. ~~Surgeon must have a written agreement with a qualified support physician with hospital privileges within reasonable proximity to cope with any problems that may arise if the surgeon performing the procedure does not have such privileges.~~

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

Rule 2.6 Level III Office Surgery.

A. Scope

1. Level III Office Surgery is that surgery which involves, or ~~reasonably should~~ might foreseeably require, the use of a general anesthesia or major conduction anesthesia and ~~preperi-~~operative sedation. This includes the use of:
 - i. Intravenous sedation beyond that defined for Level II office surgery;
 - ii. General Anesthesia: loss of consciousness and loss of vital reflexes with probable requirement of external support of pulmonary or cardiac functions; or
 - iii. Major Conduction anesthesia.
2. Only patients classified under the American Society of Anesthesiologist's (ASA) risk classification criteria as Class I, II, or III are appropriate candidates for Level III office surgery. For ASA Class III patients, the surgeon must document in the patient's record the justification and for an office procedure rather than other surgical venues. The record must also document precautions taken that make the office an appropriate forum a preferred venue for the particular procedure to be performed.

B. Transfer Agreement Required

The surgeon must have a written transfer agreement from a licensed hospital within reasonable proximity. The transfer agreement must include physician coverage of transferred patients if the physician does not have privileges at the hospital. ~~-if the surgeon does not have staff privileges to perform the same procedure as that being performed in the office based surgical setting at a licensed hospital within reasonable proximity.~~

C. Level of Anesthetic

1. General Anesthetic: loss of consciousness and loss of vital reflexes with probable requirement of external support of pulmonary or cardiac functions.

2. Major Conduction: epidural, spinal, caudal or any block of a nerve or plexus more proximal than the hip or shoulder joint including visceral nerve blocks.

D. Training Required

1. To perform office based surgery, the physician must be able to document satisfactory completion of surgical training such as board certification or board eligibility by a board approved by the American Board of Medical Specialties or American Board of Osteopathic Specialties. The certification should include training in the procedures performed in the office setting. Alternative credentialing for procedures outside the physician's core curriculum must be applied for through the Mississippi State Board of Medical Licensure and reviewed by a multi-specialty board appointed by the Executive Director.
2. In addition to the surgeon and there must be at least one attending-assistant must be certified in Basic Life Support present during any Level II or III procedure. It is recommended that the surgeon and There should be at least one person assistant be certified in Advanced Cardiac Life Support present during any Level II or III procedure unless there is an anesthesiologist or certified registered nurse anesthetist to manage the anesthetic.
3. Emergency procedures related to serious anesthesia complications should be formulated, periodically reviewed, practiced, updated, and posted in a conspicuous location.

E. Equipment and Supplies Required

1. Equipment, medication, ~~including at least 12 ampules of dantrolene on site (in cases involving general inhalation or general endotracheal anesthesia)~~, and monitored post-anesthesia recovery must be available in the office. If anesthetic agents include inhaled agents, other than nitrous oxide, medications must include a stock of no less than 12 vials of Dantrolene.
2. The ~~office~~ facility, in terms of general preparation, equipment, and supplies, must be comparable to a free standing ambulatory surgical center, including, but not limited to, recovery capability, and must have provisions for proper record keeping.
3. Blood pressure monitoring equipment; EKG; end tidal CO2 monitor; pulse oximeter, precordial or esophageal stethoscope, emergency intubation equipment and a temperature monitoring device must be available for all phases of perioperative care.
4. Table capable of Trendelenburg and other positions necessary to facilitate the surgical procedure.
5. IV solutions and IV equipment.
6. All equipment and supplies listed under Part 2635, Rule 2.5, Level II.

F. Assistance of Other Personnel Required

An anesthesiologist or certified registered nurse anesthetist must administer the general or regional anesthesia and a physician, registered nurse, licensed practical nurse, or operating room technician must assist with the surgery. The anesthesia provider ~~cannot~~ may not function in any other capacity during the procedure. A licensed physician or a licensed registered nurse with post-anesthesia care unit experience or the equivalent, and credentialed in Advanced Cardiac Life Support, or in the case of pediatric patients, Pediatric Advanced Life Support, must be available to monitor the patient in the recovery room until the patient has recovered from anesthesia.

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

Rule 2.7 Effective Date of Rules. The above rules pertaining to office based surgery shall become effective September 1, 2001.

Adopted July 31, 2001. Amended April 18, 2002, with a June 1, 2002, effective date. Amended September 19, 2002.

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

Part 2635 Chapter 3: Laser Devices

Rule 3.1 Laser Devices. The use of laser, pulsed light or similar devices, either for invasive or cosmetic procedures, is considered to be the practice of medicine in the state of Mississippi and therefore such use shall be limited to physicians and those directly supervised by physicians, such that a physician is on the premises and would be directly involved in the treatment if required. These rules shall not apply to any person licensed to practice dentistry if the laser, pulsed light, or similar device is used exclusively for the practice of dentistry.

Adopted March 18, 1999. Amended May 19, 2005. Amended January 18, 2007. Amended March 8, 2007. Amended May 17, 2007. Amended March 27, 2008.

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

Part 2635 Chapter 4: Chelation Therapy

Rule 4.1 Chelation Therapy. The use of EDTA (ethylenediaminetetraacetic acid) ~~in a clinical setting by delivering the medicine through parenteral or oral routes beyond its~~ outside of FDA approved clinical indications or an approved research protocol (see below) is not permitted. Other off-label uses may be permissible if there is substantial, high-quality research to support such use. The research should be peer-reviewed and published in recognized journals such as those cited in PubMed or in the — of laboratory documented heavy metal poisoning/intoxication/toxicity, without support of the scientific literature contained within the National Library of Medicine. Specific reference should be made to the publications and research in the medical record. Informed consent for off-label use should be obtained, — or certainly much more than anecdotal evidence of its effective use in the treatment of a disease or medical condition for which a licensee uses it Use of EDTA in any other manner may be considered to be violation of Mississippi Code, Section 73-25-29(8)(d).

However, EDTA may be used ~~in the clinical setting~~ when a licensee experienced in clinical investigations has applied for and received from the Board written approval for off-label use in a carefully controlled clinical investigation. The licensee applying for approval must be the principal investigator for the protocol or subject to the direction of the principal investigator. — of its effectiveness in treating diseases or medical conditions other than those approved by the FDA under a protocol satisfactory to the Board to be conducted in an academic institution. That the a

Advertising of EDTA's administration for off-label use, except for approved research protocols, is prohibited. in any matter to prevent or cure diseases or medical conditions other than laboratory documented heavy metal poisoning/intoxication/toxicity, without support of the scientific literature contained within the National Library of Medicine or certainly much more

than anecdotal evidence of its effective use in the treatment of a disease or medical condition for which a licensee advertises it Such advertising may be considered to be violation of Mississippi Code, Section 73-25-29(8)(d) and/or the rules promulgated pursuant thereto.

Adopted July 18, 2002.

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

Part 2635 Chapter 5: Practice of Telemedicine

Rule 5.1 Definitions. For the purpose of Part 2635, Chapter 5 only, the following terms have the meanings indicated:

- A. “Physician” means any person licensed to practice medicine or osteopathic medicine in the state of Mississippi.
- B. “Telemedicine” is the practice of medicine using electronic communication, information technology or other means between a physician in one location and a patient in another location with or without an intervening health care provider. This definition does not include the practice of medicine through postal or courier services.
- C. “Teleemergency medicine” is a unique combination of telemedicine and the collaborative/consultative role of a physician board certified in emergency medicine, and an appropriate skilled health professional (nurse practitioner or physician assistant).

Source: Miss. Code Ann. §73-25-34 (1972, as amended).

Rule 5.2 Licensure. The practice of medicine is deemed to occur in the location of the patient. Therefore only physicians holding a valid Mississippi license are allowed to practice telemedicine in Mississippi. ~~However, a valid Mississippi license is not required where the evaluation, treatment and/or medicine given to be rendered by a physician outside of Mississippi is requested by a physician duly licensed to practice medicine in Mississippi, and the physician who has requested such evaluation, treatment and/or medical opinion has already established a doctor/patient relationship with the patient to be evaluated and/or treated.~~ The interpretation of clinical laboratory studies as well as pathology and histopathology studies performed by physicians without Mississippi licensure is not the practice of telemedicine provided a Mississippi licensed physician is responsible for accepting, rejecting, or modifying the interpretation. The Mississippi licensed physician must maintain exclusive control over any subsequent therapy or additional diagnostics.

Source: Miss. Code Ann. §73-25-34 (1972, as amended).

Rule 5.3 Informed Consent. The physician using telemedicine should obtain the patient’s informed consent before providing care via telemedicine technology. In addition to information relative to treatment, the patient should be informed of the risk and benefits of being treated via a telemedicine network including how to receive follow-up care or assistance in the event of an adverse reaction to treatment or if there is a telemedicine equipment failure.

Source: Miss. Code Ann. §73-25-34 (1972, as amended).

Rule 5.4 Physician Patient Relationship. In order to practice telemedicine a valid “physician patient relationship” must be established. The elements of this valid relationship are:

- A. verify that the person requesting the medical treatment is in fact who they claim to be;
- B. conducting an appropriate history and physical examination of the patient that meets the applicable standard of care;
- C. establishing a diagnosis through the use of accepted medical practices, i.e., a patient history, mental status exam, physical exam and appropriate diagnostic and laboratory testing;
- D. discussing with the patient the diagnosis, risks and benefits of various treatment options to obtain informed consent;
- E. insuring the availability of appropriate follow-up care; and
- F. maintaining a complete medical record available to patient and other treating health care providers.

Source: Miss. Code Ann. §73-25-34 (1972, as amended).

Rule 5.5 Examination. Physicians using telemedicine technologies to provide medical care to patients located in Mississippi must provide an appropriate examination prior to diagnosis and treatment of the patient. However, this exam need not be in person if the technology is sufficient to provide the same information to the physician as if the exam had been performed face to face.

Other exams may be appropriate if a licensed health care provider is on site with the patient and is able to provide various physical findings that the physician needs to complete an adequate assessment. However a simple questionnaire without an appropriate exam is in violation of this policy and may subject the physician to discipline by the Board.

Source: Miss. Code Ann. §73-25-34 (1972, as amended).

Rule 5.6 Medical Records. The physician treating a patient through a telemedicine network must maintain a complete record of the patient’s care. The physician must maintain the record’s confidentiality and disclose the record to the patient consistent with state and federal laws. If the patient has a primary treating physician and a telemedicine physician for the same medical condition, then the primary physician’s medical record and the telemedicine physician’s record constitute one complete patient record.

Source: Miss. Code Ann. §73-25-34 (1972, as amended).

Rule 5.7 Collaborative/Consultative Physician Limited. No physician practicing telemergency medicine shall be authorized to function in a collaborative/consultative role as outlined in Part 2630, Chapter 1 unless his or her practice location is a Level One Hospital Trauma Center that is able to provide continuous twenty-four hour coverage and has an existing air ambulance system in place. Coverage will be authorized only for those emergency departments of licensed hospitals who have an average daily census of thirty (30) or fewer acute care/medical surgical occupied beds as defined by their Medicare Cost Report.

Source: Miss. Code Ann. §73-25-34 (1972, as amended).

Rule 5.8 Reporting Requirements. Annual reports detailing quality assurance activities, adverse or sentinel events shall be submitted for review to the Mississippi State Board of Medical Licensure by all institutions and/or hospitals operating telemergency programs.

Amended October 15, 2003. Amended November 4, 2004. Amended January 30, 2006.
Amended May 20, 2010.

Source: *Miss. Code Ann. §73-25-34 (1972, as amended).*

Part 2635 Chapter 6: Electromyography-Electrodiagnostic Testing

Rule 6.1 General. ~~Electromyography (EMG) falls into~~ Electrodiagnostic testing includes two primary categories: needle electromyography testing and nerve conduction testing. ~~Needle electromyography testing involves insertion of needle electrodes into skeletal muscles and concurrent observation of the electrical activity in those muscles by means of an oscilloscope and a loudspeaker. Nerve conduction testing is performed using the same equipment, but consists of surface stimulation or needle stimulation of peripheral nerves with an evaluation of the motor and/or sensory action potentials produced.~~

The purpose of both categories of electromyography electrodiagnostic testing is to detect abnormalities of the peripheral neuromuscular system or to determine the extent and degree of recovery of neuromuscular abnormalities ~~that is, to diagnose.~~

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

Rule 6.2 Delegation of ~~EMG-Electrodiagnostic Testing Procedures.~~ Electromyography Electrodiagnostic testing is an extension of the history and physical examination and a clinical diagnostic study that must be considered only in the light of the clinical finding. The person performing electromyography electrodiagnostic testing must be able to elicit the pertinent history and perform the necessary examination to define the clinical problems. Differential diagnoses must be considered, and as abnormalities unfold or fail to unfold during the course of testing, the ~~electromyographic procedure~~ electrodiagnostic testing may be modified until a probable diagnosis is reached. ~~Results of electromyographic examinations are used for recommending surgical procedures and for determining the absence of disease with most serious prognoses.~~

~~EMG test~~ Electrodiagnostic testing procedures do not follow any stereotyped pattern, and electromyography is almost impossible to standardize, including both needle explorations and nerve conduction testing. Collection of clinical and electrophysiologic data during ~~EMG test procedures should be done by a qualified electrodiagnostic (EDX) physician consultant, but collection of some data can~~ may be delegated to a specifically trained non-physician or physician in a residency or fellowship training program or fellowship. This is to be done under the direct supervision of the EDX qualified physician consultant, The responsible electrodiagnostic physician need not be physically present whose presence is not required in the room where the procedure is being performed, but must be immediately available within the same building, in order to furnish the non-physician employee (or other physician) with assistance and direction, if needed, throughout the performance of the entire procedure.

Adopted November 20, 2003.

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

Part 2635 Chapter 7: Internet Prescribing

Rule 7.1 Internet Prescribing. Essential components of proper prescribing and legitimate medical practice require that the physician obtains a thorough medical history and conducts an appropriate physical and/or mental examination before prescribing any medication ~~for the first time.~~

~~Exceptions to this circumstance that would be permissible may include, but not be limited to: admission orders for a newly hospitalized patient, prescribing for a patient of another physician for whom the prescriber is taking call, or continuing medication on a short term basis for a new patient prior to the patient's first appointment. Established patients may not require a new history and physical examination for each new prescription, depending on good medical practice.~~

Prescribing drugs to individuals that the physician has never met and based solely on answers to a set of questions, as is found in Internet or toll-free telephone prescribing, ~~is inappropriate, fails to meet a basic~~ an acceptable standard of care that potentially places patient's health at risk and could constitute unprofessional conduct ~~punishable by~~ subject to disciplinary action.

Adopted September 18, 2003. Amended July 15, 2004.

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

Part 2635 Chapter 8: Medical Expert Activities by Physicians

Rule 8.1 Authority and Purpose. ~~The Mississippi State Board of Medical Licensure (hereinafter referred to as "the Board") adopts these rules governing medical expert activities by physicians pursuant to Chapters 25 and 43 of Title 73 of the Mississippi Code. The Mississippi State Board of Medical Licensure finds it necessary to fulfill its statutory responsibilities by adopting these rules in order to protect the public, to set professional standards, to enforce the provisions of law regarding the performance of medical expert activities by physicians, and to further other legitimate government purposes in the public interest.~~

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

Rule 8.2 Scope. ~~These rules apply to any physician who performs medical expert activities regarding any person, facility, or entity located within the state of Mississippi, or regarding an event alleged to have occurred within the state of Mississippi, regardless of the location, type, or status of the physician's medical expert activity, the presence or absence of the physician expert's license to practice medicine in Mississippi, the physician expert's presence or absence of a physician-patient relationship in Mississippi, the type of medical expert activity performed (e.g., oral testimony or a written statement), or the setting in which the medical expert activity is performed (e.g., a state or federal court or administrative agency).~~

~~No part of these rules is intended to conflict with or supercede the authority of any state or federal court or administrative agency to designate a physician as a medical expert in a legal matter then pending before the court or agency. The Board does not intend for these rules to conflict with or supercede the description or regulation of the function of a physician serving as an "expert" as that term is used in the Mississippi Rules of Evidence or in other provisions of law, rules, or decisions of any court or administrative agency.~~

No part of these rules is intended to conflict with or supercede the authority of a person other than a physician to serve as an expert in a legal matter. Furthermore, the Board does not intend for these rules to have any effect on physicians' participation in legal proceedings in a capacity other than as a medical expert.

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

~~Rule 8.3 Definition of Medical Expert Activities.~~ For the purposes of these rules only, the Mississippi State Board of Medical Licensure has determined that the definition of the term "medical expert activities" includes, but is not limited to, the use of medical knowledge and professional judgment by a physician to:

- ~~A. Suggest or recommend to a person any medical advice or other agency (whether material or not material).~~
- ~~B. Perform medical services (including, but not limited to, a physical or mental examination of a person).~~
- ~~C. Conduct a review of a person's medical record.~~
- ~~D. Serve as a medical consultant.~~
- ~~E. Render a medical opinion concerning the diagnosis or treatment of a person.~~
- ~~F. Produce a written medical expert opinion report, affidavit, or declaration.~~
- ~~G. Give testimony under oath as a medical expert at a state or federal hearing, deposition, trial, administrative agency proceeding, alternative dispute resolution proceeding, or any other legal proceeding, regarding the medical issues in a legal matter or claim for injuries that is then pending in a court or administrative agency, or which may be filed or asserted whether or not such claim ever results in a pending legal matter and which involves a person, facility, or entity located within the state of Mississippi, or an event alleged to have occurred within the state of Mississippi.~~

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

~~Rule 8.4 Licensure and Qualification Requirements.~~ Except as otherwise provided by law, rule or regulation of this state, any medical expert activity by a physician regarding a legal matter pending in a state or federal court or administrative agency in Mississippi must be performed by a physician who holds a current unrestricted medical license in Mississippi, another state or foreign jurisdiction, and who has the qualifications to serve as a medical expert on the issue(s) in question by virtue of knowledge, skill, experience, training, or education. This rule does not supersede the policies and rules of the Board in regards to unreferral diagnostic screening tests.

The practice of any physician not licensed in Mississippi that meets the licensure and qualification requirements stated in the above paragraph shall be deemed automatically by the Board to be authorized to include the performance of medical expert activities as an otherwise lawful practice, without any need for licensure verification or further requirement for licensure. In accordance with the provisions of law in Mississippi, any physician not licensed in Mississippi whose practice is deemed automatically by the Board to be authorized to include the performance of medical expert activities as an otherwise lawful practice shall be subject to regulation by the Board regarding the physician's performance of such medical expert activities in the state of Mississippi.

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

~~Rule 8.5 Professional Standards. Any physician who performs medical expert activities must:~~

- ~~A. Comply with these rules and all applicable provisions of Mississippi law (e.g., statutes, court rules and decisions, and other administrative agency rules) with regard to the performance of medical expert activities.~~
- ~~B. Comply with medical ethics principles, including, but not limited to, ethics principles established by the American Medical Association and relevant medical specialty associations.~~
- ~~C. Be honest in all professional interactions involving his or her medical expert activities.~~
- ~~D. Not accept payment for medical expert activities that is contingent upon the result or content of any medical diagnosis, opinion, advice, services, report, or review; or that is contingent upon the outcome of any case, claim, or legal matter then pending or contemplated.~~
- ~~E. Not make or use any false, fraudulent, or forged statement or document.~~

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

~~Rule 8.6 Professional Accountability for Violation of Rules. Any physician who performs medical expert activities, whether or not licensed to practice medicine in Mississippi, may be disciplined or otherwise held professionally accountable by the Board, upon a finding by the Board that the physician is unqualified as evidenced by behavior including, but not limited to, incompetent professional practice, unprofessional conduct, or any other dishonorable or unethical conduct likely to deceive, defraud, or harm the public.~~

~~Any violation of Part 2635, Rule 8.5 as enumerated above shall constitute unprofessional conduct in violation of Mississippi Code, Section 73-25-29(8).~~

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

~~Rule 8.7 Complaint Procedure, Investigation, Due Process, and Actions Available to the Board. Any person who has reason to believe that any physician may have failed to comply with any part of these rules in the performance of medical expert activities may make a complaint to the Mississippi State Board of Medical Licensure on a complaint form that is furnished by the Board.~~

~~Any physician, whether or not licensed to practice medicine in Mississippi, who performs medical expert activities in the context of a legal matter regarding any person, facility, entity, or event located within the state of Mississippi may be subject to an investigation by the Mississippi State Board of Medical Licensure upon the receipt of a complaint regarding the physician's conduct or practice. Any such physician shall be afforded the due process procedures of the law and Board rules. The Board, in its sole discretion, may refer the complaint to the medical licensure authority of another state, or to any other appropriate legal authority.~~

~~Any physician may request, or may be summoned by the Board, to appear before the Board at a hearing to consider the physician's compliance with these rules. Any physician's failure to appear when summoned to a hearing may be deemed by the Board to be a waiver of the physician's due process opportunity to appear before the Board and may result in a finding by the Board that the physician is out of compliance with these rules *in absentia*.~~

~~In disciplining a physician licensed to practice medicine in Mississippi or otherwise holding any physician professionally accountable pursuant to these rules and to the statutes, rulings, and other rules and provisions of Mississippi law, the actions that the Mississippi State Board of Medical Licensure may take include, but are not limited to, one or more of the following:~~

- ~~A. Denying, suspending, restricting, or revoking a Mississippi license to practice medicine.~~
- ~~B. Administering a public or private reprimand to a Mississippi licensed physician.~~
- ~~C. Assessing up to \$10,000 of the reasonable investigation costs expended by the Board in investigating a Mississippi licensed physician.~~
- ~~D. Moving for an injunction in Chancery Court to prohibit any physician's further performance of medical expert activities.~~
- ~~E. Petitioning the Chancery Court to cite any noncompliant physician for contempt of court.~~
- ~~F. Referring the matter to another medical licensure authority or other legal authority for action regarding any physician.~~
- ~~G. Any other action regarding any physician that the Board may deem proper under the circumstances (e.g., issuing an advisory letter of concern; issuing a notice of warning; issuing a cease and desist notice; or adopting a resolution of disapproval of any physician's medical expert activities).~~

~~Any physician who is found by the Mississippi State Board of Medical Licensure to have failed to comply with any part of these rules may be reported by the Board to any person or organization appropriate under the circumstances in order to enforce or comply with the law or to protect the public, including, but not limited to, the National Practitioner Data Bank, the U.S. Department of Health and Human Services Office of the Inspector General, the Centers for Medicare and Medicaid Services, the Federation of State Medical Boards, the medical licensure authority or state medical association in any state in which the physician is licensed to practice medicine, the American Board of Medical Specialties and any of its member specialty boards, the Mississippi Attorney General or District Attorney, the United States Attorney, any state or federal court or administrative agency, any national or state professional organization or medical specialty association, and any other appropriate person, government agency, healthcare entity, or legal authority.~~

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

~~**Rule 8.8 Compliance Policy and Exemptions.** In assuring compliance with these rules, the duty shall be on the physician, not on the party who engaged the physician to perform medical expert activities and not on any other person or entity, to ensure that his or her medical expert activities comply with these rules. Any physician who claims to be exempt from these rules shall have the burden of proving to the Board that the exemption is valid.~~

~~**Amended May 20, 2010.**~~

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

~~References:~~

~~Mississippi Code, Sections 11-1-61, 73-25-27, 73-25-29, 73-25-30, 73-25-33, 73-25-34, 73-25-83, 73-25-87, 73-43-11, 73-51-1, et al~~

Mississippi Rule of Evidence 702

~~“Rules, Laws, and Policies of the Mississippi State Board of Medical Licensure.” Published by the Mississippi State Board of Medical Licensure and available at Internet address www.msbml.ms.gov~~

~~Hall v. Hilbun, 466 So. 2d 856 (Miss. 1985)~~

~~Code of Medical Ethics, Current Opinions with Annotations. Published by the Council on Ethical and Judicial Affairs of the American Medical Association, 2006-07 edition.~~

~~“The Role of Licensing Boards in the Evaluation and Discipline of the Expert Witness.” Authored by William J. Wenner, Jr., M.D., J.D. Published in the Journal of Medical Licensure and Discipline, Vol. 90, No. 3, 2004, Pp. 15-20 (collecting cases and scholarly publications)~~

~~Findings of Fact adopted by the Mississippi State Board of Medical Licensure on May 18, 2006.^{**}~~

~~^{**}COMMENT: Based on information presented to the Board at a public hearing on this matter on March 9, 2006, and on May 18, 2006, and on research and analysis of information obtained by Board members and its staff and attorneys, and also on comments received from numerous sources, including the Board’s Consumer Health Committee, leaders of the medical and legal professions, former judges, officials from the Federation of State Medical Boards, and members of the public, the Mississippi State Board of Medical Licensure makes the following Findings of Fact:~~

- ~~—1. A physician’s professional practice, conducted pursuant to the privilege of possessing a medical license, historically has been subject to regulation by other members of the medical profession, by methods such as peer review, performance evaluation, quality assurance monitoring, and other methods of regulation. However, there is a problem in Mississippi with the lack of regulation of medical expert activities by physicians. This lack of regulation causes the performance of medical expert activities to be vulnerable to fraud, abuse, dishonesty, deception, incompetence, and other forms of unprofessional, dishonorable, and unethical conduct by physician experts, all of which are harmful to the public.~~
- ~~—2. A physician’s performance of medical expert activities involves a lawful part of a physician’s practice that is historically an area of state concern and that the Board has the statutory authority and duty to regulate in order to protect the public.~~
- ~~—3. A physician’s medical expert activities involve practices that are likely to affect the health, safety, rights, remedies, and general welfare of persons in Mississippi.~~
- ~~—4. In keeping with the public policy and provisions of law in Mississippi, the performance of medical expert activities, regardless of the physician expert’s location or state(s) of medical licensure, is a lawful practice that requires a qualified physician, and is therefore subject to regulation by, and professional accountability to, the Mississippi State Board of Medical Licensure.~~
- ~~—5. Due to its physician membership and statutory authority, the Mississippi State Board of Medical Licensure is uniquely able to establish and enforce licensure requirements, qualification requirements, and Professional Standards related to the performance of medical expert activities by physicians, especially with regard to ethical conduct and competent practice.~~

Part 2635 Chapter 9 Community-Based Immunization Programs

Rule 9.1 Scope. The administration of vaccinations clearly constitutes the practice of medicine, as defined by Mississippi Code Section 73-43-11, and thus may only be performed by a physician licensed to practice medicine in this state, or by a licensed nurse under the direction and supervision of a licensed physician.

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

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- ~~6. Regardless of a physician's state(s) of medical licensure, a physician who performs medical expert activities in a legal matter has an ethical duty to practice according to the standards of medical professionalism, to perform all medical expert activities in an honest and competent manner, and to strive to report to appropriate entities any physician who is deficient in character or competence or who engages in fraud or deception.~~
 - ~~7. In keeping with the public policy and provisions of law in Mississippi and principles of medical ethics, it is unprofessional, dishonorable, and unethical for a physician to willfully state an opinion or a material fact as a medical expert in the context of a legal matter that the physician knows or should know is false, or that a reasonable person could objectively conclude was a misrepresentation or other distortion of the truth, or was intended by the physician to mislead or deceive a judge, juror, lawyer, litigant, other expert, hearing officer, administrative body, investigator, legal authority, or any finder of fact.~~
 - ~~8. In adopting these rules, the Mississippi State Board of Medical Licensure has attempted to tailor these rules as closely as possible to the current provisions of Mississippi law, in order to regulate medical expert activities for the legitimate government purpose of protecting the public and to further other legitimate government purposes in the public interest.~~
 - ~~9. In adopting these rules, the Mississippi State Board of Medical Licensure states that its intent is only to regulate the conduct and practice of physicians who perform medical expert activities in Mississippi. The Board does not intend for these rules to be subverted or misused by participants in legal proceedings as a procedural weapon to intimidate or harass a physician expert or to delay or otherwise complicate the administration of justice.~~

~~The Mississippi State Board of Medical Licensure shall provide a copy of these rules, with these Comments appended, to the Mississippi Supreme Court, the Mississippi Court of Appeals, the respective conferences of the Mississippi Circuit, Chancery, and County Judges, the Administrative Office of the Courts, the Mississippi Attorney General, the United States District Courts and United States attorneys located in Mississippi, the Mississippi Workers' Compensation Commission, the Mississippi Bar Association, the Mississippi State Medical Association, the Federation of State Medical Boards, and any other appropriate person or organization at the discretion of the Board's Executive Director, with the request that those organizations give notice to their members or other interested parties of the existence of these rules.~~

~~Rule 9.2 Definitions.~~ For the purpose of Part 2635, Chapter 9 only, the following term has the meaning indicated:

~~“Part time” means a minimum of 20 hours per week.~~

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

Rule 9.32 Position. It is the position of the Mississippi State Board of Medical Licensure that vaccinations administered pursuant to a community-based public immunization program are considered to be under the direction and supervision of a physician, and thus do not constitute the unlawful practice of medicine, when all of the following criteria are met:

- A. the vaccinations are administered to the public by a licensed ~~nurse and provider who~~ is:
 - 1. authorized under Mississippi statute or regulation to provide vaccinations and is
 - 2. subject to the regulation of a Mississippi regulatory agency.
- B. The vaccinations are carried out pursuant to state and federal public health immunization programs or other programs which:
 - 1. shall be approved in advance by the Board;
 - 2. shall be conducted under the general supervision of a physician
 - a. licensed in the state of Mississippi,
 - b. ~~who is in at least part time practice of~~ actively practices medicine at least 20 hours/week, and
 - c. resides in the state of Mississippi; and,
 - 3. a single physician assumes responsibility for the safe ~~conduct of the immunization program~~ administration of the vaccine.

Adopted March 24, 2011.

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

Part 2635 Chapter 10: Release of Medical Records

Rule 10.1 Definitions. For the purpose of Part 2635, Chapter 10 only, the following terms have the meanings indicated:

- A. “Licensee” means any person licensed to practice medicine, osteopathic medicine, podiatric medicine or acupuncture in the state of Mississippi.
- B. “Medical Records” means all records and/or documents relating to the treatment of a patient, including, but not limited to, family histories, medical histories, report of clinical findings and diagnosis, laboratory test results, x-rays, reports of examination and/or evaluation and any hospital admission/discharge records which the licensee may have.
- C. “Patient” means a natural person who receives or should have received health care from a licensed licensee, under a contract, express or implied, whether or not the licensee is compensated for services rendered.
- D. “Legal Representative” means an attorney, guardian, custodian, or in the case of a deceased patient, the executor/administrator of the estate, surviving spouse, heirs and/or devisees.

- E. “Authorized Requesting Party” includes patient and legal representative as defined above who holds a valid written release and authorization.

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

Rule 10.2 Medical Records - Property of Licensee/Clinic. Medical records, as defined herein, are and shall remain the property of the licensee or licensees, in whose clinic or facility said records are maintained, subject, ~~however,~~ to reasonable access to the information ~~contained in said records as set forth herein below~~ by authorized individuals or entities.

In the case of employed or contracted licensees (those lacking authority to manage or maintain medical records, medical record ownership shall be determined by federal and state statute and regulations. Licensees in such relationships shall make reasonable efforts to assure reasonable access to the information by authorized individuals or entities. Further, licensees should inform patients of procedures for release of records if the licensee is not the custodian of the records.

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

Rule 10.3 Transfer of Patient Records to Another Licensee. A licensee ~~who formerly treated a patient~~ shall not refuse for any reason to make the information contained in ~~his or her~~ the medical records ~~of that patient~~ available upon valid request by ~~the patient, or legal representative of the patient,~~ authorized requesting party to another licensee presently treating the patient. The licensee has a right to request a written release from the patient or legal representative of the patient, authorizing the transfer prior to transfer of said documents. Upon receipt of the written release and authorization, the licensee must tender a copy of said documents to the other licensee within a reasonable period of time. Transfer of said documents shall not be withheld because of an unpaid bill for medical services, but the licensee is entitled to reasonable compensation paid in advance for any copy expenses as provided in Part 2635, Rule 10.6.

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

Rule 10.4 Release of Patient Records to Patient. A licensee shall, upon request of ~~the patient, patient's legal representative, or other person~~ authorized requesting party holding a written release and authorization (~~hereinafter, “authorized requesting party”~~), provide a copy of a patient's medical record to the authorized requesting party within a reasonable period of time. ; provided, however,

In those cases where release of psychiatric/psychological records directly to a patient would be deemed harmful to the patient's mental health or well-being, the licensee shall not be obligated to release the records directly to the patient, but shall, upon request, release the records to the patient's legal representative. The licensee has a right to request a written authorization prior to release of the records to any party other than the patient. Upon receipt of the written release and authorization, the licensee must tender a copy of the records to the authorized requesting party within a reasonable period of time. Transfer of the records shall not be withheld because of an unpaid bill for medical services, but the licensee is entitled to reasonable compensation paid in advance for any copy expenses as provided in Part 2635, Rule 10.6.

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

Rule 10.5 Narrative Summary of Medical Record. In some cases, a requesting party may wish to obtain a narrative summary of the medical record, in lieu of, or in addition to a copy of the medical record. Upon such a request, the licensee may provide the narrative summary. The licensee may charge a reasonable fee for the time devoted to preparation of the medical record narrative summary.

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

Rule 10.6 Duplication and Administrative Fees.

- A. Licensees have a right to be reimbursed for duplication and other expenses relating to requests for medical records. The copying charge is set by Mississippi Code, Section 11-1-52 as follows:
1. Any medical provider or hospital or nursing home or other medical facility shall charge no more than the following amounts to ~~patients or their representatives~~ an authorized requesting party for photocopying any patient's records:
 - i. Twenty Dollars (\$20.00) for pages one (1) through twenty (20);
 - ii. One Dollar (\$1.00) per page for the next eighty (80) pages;
 - iii. Fifty Cents (50¢) per page for all pages thereafter.
 - iv. Ten percent (10%) of the total charge may be added for postage and handling.
 - v. Fifteen Dollars (\$15.00) may be recovered by the medical provider or hospital or nursing home or other medical facility for retrieving medical records in archives at a location off the premises where the facility/office is located.
 - vi. In addition, the actual costs of reproducing x-rays or other special records may be included.
 - vii. The duplication and administrative fees authorized herein are not intended to include or restrict any fees charged in relation to expert testimony.
- ~~B. A licensee shall only charge normal, reasonable and customary charges for a deposition related to a patient that the licensee is treating or has treated.~~
- ~~C. Any medical provider shall charge no more than Twenty five Dollars (\$25.00) for executing a medical record affidavit, when the affidavit is requested by the patient or the patient's representative.~~

Source: Miss. Code Ann. §11-1-52 (1972, as amended).

Rule 10.7 Exclusion. Federal or state agencies providing benefit programs as well as contractual third party payers and administrators are excluded from the above stated fees. Records that are requested by state or federal agencies as well as contracted payers and administrators ~~for said benefit programs~~ may be billed at rates established by those payers and contracts. ~~shall pay an acceptable rate as established by the requesting federal or state agency.~~ The release of records as requested by state or federal agencies or third party payers and administrators may not be refused for failure to pay required fees.

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

Rule 10.8 Violation of Rules. A refusal by a licensee to release patient records ~~as enumerated above~~ shall constitute unprofessional conduct, dishonorable or unethical conduct likely to deceive, defraud or harm the public in violation of Mississippi Code, Section 73-25-29(8)(d).

Amended March 16, 1995. Amended July 18, 2002. Amended September 18, 2003.
Amended September 16, 2004. Amended May 17, 2007. Amended January 21, 2010.

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

Part 2635 Chapter 11: Prevention of Transmission of Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV) to Patients

~~Rule 11.1 Scope.~~ The following rules of prescribed practice and reporting requirements for physicians and podiatrists licensed in the state of Mississippi are to protect the public from the risk of transmission of Hepatitis B Virus, Hepatitis C Virus and Human Immunodeficiency Virus from physicians to patients and to insure the maintenance of quality medical care by physicians and podiatrists who are HbeAg, HCV and HIV seropositive.

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

~~Rule 11.2 Definitions.~~ For the purpose of Part 2635, Chapter 11 only, the following terms have the meanings indicated:

- A. ~~“HBV”~~ means Hepatitis B Virus.
- B. ~~“HCV”~~ means Hepatitis C Virus.
- C. ~~“HIV”~~ means Human Immunodeficiency Virus.
- D. ~~“HBeAg seropositive”~~ means that a test of the practitioner's blood has confirmed the presence of Hepatitis Be antigen.
- E. ~~“HCV seropositive”~~ means that a test of the practitioner's blood has confirmed the presence of Hepatitis C antigen.
- F. ~~“HIV seropositive”~~ means that a test of the practitioner's blood has confirmed the presence of HIV antibody.
- G. ~~“Exposure Prone Procedure”~~ means an invasive procedure in which there is an increased risk of per cutaneous injury to the practitioner by virtue of digital palpation of a needle tip or other sharp object in a body cavity or the simultaneous presence of the practitioner's fingers and a needle or other sharp instrument or object in a poorly visualized or highly confined anatomic site, or any other invasive procedure in which there is a significant risk of contact between the blood or body fluids of the practitioner and the blood or body fluids of the patient.
- H. ~~“Practitioners” or “Physicians”~~ means any individual licensed to practice medicine, osteopathic medicine or podiatric medicine in the state of Mississippi.
- I. ~~“Act”~~ means the Mississippi Medical Practice Act as found at Sections 73-25-1 through 73-27-19, Mississippi Code.

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

~~Rule 11.3 Use of Infection Control Precautions. General Requirements~~

~~A practitioner who performs or participates in an invasive procedure or performs a function ancillary to an invasive procedure shall, in the performance of or participation in any such procedure or function, be familiar with, observe and rigorously adhere to both general infection control practices and universal blood and body fluid precautions as then recommended by the Federal Centers for Disease Control and Prevention to minimize the risk of transmission of the HBV or HIV from a practitioner to a patient, from a patient to a practitioner, from a patient to a patient, or from a practitioner to a practitioner.~~

~~Universal Blood and Body Fluid Precautions. For purposes of this rule, adherence to universal blood and body fluid precautions requires observance of the following minimum standards:~~

- ~~A. Protective Barriers. A practitioner shall routinely use appropriate barrier precautions to prevent skin and mucous membrane contact with blood and other body fluids of all patients. Gloves and surgical masks shall be worn and shall be changed after contact with each patient. Protective eyewear or face shields and gowns or aprons made of materials that provide an effective barrier shall be worn during procedures that commonly result in the generation of droplets, splashing of blood or body fluids, or the generation of bone chips. A practitioner who performs, participates in, or assists in a vaginal or cesarean delivery shall wear gloves and gowns when handling the placenta or the infant until blood and amniotic fluid have been removed from the infant's skin and shall wear gloves during post-delivery care of the umbilical cord. If, during any invasive procedure, a glove is torn or punctured, the glove should be removed and a new glove used as promptly as patient safety permits.~~
- ~~B. Hand Washing. Hands and other skin surfaces shall be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands shall be washed immediately after gloves are removed.~~
- ~~C. Per Cutaneous Injury Precautions. A practitioner shall take appropriate precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures; when cleaning used instruments; during disposal of used needles; and when handling sharp instruments after procedures. If a needle stick injury occurs, the needle or instrument involved in the incident should be removed from the sterile field. To prevent needle stick injuries, needles should not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. After they are used, disposable syringes and needles, scalpel blades, and other sharp items should be placed for disposal in puncture-resistant containers located as close as practical to the use area. Large bore reusable needles should be placed in puncture-resistant containers for transport to the reprocessing area.~~
- ~~D. Resuscitation Devices. To minimize the need for emergency mouth-to-mouth resuscitation, a practitioner shall ensure that mouthpieces, resuscitation bags, or other ventilation devices are available for use in areas in which the need for resuscitation is predictable.~~
- ~~E. Sterilization and Disinfection. Instruments or devices that enter sterile tissue or the vascular system of any patient or through which blood flows should be sterilized before reuse. Devices or items that contact intact mucous membranes should be sterilized before reuse. Devices or items that contact intact mucous membranes should be sterilized or receive high-level disinfection.~~
- ~~F. Precautions for Practitioners with High Risk Lesions and Dermatitis. Practitioners who have exudative lesions or weeping dermatitis must refrain from all direct patient care and from handling patient care equipment and devices used in performing invasive procedures until the condition is resolved.~~
- ~~G. Failure to Comply with Standards. Failure by a practitioner to adhere to the Universal Blood and Body Fluid Precautions established herein shall be deemed unprofessional conduct in violation of Section 73-25-29(8)(d). Upon report of a violation, the Board of Medical Licensure shall take action consistent with the~~

~~Medical Practice Act to determine if a violation has occurred, and if a violation has occurred, determine what sanctions, if any, are appropriate. The practitioner shall be entitled to the procedures guaranteed by the Act, including, but not necessarily limited to, a hearing concerning the charge(s).~~

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

~~Rule 11.4 Screening/Reporting. It is recommended that physicians know their HIV, HBV or HCV antibody status and submit to the appropriate tests to determine this status on an annual basis on or before the physician's birthday.~~

~~Any practitioner who is or becomes HBeAg seropositive, HCV seropositive or HIV seropositive shall give written notice of such seropositivity to the Board of Medical Licensure on or before thirty (30) days from the date the seropositivity is determined.~~

~~The written notice of seropositivity as required in above paragraph shall be sent by registered mail to the attention of the Board's Executive Officer, and shall include a copy of the test results and identification of the physician's treating physician.~~

~~A panel shall be established to monitor physicians who are HIV seropositive, HBeAg seropositive or HCV seropositive. The panel shall consist of the physician's private physician(s), an infectious disease specialist with expertise in the epidemiology of HIV, HBV and HCV transmission, a practitioner with expertise in the procedures performed by the infected practitioner, a psychiatrist, and a member and/or Executive Officer of the Board of Medical Licensure. The above list is not intended to be all inclusive and other physicians or representatives of other fields of medicine can be added to the panel, at the request of either the infected physician, a panel member, and/or the Board of Medical Licensure.~~

~~The panel shall designate two or more of its members to meet with seropositive physicians to evaluate the physicians' practice, extent of illness and other factors to determine what modifications, if any, will be required in their practice patterns. In addition, the panel shall meet at least annually with the Board to report its progress, discuss enforcement and related issues.~~

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

~~Rule 11.5 Confidentiality of Reported Information.~~

~~A. General Confidentiality.~~

~~Reports and information furnished to the Board pursuant to Part 2635, Rule 11.4 shall be confidential and privileged. Said reports and information shall not be subject to disclosure without prior written consent of the practitioner identified in the report.~~

~~B. Confidentiality of Identity of Seropositive Practitioners.~~

~~The identity of practitioners who have reported their status as carriers of HBV, HCV or HIV to the Board pursuant to Part 2635, Rule 11.4 shall be maintained in confidence by the Board and shall not be disclosed to any person, firm, organization, or entity, governmental or private, except as may be necessary in the investigation or prosecution of suspected violations of this rule and regulation or violation of the Mississippi Medical Practice Act.~~

~~C. Disclosure of Statistical Data.~~

~~Provided that the identity of reporting practitioners is not disclosed, the provisions of this rule shall not be deemed to prevent disclosure by the panel or Board of statistical data derived from such reports, including, the number and licensure class of practitioners having reported themselves as HbeAg, HCV and/or HIV seropositive and their geographical distribution.~~

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

~~Rule 11.6 Penalties. HIV, HBV or HCV positive practitioners who perform exposure prone procedures or otherwise practice contrary to the direction of the panel shall be guilty of unprofessional conduct in violation of Section 73-25-29(8)(d). Upon report of a violation, the Board shall take action consistent with the Act to determine if a violation has occurred and if so, determine what sanctions, if any, are appropriate. The practitioner shall be entitled to the procedures guaranteed by the Act including, but not limited to, a hearing concerning the charge(s).~~

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

~~Rule 11.7 HIV, HBV and HCV Tests. All tests to determine HIV, HbeAg or HCV seropositivity should be performed at a standardized laboratory that is licensed in the state of Mississippi.~~

~~Adopted July 1, 1992. Amended November 18, 1993. Amended September 23, 1999.~~

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

Part 2635 Chapter 12: Physician Advertising

Rule 12.1 Scope. The following rule on physician advertising applies to all individuals licensed to practice medicine, osteopathic medicine or podiatric medicine in the state of Mississippi.

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

Rule 12.2 Definitions. For the purpose of Part 2635, Chapter 12 only, the following terms have the meanings indicated:

- A. "Board" means the Mississippi State Board of Medical Licensure.
- B. "Physician" means any individual licensed to practice medicine, osteopathic medicine or podiatric medicine in the state of Mississippi.
- C. "Advertisement" or "Advertising" means any form of public communication, such as office signage, newspaper, magazine, telephone directory, medical directory, radio, television, direct mail, billboard, sign, computer, business card, billing statement, letterhead or any other means by which physicians may communicate with the public or patients.

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

Rule 12.3 Requirements.

- A. Subject to the requirements set forth herein below, any advertisement by a physician may include:
 1. The educational background or specialty of the physician.

2. The basis on which fees are determined, including charges for specific services.
 3. Available credit or other methods of payment.
 4. Any other non-deceptive information.
- B. A physician may publicize himself or herself as a physician through any form of advertisement, provided the communication, (i) shall not be misleading because of the omission of necessary information, (ii) shall not contain any false or misleading statement, or (iii) shall not otherwise operate to deceive.
- C. Because the public ~~can sometimes~~ may be deceived by the use of medical terms or illustrations that are difficult to understand, physicians should design the advertisement to communicate the information contained therein to the public in a readily comprehensible manner.
- D. It is unethical to advertise in such a manner as to create unjustified medical expectations by the public. The key issue is whether advertising or publicity, ~~regardless of format or content,~~ is true and not materially misleading.
- E. In addition to the above general requirements, any advertisement or other form of public communication shall comply with the following specific requirements:
1. All advertisements and written communications pursuant to these rules shall include the name of at least one (1) physician responsible for its content. In the case of office signage at least one sign in reasonable proximity to the main entrance must bear the name of the responsible physician.
 2. Whenever a physician is identified in an advertisement or other written communication, the physician should not be identified solely as "Doctor" or "Dr." but shall be identified as M.D. for medical doctors, D.O. for osteopathic physicians and D.P.M. for podiatric physicians.
 3. A physician who advertises a specific fee for a particular service or procedure shall honor the advertised fee for at least ninety (90) days unless the advertisement specifies a longer period; provided that for advertisements in the yellow pages of a telephone directory or other media not published more frequently than annually, the advertised fee shall be honored for no less than one (1) year following publication.
 4. A physician shall not make statements which are merely self-laudatory or statements describing or characterizing the quality of the physician's services.
 5. No physician shall advertise or otherwise hold himself or herself out to the public as being "Board Certified" without, (i) a complete disclosure in the advertisement of the specialty board by which the physician was certified, and (ii) can submit proof of current certification by a specialty board recognized by the American Board of Medical Specialties or the American Osteopathic Association. The term "Board Certified" frequently appears in conjunction with a list of services that the physician or clinic provides. The general public could easily be misled into thinking that the physician is certified in all of those services.
 6. No physician shall hold himself or herself out as a specialist in a particular field unless that physician has either, (i) completed a ~~"board approved" residency program, which provides specific training in the specialized field~~ residency program recognized by the Accreditation Council for Graduate Medical Education, by the American Osteopathic Association or by the American Podiatric Medical Association and can submit proof that such training was completed, or (ii) can submit proof that ~~while not completing a residency,~~ the licensee was "grandfathered" into a specialty by

~~successful completion of board examinations followed by board certification by the a recognized specialty board of the American Board of Medical Specialties or the American Osteopathic Association. A "board approved" residency program shall be limited to residency programs recognized by the American Medical Association, by the American Osteopathic Association, and by the American Podiatric Medical Association.~~

7. No physician shall compare his or her service with other physicians' services, unless the comparison can be factually substantiated; this precludes the use of terms such as "the best," "one of the best," or "one of the most experienced" or the like.
 8. Where an advertisement includes a consumer-endorser's experience (i.e., patient testimonials), the advertisement must contain ~~an appropriately worded~~, clear and prominent disclosure of (a) what the generally expected ~~performance outcome~~ would be in the depicted circumstances, and (b) the limited applicability of the endorser's experience. Although testimonials and endorsements are authorized under this rule, compliance will be strictly monitored as endorsements and testimonials are inherently misleading to the lay public and to those untrained in medicine.
 9. Any claims of success, efficacy or result (i.e., cure) must have scientific evidence in substantiation of such claims.
 10. Any claims that purport to represent "typical" results (results that consumers will generally achieve) must be based on a study of a sample of all patients who entered the program, or, if the claim refers to a subset of those patients, a sample of that subset.
 11. Any claim made regarding the safety of a medical procedure or drug must also disclose the risk of adverse medical complications.
 12. No physician shall claim to have any ~~new~~ drug or medication or ~~new~~ use of a drug or medication for a specific ailment or condition unless such drug or medication has an F.D.A. approved indication for such purpose.
 13. Any claim that improvements can be achieved through surgery in a specified time period must also include disclosure of the typical recovery time.
- F. Consistent with federal regulatory standards which apply to commercial advertising, a physician who is considering the placement of an advertisement or publicity release, whether in print, radio or television, should determine in advance that the communication or message is explicitly and implicitly truthful and not misleading. These standards require the advertiser to have a reasonable basis for claims before they are used in advertising. The reasonable basis must be established by those facts known to the advertiser, and those which a reasonable, prudent advertiser should have discovered.
- G. The above rules do not prohibit physicians or clinics from authorizing the use of the physician's name or clinic name in medical directories, HMO directories, preferred provider agreements or other communications intended primarily for referral purposes.

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

Rule 12.4 Violation of Rules. The above rules on physician advertising shall not be interpreted to alter or amend that which is otherwise provided by Mississippi statutory law or the rules on advertising adopted by the Federal Trade Commission.

If any physician subject to this rule advertises or enters into any communication in violation of the above rules, such act shall constitute unprofessional conduct, which includes dishonorable or

unethical conduct likely to deceive, defraud or harm the public, in violation of Mississippi Code, Sections 73-25-29(8)(d) and 73-27-13(h)(iv).

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

Rule 12.5 Effective Date of Rules. The above rules pertaining to physician advertising shall become effective November 2, 1995. Amended January 24, 2008.

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