

BOARD MINUTES
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
NOVEMBER 17, 2016

The regularly scheduled meeting of the Mississippi State Board of Medical Licensure was held on Thursday, November 17, 2016, in the Board Room of the Office of the Board located at 1867 Crane Ridge Drive, Jackson, Mississippi.

The following members were present:

Charles D. Miles, M.D., West Point, President
Claude D. Brunson, 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
Wesley Breland, Hattiesburg, Consumer Health Committee
Maj Gen (Ret) Erik Hearon, Consumer Health Committee

Not present:

Virginia M. Crawford, M.D., Hattiesburg, Vice President
Charles Thomas, Yazoo City, Consumer Health Committee

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

Dr. Miles opened the floor for opening remarks but there were none. Dr. Miles opened the floor for announcements and Dr. Hall welcomed Blake Ward as the new President of the Board of Nursing.

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Also, Dr. Hall advised that the Board has two (2) investigators that have been with the Board for ten (10) years and requested that Todd Pohnert and Mickey Boyette stand. Mr. Pohnert and Mr. Boyette were each recognized for their service by presenting each of them a ten (10) year service pin, certificate, and crystal jar.

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

APPROVAL OF CERTIFICATION OF MISSISSIPPI LICENSES TO OTHER ENTITIES FOR THE PERIOD SEPTEMBER 01, 2016, THROUGH OCTOBER 31, 2016

Three hundred and eleven (311) licenses were certified to other entities for the period of September 01, 2016, through October 31, 2016. Motion was made by Dr. Easterling, seconded by Dr. Mayo, and carried unanimously to approve these certifications.

APPROVAL OF LICENSES ISSUED FOR THE PERIOD SEPTEMBER 01, 2016, THROUGH OCTOBER 31, 2016

Eighty-two (82) licenses were issued for the period of September 01, 2016, through October 31, 2016. Motion was made by Dr. Mayo, seconded by Dr. Easterling, and carried unanimously to approve these licenses.

REVIEW OF MINUTES OF THE EXECUTIVE COMMITTEE MEETING DATED SEPTEMBER 21, 2016, AND MINUTES OF THE BOARD MEETING DATED SEPTEMBER 22, 2016

Minutes of the Executive Committee Meeting dated September 21, 2016, and Minutes of the Board Meeting dated September 22, 2016, were reviewed. Dr. Mayo moved for approval of the minutes as submitted. Dr. Easterling seconded the motion and it carried unanimously.

REPORT OF NOVEMBER 16, 2016, EXECUTIVE COMMITTEE MEETING

Dr. Hall briefly discussed the issues/appearances that were discussed by the Executive Committee on November 16, 2016. Information pertaining to the Executive Committee's decisions/recommendations is included in the Executive Committee Minutes dated November 16, 2016.

Following a brief discussion concerning Edward Gerald Barton, M.D., Jackson Lee Walters, M.D., and Andrew Charles Bishop, M.D., that did not appear at the Executive Committee on Wednesday, November 16, 2016, it was noted by Dr. Hall that he had discussed the matter with each physician's counsel and that each case was

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resolved administratively.

Motion was made by Dr. Rea, seconded by Dr. Mayo, and carried unanimously to ratify the decisions/recommendations of the Executive Committee.

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 was absent, but 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 had a meeting this morning, and will continue working on changes. Dr. Mayo advised that the Committee had worked on the PA regulations this morning and briefly covered the changes. After discussion, Dr. Mayo advised that the Committee would like to propose the changes be filed with the Secretary of State and final adopt at the January meeting if there are no issues. Motion was made by Dr. Rea, seconded by Dr. McClendon, and carried to accept the proposed changes and to file as proposed with the Secretary of State. A copy of the proposed legislation is attached hereto and incorporated by reference. The regulation will be filed with the Secretary of State under the Administrative Procedures Act.

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

Dr. Brunson briefly discussed a teleconference call on November 7, 2016. Dr. Hall added that the Board's website has information on the Interstate Licensure Compact's teleconference calls posted.

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

Dr. Easterling advised that Dr. Hall is now writing a Director's Note on the

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Board's website and encouraged physicians to follow. Dr. Hall advised that he now has a twitter account and you can follow the Board's activity there also.

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. Miles advised that Dr. Crawford is absent today.

REPORT FROM INVESTIGATIVE DIVISION

Leslie Ross, Investigations Supervisor, advised that for September and October that the department had opened forty-three (43) cases, closed fifty-three (53) cases, and sent eight (8) cases to physicians and were awaiting their responses.

PRESENTATION BY LEE VOULTERS, MD, PRESIDENT OF MISSISSIPPI STATE MEDICAL ASSOCIATION (MSMA)

Dr. Miles introduced Dr. Lee Voulters who is the President of the Mississippi State Medical Association. A copy of Dr. Voulters' presentation is attached hereto and incorporated by reference.

After a brief discussion on several issues and changes, Dr. Miles thanked Dr. Voulters for appearing and presenting the Board with MSMA's positions. Dr. Miles advised that the Board will research their request concerning a survey being sent to all physicians concerning telemedicine. The Board also discussed handling the matter through the next licensure renewal questions. Dr. Hall recommended to add the questions to the next renewal as it should provide better data. Mr. Ingram agreed with Dr. Hall's recommendation. A vote to handle the matter with the renewal process was taken and all board members voted in favor.

PRESENTATION BY JIM ANLIOT, DIRECTOR OF HEALTHCARE COMPLIANCE SERVICES, AFFILIATED MONITORS

Dr. Miles introduced Mr. Anliot, Director of Healthcare Compliance Services, Affiliated Monitors, and advised that the Board had invited Mr. Anliot to provide the Board with a presentation of how the company works with Medical Boards to assist in monitoring physicians.

Mr. Anliot addressed the Board and thanked them for allowing him time to present his presentation and to respond to their questions. Mr. Anliot provided a very

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informative slide show presentation.

Following several questions, the Board thanked Mr. Anliot for coming today.

**HEARING IN THE CASE OF RON MARK, MD, DEER PARK, NY, MISSISSIPPI
MEDICAL LICENSE NUMBER 21388**

Dr. Hall briefly discussed Dr. Mark and stated that he lives in New York and is licensed in all 50 states where he performs teleradiology. Dr. Hall advised that Dr. Mark challenged an Order offered by the Board mirroring action taken by the Texas Medical Board. After the Board served Dr. Mark with a Summons and Affidavit, he later decided that in lieu of appearing before the Board, that he would sign and accept the Board's Order.

Following a brief discussion, motion was made by Dr. Mayo, seconded by Dr. Miles, and carried unanimously to accept the Consent Order. A copy of the Order is attached hereto and incorporated by reference.

**APPROVAL OF FINAL REPORT AND RECOMMENDATIONS PER MS CODE § 73-
25-61**

Mr. Ingram, Complaint Counsel for the Board, advised that this is a matter that falls under the *Mississippi Disabled Physician Law*, which provides that all patient records, investigative reports and other documents in possession of the Board and Examining Committee shall be kept confidential. Further information received from the Examining Committee is investigatory in nature and may result in disciplinary action. Therefore, Mr. Ingram advised that the matter would need to be handled in Executive Session.

Motion was made by Dr. Easterling, seconded by Dr. Owens, and carried that the Board enter into Executive Session based upon the above grounds provided by the Board's Complaint Counsel.

Upon a motion by Dr. Mayo, seconded by Dr. Owens, and carried the Board came out of Executive Session at which time Dr. Miles asked Dr. Brunson to report on the Board's decision. Dr. Brunson advised that the Board approves the recommendation of the Examining Committee with the caveat that the subject Licensee receive treatment from Acumen.

APPROVAL OF FOREIGN MEDICAL SCHOOL LIST

Dr. Hall advised that the purpose of the list is to allow foreign medical students a

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list of approved foreign medical schools. Dr. Hall advised that the list was adopted by the Texas Medical Board and is a tool to be used during the licensure process. If the applicant's school is not on the list, that does not necessarily mean the Board will not approve their medical school. In the event the medical school is not listed, then each case will be handled separately after investigating the medical school.

After discussion, motion was made by Dr. Owens, seconded by Dr. Mayo, and carried unanimously to approve the list for foreign medical schools.

APPROVAL OF CONSENT ORDER FOR RICHARD EARL BROWNSTEIN, MD, COLUMBUS, MISSISSIPPI MEDICAL LICENSE NUMBER 15662

Dr. Hall advised that Dr. Brownstein appeared before the September Executive Committee Meeting and was offered a Consent Order. Dr. Hall stated that Dr. Brownstein had executed the Consent Order and returned for the Board's approval.

Motion made by Dr. Brunson, seconded by Dr. Miles, and carried unanimously to accept the Consent Order. A copy of the Consent Order is attached hereto and incorporated by reference.

FOR INFORMATIONAL PURPOSES, ORDER REMOVING RESTRICTIONS FOR FELICIE G. WYATT, MD, PORT GIBSON, MISSISSIPPI MEDICAL LICENSE NUMBER 21128

For informational purposes, Dr. Hall briefly covered the case concerning Dr. Wyatt and advised that Dr. Wyatt had been under federal indictment. Dr. Wyatt's license was suspended pending resolution. Dr. Wyatt was acquitted and the Arkansas Medical Board issued a Reprimand. Dr. Hall advised that after consideration, the Board issued the Order Removing Restrictions on her Mississippi medical license.

After discussion, motion was made by Dr. Easterling, seconded by Dr. Rea, and carried to approve the Order as submitted. A copy of the Order to Remove Restrictions is attached hereto and incorporated by reference.

FOR INFORMATIONAL PURPOSES, SURRENDER FOR MICHAEL LOEBENBERG, MD, OCEAN SPRINGS, MISSISSIPPI MEDICAL LICENSE NUMBER 17240

For informational purposes, Dr. Hall announced the Surrender of Medical License executed by Dr. Loebenberg. A copy of the Surrender is attached hereto and incorporated by reference.

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FOR INFORMATIONAL PURPOSES, SURRENDER FOR COLIBRI NECOLE JENKINS, MD, JACKSON, MISSISSIPPI MEDICAL LICENSE NUMBER 23345

For informational purposes, Dr. Hall announced the Surrender of Medical License executed by Dr. Jenkins. A copy of the Surrender is attached hereto and incorporated by reference.

FOR INFORMATIONAL PURPOSES, SURRENDER FOR JOHN WARREN COX, MD, WEST POINT, MISSISSIPPI MEDICAL LICENSE NUMBER 08934

For informational purposes, Dr. Hall announced the Surrender of Medical License executed by Dr. Cox. A copy of the Surrender is attached hereto and incorporated by reference.

FOR INFORMATIONAL PURPOSES, ORDER OF PROHIBITION, MARILYN MORA, MD, HUMBLE, TX, MISSISSIPPI MEDICAL LICENSE NUMBER 16183

For informational purposes, Dr. Hall announced that Dr. Mora did not comply with her Recovery Contract Agreement which led the Board to issuing an Order of Prohibition. A copy of the Order of Prohibition is attached hereto and incorporated by reference.

FOR INFORMATIONAL PURPOSES, PUBLIC LETTERS OF CONCERN ISSUED FROM SEPTEMBER 14, 2016, THROUGH OCTOBER 31, 2016 (7 TOTAL PUBLIC LETTERS OF CONCERN ISSUED)

For informational purposes, Dr. Hall advised that seven(7) Letters of Concern had been issued. Dr. Hall stated that six (6) letters were related to CME requirements and one (1) letter was related to application issues.

REQUEST FROM LEAH CALDER, PA-C, FLOWOOD, MISSISSIPPI LICENSE NUMBER PA 00133

Dr. Hall briefly discussed PA Calder's request concerning a waiver to the Board's laser rule. Dr. Easterling discussed the Board's current rules and regulations and advised that they would have to be changed for the Board to allow the request.

PA Calder was in attendance and addressed the Board. Ms. O'Neal, Assistant Attorney General, verified that PA Calder was wanting to supervise a laser tech, which PA Calder answered in the affirmative.

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After a brief discussion, motion was made by Dr. Owens, seconded by Dr. Rea, and carried that the Board enter into Executive Session to discuss the matter concerning a waiver of the Board's rules and regulations and which may result in a possible adverse decision.

Upon a motion by Dr. Owens, seconded by Dr. Mayo, and carried the Board came out of Executive Session at which time Dr. Miles asked Dr. Brunson to report on the Board's decision. Dr. Brunson advised that the Board reviewed the specifics of the request from Licensee and advised that the request is denied.

DISCUSS COMPACT COMMISSION BACKGROUND CHECKS

Dr. Hall briefly discussed the issue with the FBI and stated that their belief is that Boards cannot use background checks as an initial screening tool.

OTHER BUSINESS

WAIVER REQUEST FROM TIM LEKIC, MD

Dr. Hall advised that he had received a request from Dr. Lekic concerning a waiver of the Board's rules and regulations concerning completing the USMLE requirements in seven (7) years. Dr. Hall advised that it took Dr. Lekic seven (7) years and nine (9) months to complete the entire licensing process. Dr. Hall advised that during the process that Dr. Lekic also completed PhD studies while in medical school. Dr. Hall stated that he recommends the Board grant the waiver due to extenuating circumstances, but requested their input.

Motion was made by Dr. Mayo, seconded by Dr. Brunson, and carried that the request meets the Board's approval to grant the waiver due to extenuating circumstances.

EMAIL FROM NAGEN BELLARE, MD, REQUESTING REINSTATEMENT

Dr. Hall discussed the email from Dr. Bellare as well as the activities provided. Following a brief discussion, Mr. Breland, Consumer Member, advised that he knows Dr. Bellare very well. Following a brief discussion, it was determined that the request is within the three (3) year time frame allowed in the Board's Rules and Regulations.

Motion was made by Dr. Rea, seconded by Dr. Owens, and carried to allow Dr. Bellare to reinstate. Dr. Mayo voted against allowing reinstatement.

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REQUEST FROM HUONG PHAM, MD, TO GRANT WAIVER

Dr. Hall discussed a letter received from Dr. Pham requesting a waiver of the Board's rules and regulations concerning completing all steps of the USMLE in seven (7) years.

Following a brief discussion, motion was made by Dr. Rea, seconded by Dr. Mayo, and carried that the Board enter into Executive Session to discuss a matter that could result in adverse action.

Upon a motion by Dr. Mayo, seconded by Dr. Rea, and carried the Board came out of Executive Session at which time Dr. Miles asked Dr. Brunson to report on their decision. Dr. Brunson advised that the Board will invite the applicant to present her case for licensure before the next Executive Committee for further consideration.

EMAIL ADDRESSES FOR ALL BOARD MEMBERS

Dr. Hall advised that beginning January 1, 2017, all Board members will have msbml.ms.gov email addresses and that is how they will receive communication from the Board. Dr. Hall advised by handling emails in this manner, all emails will be on the Board's server.

PERSONNEL MATTER

Dr. Miles made a motion that the Board enter into Executive Session to discuss a personnel matter. Dr. Easterling seconded the motion, and it carried unanimously.

Upon a motion by Dr. Mayo, seconded by Dr. Easterling, and carried the Board came out of Executive Session. Dr. Miles advised that the issue was resolved and the matter closed with no further action to discuss and no votes taken.

ADJOURNMENT

There being no further business, the meeting adjourned at 12:15 P.M., with the next meeting scheduled for Thursday, January 12, 2017.

Minutes taken and transcribed
by Sherry H. Pilgrim
Staff Officer
November 17, 2016



Charles D. Miles, MD
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 11/21/16	Name or number of rule(s): Part 2615 Chapter 1: The Practice of Physician Assistants		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This rule has been reviewed and updated to incorporate changes in the practice of physician assistants.

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

List all rules repealed, amended, or suspended by the proposed rule: Part 2615 Chapter 1: The Practice of 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.

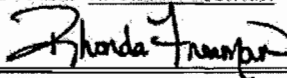
ECONOMIC IMPACT STATEMENT:

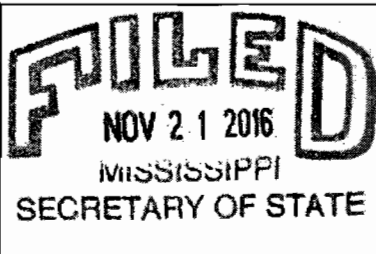

- Economic impact statement not required for this rule. Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
<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 #22406 	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).

If such medical, surgical, and/or psychiatric services provided by the physician assistant comes into question as to the physician assistant's education, training, level of supervision, and/or appropriateness of care rendered, the board reserves the right to make the final decision. The review of such may be done in consultation with the Physician Assistant Advisory Committee.

Physician assistants may provide any medical service which is delegated by the supervising physician when the service is within the physician assistant's education, 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.
- I. "Predecessor or Successor Agency" refers to the agency responsible for accreditation of educational programs for physician assistants that preceded CAAHEP or the agency responsible for accreditation of educational programs for physician assistants that succeeded CAAHEP.
- J. "Acute Care Facility" shall indicate a hospital facility in which patients with acute medical conditions (e.g., cardiac, pulmonary, stroke, psychiatric, etc.) are being cared for

by physicians supervising physician assistants (either the admitting or consulting physician).

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 CAAHEP 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 for a criminal background check.
 11. No basis or grounds exist for the denial of licensure as provided in Part 2615, Rule 1.16.

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 Exemption from Licensure. Licensure is not required for:

- A. a physician assistant student enrolled in a physician assistant educational program accredited by the Accreditation Review Commission on Education for the Physician Assistant; or
- B. a physician assistant employed in the service of the federal government while performing duties incident to that employment unless licensure is required by the federal employer.

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

Rule 1.6 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 1.6.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 must meet the training requirements set forth in Part 2615, Rule 1.6.B.1 within one year from issuance of license. 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. A physician assistant may receive and distribute pre-packaged medications or samples for which the physician assistant has prescriptive authority.

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

Rule 1.7 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 act as a supervising physician. 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 physician and physician assistant plan to implement the protocol, the method and manner of supervision, consultation, referral and liability.

If such medical, surgical, and/or psychiatric services provided by the physician assistant comes into question as to the physician assistant's education, training, level of supervision, and/or appropriateness of care rendered, the Board reserves the right to make the final decision. The review of such may be done in consultation with the Physician Assistant Advisory Committee.

Supervision shall be continuous, but shall not be construed to require the physical presence of the physician at the time and place that services are rendered. It is the obligation of each team of physician(s) and physician assistant(s) to ensure that the physician assistant's scope of practice is identified and appropriate to the physician assistant's skill, education and training, and that the relationship with, and access to, the supervising physician(s) is defined.

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

Rule 1.8 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.

A physician collaborating with a physician assistant practicing in a federal jurisdiction is not required to meet the licensing requirements under this section, but must meet the licensing requirements of the federal agency.

New graduate physician assistants and all physician assistants newly practicing in Mississippi, 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 waived.

~~While delivering care, the physician assistant shall do so under the immediate supervision of his/her primary and/or backup supervising physician. Immediate supervision shall be defined as, but not limited to, practicing in the same office, clinic, surgery center, hospital, etc. while the primary and/or backup supervising physician is practicing at the same location at the same time. This does not, however, prevent the physician assistant from making rounds in a hospital and/or surgery center, etc. without the immediate supervision of the primary and/or backup supervising physician. The hospital, surgery center, etc., where the physician assistant is seeing patients, shall be within 15 minutes from the primary and/or backup supervising physician at all times while the physician assistant is delivering care. The physician assistant may continue to practice in the aforementioned clinical settings, if the primary and/or backup supervising physician has to leave the site of practice for short intervals. Examples would be, but not limited to, going to the local hospital to make rounds, meetings in the same community, going home to deal with personal issues, etc. The interval time away from the immediate supervision shall not exceed two hours. Exceptions to this aforementioned requirement for immediate supervision may be granted on an individual basis provided the location of practice and the specifics are set forth in the protocol.~~

Physician assistants may not deliver care to patients in an acute care facility without the primary and/or backup supervising physician seeing the same patient within 18 hours of the physician assistant patient encounter.

Physician assistants may work in emergency rooms without immediate supervision granted that the physician assistants are practicing in an emergency room that has a Board-approved telemedicine arrangement. However, even in a Board-approved telemedicine arrangement, the primary and/or backup supervising physician must be within 10 minutes of the physician assistant while he or she is seeing patients in the emergency room.

It is recognized that physician assistants routinely work with primary and/or backup supervising physicians in emergency medicine groups. In the case of emergency medicine groups, it is acceptable to list multiple supervisors on the physician assistant's protocol. This portion of the rule applies to physician assistants and supervising physicians who work in emergency rooms. Any other arrangements must adhere to the standard rules of supervision that have been previously set forth.

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

Rule 1.9 Disability of Primary Supervising Physicians. In the event of death, disability (physical and/or mental), or unanticipated (no advanced notice) relocation of a primary supervising physician, the secondary supervising physician shall act as a primary supervising physician. The physician assistant will notify the Board of the loss of primary physician.

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 1.10 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 1.11 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 1.12 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) or the 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 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 1.13 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 shall keep their license available for inspection at their primary place of practice and shall, when engaged in their professional activities, identify themselves as a "physician assistant," "PA" or "PA-C."

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 1.14 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 1.15 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, 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 the paragraph above may be reinstated by the Board upon completion of a reinstatement form, 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 1.16 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 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 1.17 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 1.18 Participation in Disaster and Emergency Care, Volunteering. A physician assistant licensed in this state or licensed or authorized to practice in any other U.S. jurisdiction or who is credentialed as a physician assistant by a federal employer who is responding to a need for medical care created by an emergency or a state or local disaster (not to be defined as an emergency situation that occurs in the place of one's employment) may render such care that they are able to provide without supervision, as it is defined in Rule 1.2.D.

Any physician who collaborates with a physician assistant providing medical care in response to such an emergency or state or local disaster shall not be required to meet the requirements set forth in Part 2615 Chapter 1 for a supervising physician.

As provided in Sections 73-25-37 and 73-25-38, any licensed physician assistant who voluntarily provides needed medical or health services to any person without the expectation of payment due to the inability of such person to pay for said services shall be immune from liability for any civil action arising out of the provision of such medical or health services provided in good faith on a charitable basis. This section shall not extend immunity to acts of willful or gross negligence.

A physician assistant licensed in this state, or licensed or authorized to practice in any other U.S. jurisdiction, or who is credentialed by a federal employer or meets the licensure requirements of their requisite federal agency as a physician assistant may volunteer to render such care that they are able to provide at a children's summer camp or for a public or community event without a supervising physician as it is defined in Rule 1.2.D or with such collaborating physicians as may be available. Such care must be rendered without compensation or remuneration. It is the obligation of the physician assistant to assure adequate and appropriate professional liability coverage.

Rule 1.19 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).

If such medical, surgical, and/or psychiatric services provided by the physician assistant comes into question as to the physician assistant's education, training, level of supervision, and/or appropriateness of care rendered, the board reserves the right to make the final decision. The review of such may be done in consultation with the Physician Assistant Advisory Committee.

Physician assistants may provide any medical service which is delegated by the supervising physician when the service is within the physician assistant's education, 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.
- I. "Predecessor or Successor Agency" refers to the agency responsible for accreditation of educational programs for physician assistants that preceded CAAHEP or the agency responsible for accreditation of educational programs for physician assistants that succeeded CAAHEP.
- J. "Acute Care Facility" shall indicate a hospital facility in which patients with acute medical conditions (e.g., cardiac, pulmonary, stroke, psychiatric, etc.) are being cared for

by physicians supervising physician assistants (either the admitting or consulting physician).

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, applicants~~ 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 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. Submit for a criminal background check.~~
 12. ~~No basis or grounds exist for the denial of licensure as provided in Part 2615, Rule 1.156.~~

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 Exemption from Licensure. Licensure is not required for:

- A. a physician assistant student enrolled in a physician assistant educational program accredited by the Accreditation Review Commission on Education for the Physician Assistant; or
- B. a physician assistant employed in the service of the federal government while performing duties incident to that employment unless licensure is required by the federal employer.

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

Rule 1.56 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 1.56.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~~ must meet the training requirements set forth in Part 2615, Rule 1.56.B.1 within one year from issuance of license. 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 1.67 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. 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 physician and physician assistant plan to implement the protocol, the method and manner of supervision, consultation, referral and liability.

If such medical, surgical, and/or psychiatric services provided by the physician assistant comes into question as to the physician assistant's education, training, level of supervision, and/or appropriateness of care rendered, the Board reserves the right to make the final decision. The review of such may be done in consultation with the Physician Assistant Advisory Committee.

Supervision shall be continuous, but shall not be construed to require the physical presence of the physician at the time and place that services are rendered. It is the obligation of each team of physician(s) and physician assistant(s) to ensure that the physician assistant's scope of practice is identified and appropriate to the physician assistant's skill, education and training, and that the relationship with, and access to, the supervising physician(s) is defined.

~~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 1.78 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.~~

A physician collaborating with a physician assistant practicing in a federal jurisdiction is not required to meet the licensing requirements under this section, but must meet the licensing requirements of the federal agency.

New graduate physician assistants and all physician assistants newly practicing in Mississippi, ~~except those licensed under Part 2615, Rule 1.3,~~ 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 waived.

~~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 or 30 minutes 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 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 or 30 minutes 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.~~

While delivering care, the physician assistant shall do so under the immediate supervision of his/her primary and/or backup supervising physician. Immediate supervision shall be defined as, but not limited to, practicing in the same office, clinic, surgery center, hospital, etc. while the primary and/or backup supervising physician is practicing at the same location at the same time. This does not, however, prevent the physician assistant from making rounds in a hospital and/or surgery center, etc. without the immediate supervision of the primary and/or backup supervising physician. The hospital, surgery center, etc., where the physician assistant is seeing patients, shall be within 15 minutes from the primary and/or backup supervising physician at all times while the physician assistant is delivering care. The physician assistant may continue to practice in the aforementioned clinical settings, if the primary and/or backup supervising physician has to leave the site of practice for short intervals. Examples would be, but not limited to, going to the local hospital to make rounds, meetings in the same community, going home to deal with personal issues, etc. The interval time away from the immediate supervision shall not exceed two hours. Exceptions to this aforementioned requirement for immediate supervision may be granted on an individual basis provided the location of practice and the specifics are set forth in the protocol.

Physician assistants may not deliver care to patients in an acute care facility without the primary and/or backup supervising physician seeing the same patient within 18 hours of the physician assistant-patient encounter.

Physician assistants may work in emergency rooms without immediate supervision granted that the physician assistants are practicing in an emergency room that has a Board approved telemedicine arrangement. However, even in a Board approved telemedicine arrangement, the primary and/or backup supervising physician must be within 10 minutes of the physician assistant while he or she is seeing patients in the emergency room.

It is recognized that physician assistants routinely work with primary and/or backup supervising physicians in emergency medicine groups. In the case of emergency medicine groups, it is acceptable to list multiple supervisors on the physician assistant's protocol. This portion of the rule applies to physician assistants and supervising physicians who work in emergency rooms. Any other arrangements must adhere to the standard rules of supervision that have been previously set forth.

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

Rule 1.9 Disability of Primary Supervising Physicians. In the event of death, disability (physical and/or mental), or unanticipated (no advanced notice) relocation of a primary supervising physician, the secondary supervising physician shall act as a primary supervising physician. The physician assistant will notify the Board of the loss of primary physician.

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 1.910 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 1.101 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 1.11-2 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) or the 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 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 1.123 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 shall keep their license available for inspection at their primary place of practice and shall, when engaged in their professional activities, identify themselves as a "physician assistant," "PA" or "PA-C."

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 1.134 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 1.145 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 ~~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 1.156 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

2. 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 1.167 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 1.18 Participation in Disaster and Emergency Care, Volunteering. A physician assistant licensed in this state or licensed or authorized to practice in any other U.S. jurisdiction or who is credentialed as a physician assistant by a federal employer who is responding to a need for medical care created by an emergency or a state or local disaster (not to be defined as an emergency situation that occurs in the place of one's employment) may render such care that they are able to provide without supervision, as it is defined in Rule 1.2.D.

Any physician who collaborates with a physician assistant providing medical care in response to such an emergency or state or local disaster shall not be required to meet the requirements set forth in Part 2615 Chapter 1 for a supervising physician.

As provided in Sections 73-25-37 and 73-25-38, any licensed physician assistant who voluntarily provides needed medical or health services to any person without the expectation of payment due

to the inability of such person to pay for said services shall be immune from liability for any civil action arising out of the provision of such medical or health services provided in good faith on a charitable basis. This section shall not extend immunity to acts of willful or gross negligence.

A physician assistant licensed in this state, or licensed or authorized to practice in any other U.S. jurisdiction, or who is credentialed by a federal employer or meets the licensure requirements of their requisite federal agency as a physician assistant may volunteer to render such care that they are able to provide at a children's summer camp or for a public or community event without a supervising physician as it is defined in Rule 1.2.D or with such collaborating physicians as may be available. Such care must be rendered without compensation or remuneration. It is the obligation of the physician assistant to assure adequate and appropriate professional liability coverage.

Rule 1.179 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).

- Thank you Dr. Chairman and members of the Board.
- I asked to speak to you today because the MSMA House of Delegates this year passed two resolutions that request legislation that involves the medical practice act and/or the licensure board:
 - Current state law prevents an international medical graduate from being nominated to serve on the licensure board.
 - We should fix this at the first chance.
 - Anesthesiology assistants are recognized in 16 states plus the District of Columbia and Guam and we think they would be an asset to the care team here in Mississippi.
 - We would like the board to consider supporting licensure.
- Both of these subjects effect the medical practice act and would require legislation.
- However, I want you to know that State Medical is committed to working with the licensure board to determine when and whether we pursue these initiatives.
- Opening the practice act is a serious consideration and before moving forward, I would ask for guidance from the licensure board.
- I have a packet to leave with you for follow up; and Dr. Hall has been invited to meet with the MSMA Board in December.
- I would be happy to answer any questions you might have.
- THANK YOU.

1. Current state law prevents an international medical graduate from being nominated to serve on the licensure board.

MS Code § 73-43-3 (2012)

(1) The state board of medical licensure shall consist of nine (9) physicians. Each of the physicians shall have graduated from a medical school which has been accredited by the liaison committee on medical education as sponsored by the American Medical Association and the Association of American Medical Colleges or from an osteopathic medical school which has been accredited by the Bureau of Professional Education of the American Osteopathic Association, and have at least six (6) years' experience in the practice of medicine. No more than two (2) members of the board shall be a member of the faculty of the University of Mississippi School of Medicine. No more than four (4) members of the board shall be from the same Mississippi Supreme Court district.

** AAMC only accredits medical schools in the U.S. and Canada.

A simple change to the Mississippi Code would allow MSMA to also nominate an international medical graduate to be considered for appointment to the SBML:

MS Code § 73-43-3 (2012)

(1) The state board of medical licensure shall consist of nine (9) physicians. Each of the physicians shall be licensed in the State of Mississippi and be in good standing~~have graduated from a medical school which has been accredited by the liaison committee on medical education as sponsored by the American Medical Association and the Association of American Medical Colleges or from an osteopathic medical school which has been accredited by the Bureau of Professional Education of the American Osteopathic Association~~, and have at least six (6) years' experience in the practice of medicine. No more than two (2) members of the board shall be a member of the faculty of the University of Mississippi School of Medicine. No more than four (4) members of the board shall be from the same Mississippi Supreme Court district.

2. Certified Anesthesiologist Assistants (CAAs) are highly skilled health professionals who work under the direction of licensed physician Anesthesiologists to implement anesthesia care plans. CAAs work exclusively within the Anesthesia Care Team model as described by the American Society of Anesthesiologists.

- Training consists of completion of a minimum of 2,000 clinical hours of education as well as up to 132 hours of didactic education in a Master's degree level program located in an academic facility that meets anesthesia residency requirements for physicians and is certified by the National Commission for Certification of Anesthesiologist Assistants and the National Board of Medical Examiners.
- AA's are recognized in 16 states plus the District of Columbia and Guam.
- A new code section would be required to authorize the SBML to license anesthesiology assistants and the following amendment would be required in Section 73-26-1 of the Mississippi Code.

MS Code § 73-43-11 (2015)

The State Board of Medical Licensure shall have the following powers and responsibilities:

(a) Setting policies and professional standards regarding the medical practice of physicians, osteopaths, podiatrists ~~and~~, physician assistants and anesthesiologist assistants practicing with physician supervision;

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

OF

RON YAACOV MARK, M.D.

CONSENT ORDER

WHEREAS, Ron Yaacov Mark, M.D., hereinafter referred to as "Licensee," is the current holder of License No. 21388, issued February 1, 2011, for the practice of medicine in the State of Mississippi;

WHEREAS, the Mississippi State Board of Medical Licensure, hereinafter referred to as the "Board," has received the Agreed Order executed on August 26, 2016, by the Texas Medical Board wherein Licensee agreed to certain requirements for his continuing licensure in the State of Texas;

WHEREAS, other licensing agencies in the States of Michigan, Maryland, Maine, Georgia, Illinois, California, and Colorado have taken the same or similar actions as those taken by Texas;

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

WHEREAS, 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 and conditions as specified below;

NOW THEREFORE, the Mississippi State Board of Medical Licensure, with the 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 agrees to successfully complete all CME required by the Texas Medical Board. Said CME, as required by the Texas Medical Board, shall be in addition to the required 40 hours of CME as stated in the Administrative Code of the Board. Licensee further agrees to provide documentation evidencing the successful completion of said CME to the Board upon completion, said documentation to be submitted within thirty (30) days of reporting successful completion to the Texas Board.
2. Licensee agrees to provide a copy of this Consent Order, and the Agreed Order with the Texas Medical Board, to any and all medical facilities, and facilities as listed in the Agreed Order, located in the State of Mississippi wherein Licensee has privileges, has pending an application for privileges, applies for privileges, or otherwise practices. Licensee shall provide documentary proof to the Board that said facilities, if any, were notified.
3. Licensee agrees to comply with all Board Administrative Code, the laws of the State of Mississippi and the United States, and also agrees to comply with all Rules and Regulations of jurisdictions in which Licensee maintains a license to

practice medicine. Licensee further acknowledges that any violation of this Order may be deemed unprofessional conduct and may result in further action.

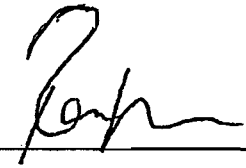
4. Licensee understands that, in order to lift this Order, he must comply with all terms stated herein, to include providing proof to the Board of his successful compliance and the lifting of the Texas order. Upon the receipt of said proof, and confirmation to Licensee of same, this Order will automatically terminate.
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.

Licensee understands and expressly acknowledges that this Consent Order, if approved and executed by the Board, 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.

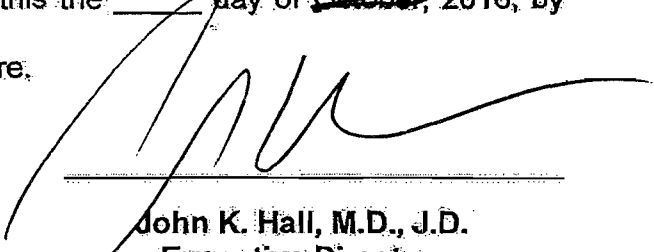
Recognizing his right to notice of charges specified against him, to have such charges adjudicated pursuant to Miss. Code Ann., § 73-25-27, to be represented therein by legal counsel of his choice, and to a final decision rendered upon written findings of fact and conclusions of law, **RON YAACOV MARK, M.D.**, nevertheless, hereby waives his right to notice and a formal adjudication of the 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 12th day of November, 2016.



RON MARK, M.D.

ACCEPTED AND APPROVED, this the 17th day of November, 2016, by
the Mississippi State Board of Medical Licensure.



John K. Hall, M.D., J.D.
Executive Director

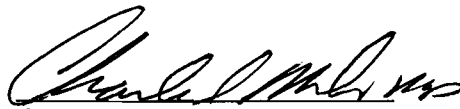
EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
November 16, 2016

AGENDA ITEM: XIV. Approval of Final Report and Recommendations per
MS Code 73-25-61

In a motion made by Dr. Miles, seconded by Dr. Lippincott, and carried the Board approves the recommendations of the Examining Committee with the caveat that Licensee receive treatment from Acumen.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
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. Mayo, seconded by Dr. Owens, the Board came out of Executive Session.



Charles D. Miles, M.D.
President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
IN THE MATTER OF THE PHYSICIAN'S LICENSE
OF
RICHARD EARL BROWNSTEIN, M.D.

CONSENT ORDER

WHEREAS, RICHARD EARL BROWNSTEIN, M.D., hereinafter referred to as "Licensee," is the current holder of License Number 15662 originally issued on November 10, 1997, and re-instated on April 7, 2004, to practice medicine in the State of Mississippi;

WHEREAS, the Investigative Staff of the Mississippi State Board of Medical Licensure, hereinafter referred to as the "Board," received information related to Licensee instructing his office nurse to take a controlled substance that Licensee knew had been prescribed for someone else;

WHEREAS, a subsequent investigation revealed that, in addition to Licensee instructing said nurse to take said controlled substance, Licensee was also found to have prescribed numerous controlled substances to his office nurse and failed to record said prescriptions into a medical record;

WHEREAS, during the subsequent investigation, it was also determined Licensee prescribed numerous controlled substances to his spouse and one prescription for a controlled substance to himself without recording the prescriptions into a patient file;

WHEREAS, Licensee appeared before the Board's Executive Committee on September 21, 2016, to explain the circumstances of his actions, to include the failure to maintain patient records as described previously. At this appearance, Licensee was found to be out of compliance with the Board's Administrative Code and the terms of this Consent Order were enumerated to Licensee for his consideration;

WHEREAS, the above enumerated conduct, if established before the Board, constitutes a violation of the Mississippi Medical Practice Act and specifically, Miss. Code Ann., § 73-25-29(8)(d);

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

NOW, THEREFORE, the Mississippi State Board of Medical Licensure, with the 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) Within the next six (6) months, Licensee will successfully complete five (5) hours each in courses offered by Professional Boundaries, Inc., (PBI) related to recordkeeping, ethics, and prescribing. Licensee explicitly understands these courses will be in addition to the Board's requirement that each Licensee obtain forty (40) hours of CME for each cycle. Licensee further understands these additional CME courses must be attended in person and cannot be taken via on-line methods.
- (2) Licensee must present documentation to the Board indicating each course has been successfully completed within the time frame allotted. If additional time is necessary to complete said courses, Licensee must provide a written request and receive approval in advance from the Executive Director of the Board. Upon successful completion and submission of said documentation, Licensee understands he may be subject to reappear before the Executive Committee of the Board to review his participation in the CME listed herein.
- (3) Licensee is to secure the appropriate number of CME hours still lacking for the CME cycle of July 1, 2014, through June 30, 2016. Licensee understands he is to submit the required number of CME hours within six (6) months of his execution of this document. All CME courses must be AMA Category 1 approved courses and all courses must have certifying information, including the entity providing the course, the fact the course meets the AMA Category 1 requirement, and the total number of hours attained with each course.
- (4) Licensee shall reimburse the Board for all costs incurred in relation to the pending matter pursuant to Miss. Code Ann., § 73-25-30, said amount not to exceed \$10,000. Licensee shall be advised of the total assessment by separate written notification, and shall tender to the Board a certified check or money order

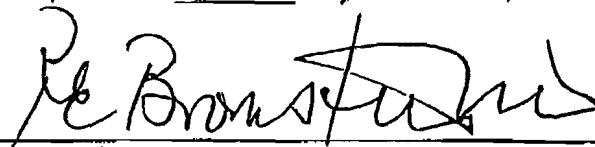
payable to the Mississippi State Board of Medical Licensure, on or before forty (40) days from the date the assessment is mailed via U. S. Mail.

In the event Licensee is required to reappear before the Executive Committee, he will be notified via certified mail as such. Notwithstanding any further appearance required of Licensee, removal of the probationary status will be effected via certified mail subject to the aforementioned terms and conditions.

Licensee understands and expressly acknowledges that this Consent Order, once accepted by the Mississippi State Board of Medical Licensure, shall constitute a public record of the State of Mississippi. Licensee further acknowledges that the Board shall provide a copy of this Order to, among others, the National Practitioner's Data Bank and 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, to be represented therein by the legal counsel of his choice, and a final decision rendered upon written findings of fact and conclusions of law, ^{Richard} ~~Robert~~ Earl Brownstein, M.D., nonetheless, hereby waives his right to notice and a formal adjudication of charges, thereby placing his license to practice medicine in the State of Mississippi on probation, subject to the enumerated terms and conditions stated herein.

Executed, this the 31 day of October, 2016.



~~Robert Earl Brownstein, M.D.~~
Richard

ACCEPTED AND APPROVED, this the 17th day of ~~October~~ November, 2016, by the Mississippi State Board of Medical Licensure.



Charles D. Miles, M.D., President
Mississippi State Board of Medical Licensure

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
IN THE MATTER OF THE PHYSICIAN'S LICENSE
OF
FELICIE GRETCHEN WYATT, M.D.

ORDER TO REMOVE RESTRICTIONS

THIS MATTER came on regularly for consideration on August 26, 2016, before the Mississippi State Board of Medical Licensure (hereinafter referred to as "Board") in response to the petition of Felicie Gretchen Wyatt, M.D. (hereinafter referred to as "Licensee"), for authorization to return to the practice of medicine.

The Board has been advised that Licensee was acquitted and found not guilty of the federal criminal charges of Conspiracy to Distribute Schedule II, III and IV controlled substances brought by the U.S. Department of Justice.

The Board has received an Order rendered by the Arkansas State Medical Board on October 14, 2016, that Licensee received a formal Reprimand and the suspension was lifted.

After consideration of the request, the Board finds Licensee's request to be well-taken.

IT IS THEREFORE ORDERED, that all restrictions previously imposed by the Second Order of Continuance of the Board are hereby removed and Licensee is authorized to return to the practice of medicine.

IT IS FURTHER ORDERED, that pursuant to Miss. Code Ann. §73-25-27 and §73-25-32 (1972), a copy of this Order shall be sent by registered mail or personally served upon Felicie Gretchen Wyatt, M.D.

ORDERED, this the 9th day of November, 2016.

Mississippi State Board of Medical Licensure



John K. Hall, M.D., J.D.
Executive Director

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

MICHAEL LOEBENBERG, M.D.

SURRENDER OF MEDICAL LICENSE


WHEREAS, MICHAEL LOEBENBERG, M.D., hereinafter referred to as "Licensee," is the current holder of License Number 17240 issued in June 2001, to practice medicine in the State of Mississippi;

WHEREAS, on September 1, 2016, Licensee surrendered his U.S. Drug Enforcement Administration Uniform Controlled Substances Registration Certificate, based on his failure to comply with Federal requirements pertaining to controlled substances and due to his arrest on multiple counts of Illegal Distribution of a Controlled Substance by the U.S. Drug Enforcement Agency;


WHEREAS, such conduct constitutes grounds for which the Mississippi State Board of Medical Licensure may place Licensee's medical license on probation, the terms of which may be set by the Board, suspend his right to practice for a time deemed proper by the Board, revoke said license, or take any other action in relation to said license as the Board may deem proper under the circumstances;

NOW, THEREFORE, Licensee hereby voluntarily surrenders his medical license (Number 17240) to practice medicine in the State of Mississippi. Licensee understands that this is an unconditional surrender, is reportable as disciplinary action to the National Practitioner Data Bank, and is a public record of the State of Mississippi. In the event Licensee later decides to practice medicine in the State of Mississippi, it will be necessary for him to make application with the Board. At such time, the Board reserves the right to utilize all evidence, including all facts developed during the current investigation, as part of the consideration of any application.

EXECUTED this the 10 day of October, 2016.


MICHAEL LOEBENBERG, M.D.

ACCEPTED AND APPROVED this the 19th day of October, by the Mississippi State Board of Medical Licensure.


Charles Miles, M.D., President
Mississippi State Board of
Medical Licensure

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

COLIBRI NECOLE JENKINS, M.D.

SURRENDER OF MEDICAL LICENSE

WHEREAS, COLIBRI NECOLE JENKINS, M.D., hereinafter referred to as "Licensee," is the current holder of License Number 23345 issued on July 8, 2014, to practice medicine in the State of Mississippi;

WHEREAS, Licensee appeared before the Executive Committee of the Board on May 18, 2016, regarding the circumstances leading to her severance of employment by her hospital administrator, following notice of pending suspension of admitting privileges effective March 1, 2016, unless noted deficits were corrected, for repeated failure to complete patient treatment records in a timely manner;

WHEREAS, the Executive Committee, with approval of the Board, requested Licensee's attendance of a Board-approved CME course in record keeping, as selected from options provided to Licensee by letter dated May 24, 2016, with instruction that upon successful completion of the required course, Licensee was to send documentation to the Board in substantiation of same, with said course in addition to the regular forty hours of Category 1 CME required biennially, and Licensee was to make all necessary contact and effort to complete those former patient records of the Vicksburg hospital, and to notify the Board upon completion of these actions, with the Board's intent such conditions would be completed within six months of the date of said letter;

WHEREAS, the Investigative Staff of the Board subsequently received a complaint from another former employer of Licensee regarding Licensee's continued use of a prescription form provided by said employer for the use of its medical providers in conveying orders of patients in a residential treatment relationship with the employer, wherein such continuing use was resulting in repeated telephone inquiries from various pharmacies attempting to verify medication orders for patients the former employer had no records of treatment on, as the patients were being currently prescribed by Licensee from an undisclosed location when there had been no employer relationship with Licensee since her departure two years earlier;

WHEREAS, the Investigative Staff of the Board conducted a comprehensive investigation into the practice of Licensee in Jackson, Mississippi, and documented evidence indicating Licensee had practiced unlawfully, without having first obtained the medical license issued by the Board, by making her application for employment as a psychiatrist with a non-profit agency which was not a hospital, for which she was compensated by the employer to provide medical treatment to patients assigned to her care, during an employment period of approximately July 22, 2013, to June 18, 2014;

WHEREAS, Licensee was interviewed by a Board Investigator on July 28, 2016, regarding her practice, her prescribing of controlled substances, her ability to produce her current and former patients' treatment records in substantiation of the prescribing of medications classified as Schedule II, Schedule II-N, Schedule III, Schedule IV and Schedule V, as well as other drugs, and, identification of her practice locations with the corresponding date ranges of each to ascertain where relevant records of specific

patients were maintained. Within these responses, Licensee identified her original practice location/employer as that represented by the prescriptions in the Board's possession which the non-profit agency provided to her, for which Licensee indicated her practice as "2014," therein an attempt to misrepresent herself to the Board Investigator by her incomplete, inaccurate and deceptive response;

WHEREAS, example controlled substance prescriptions issued in 2016, as represented by photocopies obtained from the dispensing pharmacies, were presented to and reviewed by Licensee, who acknowledged they were issued by Licensee to known patients. However, when told said prescriptions were executed and signed by Licensee in a manner indicative of non-compliance with the Administrative Code of the Board, including her recognition of which Schedule individual drugs were assigned, her issuing more than one controlled order per prescription blank, and, misrepresentation of the identity, location and contact information of the issuing prescriber, which, when demonstrated by review of the applicable Code sections, Licensee minimized the importance she know and adhere to such regulations of the Board;

WHEREAS, Licensee was told the continuing use of such former employer prescription forms constituted deceptive advertising of the place of her practice to the public, particularly, pharmacists, therefore, was considered unprofessional conduct as an action of dishonorable or unethical conduct likely to deceive, defraud or harm the public. Licensee asserted her recent discontinuation of usage of said former employer's prescription blanks, as she had been provided new order blanks by her current employer. Licensee was asked to produce an example of the new prescription form for

review by the Board, a request she said she could not immediately comply with as she did not possess an example within the confines of her personal office and desk where she would currently see her patients. Licensee stated her employer secured the prescription forms and provided a pad for her use as needed. Licensee offered to deliver or tele-facsimile an example of the prescription to the Board by the end of the day, an offer which was agreed to. Licensee was directed to the facsimile telephone number of the Board's Investigative Division, but no example order blank has been received;

WHEREAS, Licensee failed to renew her medical license for the 2016 – 2017 licensure period in a timely manner, by instead renewing it seven days after expiration of her 2015 – 2016 license. Licensee acknowledged a representation of her current annual license renewal form, submitted via the Board's website on July 7, 2016, to have provided the Board its first notification of her change of primary practice address, from the Vicksburg site operated by the hospital which suspended her privileges, to an address of New Progressions, LLC, a Jackson, Mississippi, a private business which advertises a range of services including psychiatry and counselling, with which Licensee indicated her part-time practice since September, 2015. Review of the Administrative Code sections relevant to license renewal and requisite notice of change of address within thirty days of such change was displayed to Licensee, as she was told she was negligent in her responsibilities to the Board for each;

WHEREAS, Licensee was asked the status of her compliance with the requests of the Executive Committee that she acquire additional CME specific to record keeping

and that she return to the Vicksburg facility to complete her treatment records. Licensee advised she had done neither, but intended to follow through with the Committee's requirements;

WHEREAS, on October 14, 2016, Board Investigator met with staff of the non-profit agency whose prescription blank Licensee had continued to use in the first half of the year 2016. Interviews and review of records maintained by the agency confirmed Licensee's employment as a psychiatrist during the approximate period of July 22, 2013, to June 18, 2014, with Licensee's provision of direct patient care, i.e., medical practice, being suspended at the end of the period during an internal review of Licensee's authority to practice medicine, which within days resulted in her separation from that employment arrangement effective June 18, 2014;

WHEREAS, during the October 14, 2016, interview and records review, a Board Investigator requested assorted typical employment and patient treatment documents, inclusive of any evidence Licensee had presented to her employer that Licensee met all requirements to practice medicine as would be expected by their employment relationship. The former employer produced a copy of a single page document representing the Board's official letterhead and a likeness of the signature of the Board's Licensure Division Licensing Officer who had been assigned the processing of Licensee's application for medical license. Above the Board employee's signature was a five sentence statement, dated October 29, 2013, purporting to be an acknowledgement of receipt of an application for medical licensure, therein granting a "provisional license" which "is valid until your application is complete." General Counsel

for the non-profit agency asserted Licensee produced this document in demonstration of Licensee's authority to practice medicine in the State of Mississippi;

WHEREAS, subsequent inquiries of the Licensure Division Director and the Licensing Officer purported to have issued this document determined Licensee did personally present to the Board's office in July, 2013, requesting a medical license be issued for her practice in a medically underserved area of Mississippi, which, not being legal basis for a temporary medical license, Licensee was informed of the requirements for licensure and instructed how to access the Board's application on its website. While Licensee subsequently caused verifications of medical school and residency to be directly submitted to the Board on her behalf soon thereafter, Licensee failed to submit a completed Application for Certificate to Practice Medicine at that time, and did not do so until June 13, 2014, with her submission of the Board's Affidavit and Perpetual Release of Information Form as notarized June 13, 2014. The Licensing Officer advised that upon her personal delivery of the documentation required of the application process to the Board's office on June 13, 2014, Licensee requested and received a brief statement on Board letterhead which Licensee sought on behalf of her intended employer, bearing the Licensing Officer's signature below in acknowledgement of the Board's receipt of said application and specifying it was in the review process to verify qualification for licensure, prior to the Board's consideration of issuance of the license. The document obtained from the former employer's employee record was an altered and backdated misrepresentation of the Licensing Officer's signed statement in response to Licensee's request of June 13, 2014;

WHEREAS, Licensee has falsely represented herself as a Mississippi-licensed physician to the public, including but not limited to, underage patients, their parents or guardians, pharmacists and her employer, prior to this Board's issuance of the Certificate to Practice Medicine as granted on July 8, 2014, through various means, such as by word or deed, and by the continued usage of the DEA Registration Number issued by virtue of a pre-existing Louisiana medical license for a Registered Address in New Orleans, Louisiana, known as Tulane University Hospital and Clinic;

WHEREAS, Licensee has issued controlled substances to patients within Mississippi without legal authority to do so prior to the issuance of the Mississippi License Certificate 23345 on July 8, 2014;

WHEREAS, Licensee entered misrepresentations and omissions of answers legally requested within her application for licensure by the Board, constituting the obtaining of a license by fraud or deception, and has repeatedly failed to cooperate with and execute requests by the Board and its Agents;

WHEREAS, such conduct constitutes grounds for which the Mississippi State Board of Medical Licensure may place Licensee's Certificate to Practice Medicine on probation, the terms of which may be set by the Board, suspend her right to practice for a time deemed proper by the Board, revoke said license, or take any other action in relation to said license as the Board may deem proper under the circumstances;

WHEREAS, Licensee wishes to avoid an evidentiary hearing before the Board by voluntarily relinquishing her right to practice medicine in the State of Mississippi in resolution of matters addressable before the Board. Pursuant to Mississippi Code, § 73-

25-30, Licensee shall pay all such investigative costs as are allowed by law. Licensee shall be advised of the total assessment by separate written notification, and shall have a certified check or money order made payable to the Mississippi State Board of Medical Licensure, on or before forty (40) days from the day of acceptance and approval of this Surrender by the Board and notice to Licensee;

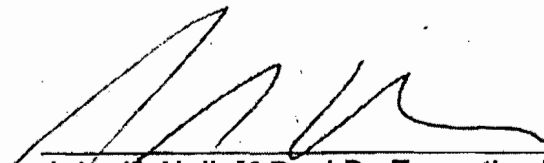
NOW, THEREFORE, Licensee hereby voluntarily surrenders her Certificate to Practice Medicine, License Number 23345, issued by the State of Mississippi. Licensee understands that this is an unconditional surrender, is reportable as disciplinary action to the National Practitioner Data Bank, and is a public record of the State of Mississippi. By signing this surrender, Licensee agrees never to make application for licensure in the State of Mississippi, hereafter.

EXECUTED, this the 28 day of October, 2016.



COLIBRI NICOLE JENKINS, M.D.

ACCEPTED AND APPROVED, this the 28 day of October, 2016,
by the Mississippi State Board of Medical Licensure.



John K. Hall, M.D., J.D., Executive Director
Mississippi State Board of Medical Licensure

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

JOHN WARREN COX, M.D.

SURRENDER OF MEDICAL LICENSE

WHEREAS, JOHN WARREN COX, M. D., hereinafter referred to as "Licensee," is the current holder of License Number 08934 issued on February 7, 1980, to practice medicine in the State of Mississippi;

WHEREAS, the Investigative Division of the Mississippi State Board of Medical Licensure has in its possession evidence which, if produced during the course of an evidentiary hearing, would show Licensee's continued practice constitutes a threat to the public health and safety due to his impairment;

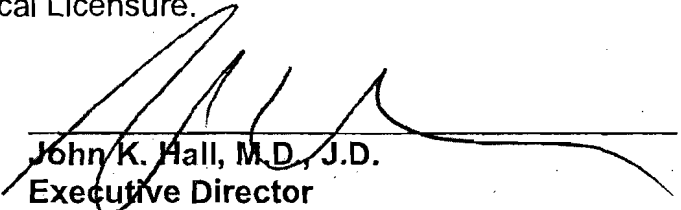
NOW THEREFORE, Licensee agrees to voluntarily surrender his medical license (08934) to practice medicine in the State of Mississippi, and understands said surrender shall be effective immediately upon execution. Licensee understands this is an unconditional surrender, is reportable to the National Practitioner's Data Bank and other entities such as the Federation of State Medical Boards, and is a public record of the State of Mississippi. Licensee further acknowledges and agrees to never seek application for a future license to practice medicine in the State of Mississippi.

EXECUTED this the 18 day of October, 2016.



John Warren Cox, M.D.

ACCEPTED AND APPROVED this the 31 day of October, 2016, by the
Mississippi State Board of Medical Licensure.



John K. Hall, M.D., J.D.
Executive Director
Mississippi State Board of Medical Licensure

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

MARILYN J. MORA, M.D.

ORDER OF PROHIBITION

WHEREAS, Marilyn J. Mora, M.D., hereinafter referred to as "Licensee," was issued Medical License Number 16183 on December 28, 1998, by the Mississippi State Board of Medical Licensure (hereinafter "Board") to practice medicine in the State of Mississippi, said license expired on June 30, 2016;

WHEREAS, on April 13, 2016, the Board received a letter from the Mississippi Professionals Health Program (MPHP), advising the Board that the Licensee's participation in the program was being reconsidered by the Mississippi Professionals Health Committee (MPHC) based on Licensee's non-compliance and it was determined that MPHP can not provide advocacy for Licensee. Because of the potential for impairment from active substance use, MPHC considered Licensee's continued, unrestricted medical practice to represent a threat to the public.

WHEREAS, the Board is now in possession of documents establishing that MPHP has withdrawn advocacy due to Licensee violating the current Recovery Contract Agreement (RCA), as evidenced by the supporting affidavit attached hereto as Exhibit "A";

WHEREAS, paragraph 23 of the RCA dated January 6, 2015, attached as Exhibit "B", states, in part:

"In the event I {Licensee} should relapse or fail to comply with any of the conditions of this agreement, the MSBML shall have the authority, with recommendation from the MPHP/MPHC, to immediately prohibit me from practicing medicine until such time as the MSBML and MPHP determines that I am able to return to the practice of medicine. In so doing, the MSBML and MPHP may require me to undergo further evaluation."

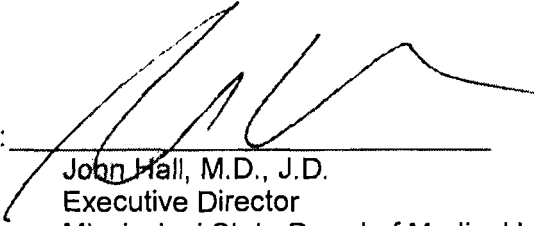
WHEREAS, by virtue of violation of the aforementioned RCA, the Board has the authority to prohibit Licensee from practicing medicine until such time as the Board determines that Licensee may return to the practice of medicine;

NOW, THEREFORE, IT IS HEREBY ORDERED that as a result of Licensee's non-compliance as set forth by the attached affidavit and April 13, 2016 notification from MPHP, Licensee shall be and is hereby prohibited from the practicing medicine until such time as the Board and MPHP determines that Licensee is able to return to the practice of medicine. During any period of prohibition as provided for herein, Licensee shall not seek reinstatement or renewal of license.

IT IS FURTHER ORDERED, that a copy of this Order shall be sent by registered mail, electronic means including but not limited to computer or email, or personally served upon **MARILYN J. MORA, M.D.**, and shall be effective immediately upon receipt thereof.

ORDERED, this the 4th day of October, 2016.

By: _____


John Hall, M.D., J.D.
Executive Director
Mississippi State Board of Medical Licensure

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

OF

MARILYN J. MORA, M.D.

AFFIDAVIT

STATE OF MISSISSIPPI

COUNTY OF HINDS

I, Kelli Harrell, Investigator, Mississippi State Board of Medical Licensure (Board), do hereby make oath that I have reason to believe and do believe:

1. That MARILYN J. MORA, M.D., hereinafter referred to as "Licensee," held a Mississippi Medical License Number 16183, said license expired on June 30, 2016.
2. That in March of 2013, Marilyn J. Mora, M.D., was referred by the Louisiana Health Foundation Physician Health Program (LAPHP) for evaluation due to her writing large quantities of hydrocodone tablets to her adult son. At the time, Licensee was living and practicing medicine in Louisiana. In April, 2013, Licensee was referred to the Mississippi Professionals Health Program while in treatment at Palmetto Addiction Recovery Center in Rayville, Louisiana. She was not diagnosed with a substance use disorder, but was referred for monitoring to rule out a substance use disorder.
3. That on June 21, 2013, Licensee signed a two-year monitoring agreement with the Mississippi Professionals Health Program (MPHP). Licensee also moved to Humble, TX, but continued to practice in Louisiana. As a result, LAPHP began monitoring her compliance.

EXHIBIT A

4. That on June 17, 2014, MPHP was notified by LAPHP that Licensee began working in Starkville, MS, on June 5, 2014. Licensee failed to report this information to MPHP. At that time, MPHP became Licensee's primary monitoring agency.
5. That on September 17, 2014, Marilyn J. Mora, M.D., failed to notify MPHP prior to filling a hydrocodone prescription prescribed to her for pain. She was re-evaluated at Palmetto Addiction Recovery Center in Rayville, Louisiana, at which time she was diagnosed with substance use disorder, and began residential treatment on September 23, 2014.
6. That on January 6, 2015, Licensee signed a five (5) year Recovery Contract Agreement (RCA) with MPHP after her successful completion of residential treatment.
7. That after Licensee was granted a Texas medical license, she subsequently signed a five (5) year RCA with the Texas Professionals Health Program (TX PHP) on June 3, 2015.
8. That on September 22, 2015, TX PHP assumed responsibility for monitoring the Licensee, including quarterly reporting to MPHP.
9. That on March 18, 2016, Brad Fitzwater, M.D., Medical Director of the TX PHP, notified Scott Hambleton, M.D., Medical Director for MPHP, that the Licensee was out of compliance with her monitoring agreement.
10. That on March 24, 2016, MPHP received a letter from Dr. Fitzwater stating Licensee had an active, unrestricted license in Texas, but due to her non-compliance with her monitoring agreement, she was no longer a participant in the TX PHP. He wrote he was not permitted to provide further details regarding her case.
11. That on March 30, 2016, MPHP received a signed agreement to not practice

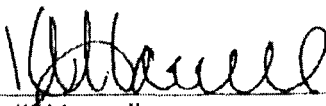
medicine from Licensee, pending her re-evaluation for relapse to substance use. Licensee has refused to comply with the agreement since that time.

12. That on April 13, 2016, the Board received a letter from MPHP advising the Board that the Licensee's case was reviewed by the Mississippi Professionals Health Committee (MPHC) on April 6, 2016. At this time, it was determined that "MPHP cannot provide advocacy for her ability to practice medicine with reasonable skill and safety. Because of the potential for impairment from active substance abuse, MPHC considers her continued, unrestricted medical licensure to represent a threat to the public health." Licensee's case was then turned over to the Board for adjudication.

13. Paragraph 23 of the RCA dated January 6, 2015, attached as Exhibit "A", states, in part:

"In the event I (Licensee) should relapse or fail to comply with any of the conditions of this agreement, the MSBML shall have the authority, with recommendation from the MPHP/MPHC, to immediately prohibit me from practicing medicine until such time as the MSBML and MPHP determines that I am able to return to the practice of medicine. In so doing, the MSBML and MPHP may require me to undergo further evaluation."

14. By her signature of the RCA, Licensee understands and recognizes the Board's authority to immediately prohibit Licensee from the practice of medicine.



Kelli Harrell
Investigator
Mississippi State Board of Medical Licensure

SWORN TO AND SUBSCRIBED BEFORE ME, this the 4th day of October, 2016



Notary Public



X mm 23. **Breach of Contract and/or Relapse.** I understand that any breach of this contract will be grounds for re-evaluation by the MPHP with an immediate report to the MSBML.

X mm I understand that if I experience a relapse, this fact shall be immediately reported by the MPHP to the Executive Director of the MSBML. Such report will include, or be followed by MPHP's response to the relapse and its recommendations regarding the relapse. I understand that MPHP's practice related recommendations regarding licensure/DEA issues are non-binding to the MSBML.

X mm In the event I should relapse or fail to comply with any of the conditions of this agreement, the MSBML shall have the authority, with recommendation from the MPHP/MPHC, to immediately prohibit me from practicing medicine until such time as the MSBML and MPHP determines that I am able to return to the practice of medicine. In so doing, the MSBML and MPHP may require me to undergo further evaluation.

X mm In the event of a relapse or violation of this agreement, any action by the MSBML may be deemed disciplinary action, and all documents relating thereto, including this agreement, shall thereafter be deemed public record and reportable to the Federation of State Medical Boards, the National Practitioner Data Bank and other entities requiring MSBML reporting.

X mm The withdrawal of MPHP's advocacy may, in the MPHC's discretion, include the express authority of the MPHC and the MPHP to notify any entity or individual before whom there has been (or would have been) support on my behalf, including without limitation, the following concerned parties: any employer, my referent, appropriate insurers with whom the MPHP has established agreements, or with whom the MPHP has communicated or offered support on my behalf, credentialing entities, and possibly, the MSBML (or other relevant licensing boards). This agreement constitutes my irrevocable authorization to the MPHP and the MPHC to make such communications about the withdrawal of support.



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DATE & TIME	STATUS OF ITEM	LOCATION
November 4, 2016 , 3:51 pm	Delivered, Left with Individual	HUMBLE, TX 77346

Your item was delivered to an individual at the address at 3:51 pm on November 4, 2016 in HUMBLE, TX 77346.

October 29, 2016 , 1:13 pm	Undeliverable as Addressed	HUMBLE, TX 77346
October 20, 2016 , 10:44 am	Delivered, Left with Individual	HUMBLE, TX 77346
October 19, 2016 , 7:34 pm	Departed USPS Facility	NORTH HOUSTON, TX 77315
October 19, 2016 , 11:48 am	Arrived at USPS Facility	NORTH HOUSTON, TX 77315
October 19, 2016 , 5:01 am	In Transit to Destination	
October 18, 2016 , 9:07 pm	Departed USPS Facility	JACKSON, MS 39201
October 17, 2016 , 11:01 pm	Arrived at USPS Facility	JACKSON, MS 39201

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EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
November 16, 2016

AGENDA ITEM: XXIII. Request from Leah Calder, PA

In a motion made by Dr. Owens, seconded by Dr. Miles, and carried the Board advised that they reviewed the specifics of the request from Licensee and the request is denied.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
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. Owens, seconded by Dr. Mayo, the Board came out of Executive Session.


Charles D. Miles, M.D.
President

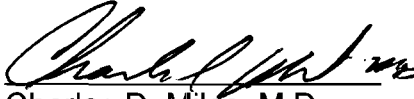
EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
November 16, 2016

AGENDA ITEM: Discussion of Wavier by Huong Pham, MD

In a motion made by Dr. Mayo, seconded by Dr. Miles, and carried the Board will invite the candidate to present her case for licensure before the next Executive Committee for further recommendation.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
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. Mayo, seconded by Dr. Miles, the Board came out of Executive Session.


Charles D. Miles, M.D.
President