

**BOARD MINUTES
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
NOVEMBER 20, 2024**

A regularly called meeting of the Mississippi State Board of Medical Licensure was held on November 20, 2024, at 1867 Crane Ridge Drive, Suite 200B, Jackson, MS, after being duly noticed on the Mississippi Public Notice website, this Board's website, and the front door of the Board's offices in accordance with law.

A QUORUM OF NINE (9) VOTING MEMBERS WAS PRESENT ON NOVEMBER 20, 2024:

Michelle Y. Owens, M.D., Jackson, President
C. Kenneth Lippincott, M.D., Tupelo, Vice President
Thomas Joiner, M.D., Jackson, Secretary via Zoom
Kirk L. Kinard, D.O., Oxford
Renia Dotson, M.D., Greenville
William E. Loper, M.D., Ridgeland
H. Allen Gersh, M.D., Hattiesburg
Roderick Givens, M.D., Natchez via Zoom
Dr. Randy C. Roth, M.D., Pascagoula
Shoba Gaymes, Jackson, Consumer Member

ALSO PRESENT:

Paul Barnes, Board Attorney, Complaint Counsel
Alexis Morris, Special Assistant Attorney General
Ali Thorton, Special Assistant Attorney General
Pamela Ratliff, Special Assistant Attorney General
Kenneth Cleveland, Executive Director (present at 12:45 p.m.)
Mike Lucius, Deputy Director
Jay Ledbetter, Chief of Staff
Anna Boone, Director of Licensure Division
Jackie McKenzie, Legal Assistant
Ken Slay, IT Project Manager
Jonathan Dalton, Director of Investigations
Jerod Smooth, IT Director
Frances Carrillo, Executive Assistant
Erica Coleman, IT
Kaelin Hanson, IT
Lindsey McIntosh, Court Reporter, Brown Court Reporting

NOT PRESENT:

Wesley Breland, Hattiesburg, Consumer Member

The meeting was called to order at 10:18 am, by Dr. Owens, President. The invocation was given by Dr. Dotson, and the pledge was led by Dr. Loper. Mr. Lucius, Deputy Director, Executive Director called Roll and reported there was a quorum present.

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

Ms. Morris introduced special guests Ali Thorton and Pamela Ratliff from the Attorney General's Office.

Dr. Owens introduced Dr. Randy Roth as the newest Board member starting today. Special Assistant Alexis Morris administered the Oath of Office to newly appointed Board Member, Dr. Roth, representing the second Supreme Court District.

Executive Director Report

Mr. Lucius provided an updated summary regarding Licensure and Investigative Division operations for the months of September and October 2024.

Review and Approval of Minutes of the Executive Committee dated September 25, 2024.

Upon review of the minutes of the Executive Committee Meeting dated September 25, 2024, Dr. Loper moved for approval of the minutes as submitted. Dr. Kinard seconded the motion, and it carried unanimously.

Review and Approval of Minutes of the Board Meeting dated September 25, 2024.

Upon review of the minutes of the Board Meeting dated September 25, 2024, Dr. Dotson moved for approval of the minutes as submitted. Dr. Roth seconded the motion, and it carried unanimously.

Review and Approval of Minutes Specially Called Executive Meeting dated October 30, 2024.

Upon review of the minutes of the Executive Committee Meeting dated October 30, 2024, Dr. Dotson moved for approval of the minutes as submitted. Dr. Loper seconded the motion, and it carried unanimously.

Report of November 20, 2024, Executive Committee Meeting

Dr. Kinard reported on the matters considered by the Executive Committee on September 25, 2024, and the recommendations made. Dr. Owens briefly summarized the matters considered by the Executive Committee.

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

RULES, REGULATIONS & LEGISLATIVE COMMITTEE

Adopt 30 Miss. Admin. Code, Pt. 2625, Ch. 1 The Practice of Acupuncture

Dr. Joiner reported the committee had a report concerning acupuncture that was discussed a meeting or two back. The proposed rules updating 30 Miss. Admin. Code, Pt. 2625 regarding the practice of acupuncture are ready to send to the Occupational License Review Commission (OLRC) for review and determination. There were no public comments received after the proposal and no changes have been made to the original filing. The rules are before us today for adoption to be sent to the OLRC.

A motion was made by Dr. Lippincott, seconded by Dr. Kinard, and carried, to approve and **ADOPT** the changes and send to the OLRC.

HEARING IN THE CASE OF PRISCILLA RESSER, PA-C, MADISON, MS MISSISSIPPI MEDICAL LICENSE PA00473 MOTION FOR CONTINUANCE

Mr. Barnes requested for this matter to be continued until the Examining Committee provides a report and is ready to proceed before the Board. Mr. Barnes advised that the Licensee currently remains within the jurisdiction of the Examining Committee and is still in compliance at this time.

A motion was made by Dr. Lippincott, seconded by Dr. Kinard, and carried unanimously to **ACCEPT** the motion to continue this matter pending the report from the Examining Committee.

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

HEARING IN THE CASE OF HAROLD LEE PELTAN, M.D., CLEVELAND, MS MISSISSIPPI MEDICAL LICENSE PA20297 MOTION FOR CONTINUANCE

Mr. Barnes presented Dr. Peltan's first request for a continuance in this matter.

A motion was made by Dr. Lippincott, seconded by Dr. Kinard, and carried unanimously to **ACCEPT** the motion to continue.

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

HEARING IN THE CASE OF JEREMY LUCKETT, M.D.
MISSISSIPPI MEDICAL LICENSE 30114
APPROVAL OF CONSENT ORDER

Mr. Barnes briefly summarized the matter which led to a proposed Consent Order based on action taken by the Kentucky Medical Board resulting in Licensee's license being placed on probation for a period of five years, to maintain a "controlled substances log" with very specific requirements, and make arrangements to enroll in the *ProBe* Program offered through the Center for Personalized Education for Professional ("CPEP") within thirty days of the filing of the Kentucky Agreed Order for Dr. Lockett.

A motion was made by Loper, seconded by Dr. Roth, and carried unanimously to **ACCEPT** the Consent Order.

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

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

HEARING IN THE CASE OF CLIFTON W. STORY, M.D., MADISON, MS
MISSISSIPPI MEDICAL LICENSE 15085

MSBML Exhibits 000001-000244 are introduced into the record with some limitation; (1) there are patient records and pharmacy profiles that need to be accepted under seal and to be properly redacted, (2) the credentialing file for Dr. Story from a facility where he was employed that include National Practitioner Data Bank reports and confidential matters that the Board should accept under seal, (3) pages MSBML 000175-203 is an assessment/evaluation performed on Dr. Story by Acumen and should be under seal. Mr. Barnes requested Matthew Thompson, Esq., accept the entry of these documents with limitations. Mr. Thompson agreed to the entry of these documents with the limitations set forth.

Mr. Thompson introduced himself to the Board and offered into evidence a certificate of a Continuing Medical Education (CME) course taken on boundaries and ethics.

Ms. Morris asked that the exhibits be admitted into evidence. Dr. Story was sworn in by the court reporter.

Mr. Barnes made an opening statement to discuss charges against Dr. Story.

Mr. Thompson made an opening statement on behalf of Dr. Story.

Dr. Story was called by Mr. Barnes as an adverse witness.

THE BOARD RECESSED FOR LUNCH AT 11:22 AM AND RECONVENED AT 12:18 PM

Dr. Story answered questions by Mr. Barnes.

Dr. Cleveland present at hearing at 12:45 PM

Dr. Story was questioned by Mr. Thompson.

Dr. Story answered redirect questions by Mr. Barnes.

Dr. Story answered questions by the Board.

A closing statement was given by Mr. Barnes and Mr. Thompson.

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

CLOSED SESSION

During closed session, a motion was made by Dr. Loper, seconded by Dr. Roth, and carried that the Board enter executive session to review and deliberate the matter regarding license status for Dr. Story.

RETURN TO OPEN SESSION

Upon a motion by Dr. Loper, seconded by Dr. Kinard and carried unanimously, the Board came out of executive session. Dr. Kinard reported that during executive session this agenda item was discussed, the Board found Dr. Story **Guilty** of the charge and the decision is to suspend Licensee's medical license for one year. During the one-year suspension Licensee is to complete a board-approved rehabilitation program consistent with that recommended in the Acumen report to include ethics and boundaries, and include a return-to-work plan, and ongoing follow-up for one (1) year to be determined after his petition for reinstatement.

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

HEARING IN THE CASE OF ROMMEL ASAGWARA, M.D., RIDGELAND, MS
MISSISSIPPI MEDICAL LICENSE 26900
MOTION FOR CONTINUANCE

Mr. Barnes requested to advance and hear the joint motion for continuance scheduled for November 22, 2024.

Mr. Barnes requested that the Board go into closed session to consider going into executive session to discuss a matter related to the disabled physician's law.

A motion was made by Dr. Gersh, seconded by Dr. Roth, and carried that the Board meeting be closed to discuss whether to enter into executive session.

Mr. Barnes asked if he, Mr. Ingram and Mr. William Bell, the attorney for Licensee, be allowed to join you in the executive session to explain.

CLOSED SESSION

During closed session, a motion was made by Dr. Loper, seconded by Dr. Dotson, and carried that the Board enter executive session to discuss the joint request for a continuance.

RETURN TO OPEN SESSION

Upon a motion by Dr. Loper, seconded by Dr. Dotson and carried unanimously, the Board came out of executive session. Dr. Kinard reported that during executive session this agenda item was discussed, and the decision is to **GRANT** a joint motion for continuance.

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

JANUARY 2025 BOARD MEETING DATES, WEDNESDAY, JANUARY 15, 2025, AND THURSDAY, JANUARY 16, 2025.

After discussion regarding dates the next regularly scheduled meeting of the board was set for Wednesday, January 15, 2025, and Thursday, January 16, 2025.

ADJOURNMENT

There being no further business, the meeting was adjourned at 4:18 p.m.


Michelle Y. Owens, M.D.
President

Minutes taken and transcribed by:
Jackie McKenzie, Paralegal
November 20, 2024

BOARD MEETING AGENDA
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
Wednesday, November 20, 2024, 10:00 am
Thursday, November 21, 8:00 am

Wednesday, November 20, 2024, 10:00 am

1. Meeting called to order.
2. Invocation, Pledge
3. Roll Call
4. Announcements and Public Comments
5. Executive Director Report
6. Approval of Minutes of the Executive Committee Meeting dated September 25, 2024.
7. Approval of Minutes of the Board Meeting dated September 25, 2024.
8. Approval of Minutes of the Specially Called Board Meeting dated October 30, 2024.
9. Report of November 20, 2024, Executive Committee Meeting.
10. Rules, Regulation & Legislative Committee: Dr. Joiner (Chair), Dr. Gersh, Dr. Loper, Dr. Lippincott, Mr. Breland, Dr. Cleveland, Mr. Ledbetter

Adopt 30 Miss. Admin. Code, Pt. 2625, Ch. I The Practice of Acupuncture
11. Hearing in the Case of Priscilla Resser, PA-C, Madison, MS
Mississippi Medical License PA00473
Motion for Continuance
12. Hearing in the Case of Harold Lee Peltan, M.D., Cleveland, MS
Mississippi Medical License 20297
Motion for Continuance
13. Jeremy Lockett, M.D.,
Mississippi Medical License 30114
Approval Consent Order
14. Hearing in the Case of Clifton W. Story, M.D., Madison, MS
Mississippi Medical License 15085

Thursday, November 21, 8:00 am

15. Hearing in the Case of Rommel Asagwara, M.D., Ridgeland, MS
Mississippi Medical License 26900
16. January 2025 Board Meeting Dates:
Wednesday, January 15, 2025, and Thursday 16, January 2025.

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE



Executive Committee Meeting:

Wednesday, November 20, 2024, at 8:00 am

Board Room

Board Meeting

Wednesday, November 20, 2024, at 10:00 am

Board Room

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi State Board of Medical Licensure		CONTACT PERSON Jonathan Dalton	TELEPHONE NUMBER 601-987-3079	
ADDRESS 1867 Crane Ridge Drive, Suite 200-B		CITY Jackson	STATE MS	ZIP 39216
EMAIL mboard@msbml.ms.gov	SUBMIT DATE 12/28/23	Name or number of rule(s): 30 Miss. Admin. Code, Pt. 2625, Ch. 1 The Practice of Acupuncture		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Proposed revision of the regulations related to the practice of acupuncture. The rules are being amended to modernize the part and to comply with statutory changes.

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

List all rules repealed, amended, or suspended by the proposed rule: Pt. 2625, Ch. 1, Rs. 1.1 – 1.17

ORAL PROCEEDING:

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

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

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

ECONOMIC IMPACT STATEMENT:

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

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

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

Signature of person authorized to file rules: _____

OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP  Accepted for filing by 27308 JB	OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Part 2625: Chapter 1 The Practice of Acupuncture

Rule 1.1 | Scope of Practice

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

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

Rule 1.2 | Definitions

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

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

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

Rule 1.3 | Physician Acupuncture Licensure Requirements

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

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

- B. conduct an appropriate examination of the patient that meets the applicable standard of care and is sufficient to justify the differential diagnosis and proposed therapies;
- C. discuss with the patient the diagnosis, risks and benefits of various treatment options and obtain informed consent;
- D. insure the availability of appropriate follow-up care including use of traditional medicine; and
- E. maintain a complete medical record.

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

Rule 1.4 | Non-Physician Qualifications for Licensure.

Applicants for acupuncture licensure must meet the following requirements:

- A. Satisfy the Board that he or she is at least twenty-one (21) years of age and of good moral character.
- B. Satisfy the Board that he or she is a citizen or permanent resident of the United States of America.
- C. Submit an application for license on a form supplied by the Board, completed in every detail with a recent photograph (wallet-size/passport type) attached. A Polaroid or informal snapshot will not be accepted.
- D. Pay the appropriate fee as determined by the Board.
- E. Present a certified copy of birth certificate or valid and current passport.
- F. Submit proof of legal change of name if applicable (notarized or certified copy of marriage or other legal proceeding).
- G. Provide information on registration or licensure in all other states where the applicant is or has been registered or licensed as an acupuncturist.
- H. Provide favorable references from two (2) acupuncturists licensed in the United States with whom the applicant has worked or trained.
- I. Provide proof, directly from the institution, of successful completion of an educational program for acupuncturists that are in candidacy status or accredited by ACAHM or its predecessor or successor agency that is at least three (3) years in duration and includes a supervised clinical internship. Any foreign applicant must complete the NCCAOM foreign education route for certification, as this ensures that applicants with education outside the US are recognized.
- J. Possess current and active NCCAOM Diplomate status in Acupuncture or Oriental Medicine.
- K. If the applicant is a graduate of an international educational program, provide proof that the applicant has demonstrated proficiency in English by one of the following:
 - 1. Passage of the required NCCAOM examinations taken in English.
 - 2. Passage of the TOEFL (Test of English as a Foreign Language) with a score of 580 or higher on the paper-based test (PBT) or with a score of 90 or higher on the computer-based test (iBT).

3. Passage of the TSE (Test of Spoken English) with a score of 50 or higher.
4. Passage of the TOEIC (Test of English for International Communication) with a score of 785 or higher.
- L. Provide proof of current cardiopulmonary resuscitation (CPR) certification from either the American Heart Association or the American Red Cross.
- M. Provide proof of malpractice insurance with a minimum of \$1 million dollars in coverage.
- N. Submit fingerprints for state and national criminal history background checks.

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

Rule 1.5 | Practice Standards

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

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

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

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

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

Rule 1.6 | Patient Records

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

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

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

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

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

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

Rule 1.7 | Informed Consent

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

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

Rule 1.8 | Duty to Notify Board of Change of Address

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

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

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

Rule 1.9 | Continuing Education.

- A. Every acupuncturist must earn or receive not less than thirty (30) hours of acupuncture related continuing education courses as precedent to renewing their license for the next fiscal year. This thirty (30) hours is per two-year cycle. Excess hours may not be carried over to another two-year cycle. *For the purpose of this regulation, the two-year period*

begins July 1, 2010, and every two years thereafter. Continuing education courses must be sponsored and/or approved by one of the following organizations:

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

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

Rule 1.10 | Violations

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

If continuing education deficiencies are discovered during an audit of the licensee, the licensee shall be suspended from practice for the longer of (i) a period of 3 months or (ii) until deficiencies are remedied. Any licensee suspended as a result of a continuing education audit may request a hearing for the purpose of appealing the suspension. Suspension as a result of falsified certification of continuing education shall begin upon determination of the false certification and shall not require notice or hearing as described below.

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

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

Rule 1.11 | Renewal Schedule

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

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

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

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

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

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

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

Rule 1.12 | Professional Ethics

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

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

Rule 1.13 | Disciplinary Proceedings

A. Hearing Procedure and Appeals

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

B. Reinstatement of License

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

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

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

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

Rule 1.14 | Impaired Acupuncturists

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

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

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

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

Rule 1.15 | Use of Professional Titles

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

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

Rule 1.16 | Acupuncture Advertising. Misleading or Deceptive Advertising

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

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

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

Rule 1.17 | Sale of Goods from Practitioner's Office

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

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

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

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

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

Part 2625: Chapter 1 The Practice of Acupuncture

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

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

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

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

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

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

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

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

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

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

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

Rule 1.3 | Physician Acupuncture Licensure Requirements

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

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

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

Rule 1.34 | Non-Physician Qualifications for Licensure.

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

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

- K. If the applicant is a graduate of an international educational program, provide proof that ~~the applicant is able to communicate in English as demonstrated~~ has demonstrated proficiency in English by one of the following:
1. Passage of the required NCCAOM examinations taken in English.
 2. Passage of the TOEFL (Test of English as a Foreign Language) with a score of ~~560~~580 or higher on the paper-based test (PBT) or with a score of ~~220~~90 or higher on the computer-based test (iBT).
 3. Passage of the TSE (Test of Spoken English) with a score of 50 or higher.
 4. Passage of the TOEIC (Test of English for International Communication) with a score of ~~500~~785 or higher.
- L. ~~Provide proof of successful completion of a CCAOM-approved clean needle technique course sent directly from the course provider to the Board.~~
- L. Provide proof of current cardiopulmonary resuscitation (CPR) certification from either the American Heart Association or the American Red Cross.
- M. Provide proof of malpractice insurance with a minimum of \$1 million dollars in coverage.
- N. Submit fingerprints for state and national criminal history background checks.

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

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

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

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

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

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

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

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

Rule 1.56 | Patient Records

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

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

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

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

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

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

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

Rule 1.67 | ~~Supervision~~:Informed Consent

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

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

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

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

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

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

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

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

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

Rule 1.8 | Duty to Notify Board of Change of Address

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

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

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

Rule 1.9 | Continuing Education.

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

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

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

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

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

Rule 1.10 | Violations

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

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

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

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

Rule 1.11 | Renewal Schedule

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

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

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

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

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

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

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

Rule 1.12 | Professional Ethics

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

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

Rule 1.13 | Disciplinary Proceedings

A. Hearing Procedure and Appeals

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

B. Reinstatement of License

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

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

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

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

Rule 1.14 | Impaired Acupuncturists

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

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

If the Board has reasonable cause to believe that an acupuncturist is unable to practice with reasonable skill and safety to patients because of one or more of the conditions described above, referral of the acupuncturist shall be made, and action taken, if any, in the manner as provided in

Sections 73-25-55 through 73-25-65, including referral to the Mississippi Professionals Health Program, sponsored by the Mississippi State Medical Association.

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

Rule 1.15 | Use of Professional Titles

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

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

Rule 1.16 | Acupuncture Advertising. Misleading or Deceptive Advertising

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

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

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

Rule 1.17 | Sale of Goods from Practitioner’s Office

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

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

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

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

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

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

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

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

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE LICENSE OF:

PRISCILLA HOGAN RESSER, PA-C

PA00473

ORDER OF CONTINUANCE

THIS MATTER came on regularly for consideration by the Mississippi State Board of Medical Licensure (hereinafter "Board") in response to a request for continuance of the hearing set for this date by Board Counsel Paul Barnes. Priscilla Hogan Resser, PA-C, (hereinafter "Licensee") is currently under the jurisdiction of the Examining Committee.

After consideration of the matter, the Board finds the motion well-taken, and is hereby **GRANTED**, on express condition that the Order of Temporary Action Pending Hearing remains in effect during the interim.

IT IS, THEREFORE, ORDERED, that this matter is continued until the Examining Committee reports its recommendation regarding Licensee to the Board. All other terms and conditions of the Order of Temporary Action Pending Hearing remain in effect. Licensee is suspended from practice until further ordered by the Board.

SO ORDERED this the 20th day of November 2024.

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

BY:



Michelle Y. Owens, M.D.
President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE LICENSE OF:

HAROLD LEE PELTON, M.D. (No. 20297)


ORDER OF CONTINUANCE

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

IT IS, THEREFORE, ORDERED, that this matter is continued until January 16, 2025.

SO ORDERED this, the 20th day of November 2024.

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

BY: 
Michelle Y. Owens, M.D.
President

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

OF

JEREMY LUCKETT, M.D.

CONSENT ORDER

WHEREAS, JEREMY LUCKETT, M.D., hereinafter referred to as "Licensee," is the current holder of Mississippi Medical License No. 30114, said license number expires on June 30, 2025;

WHEREAS, on May 14, 2024, the Kentucky Board of Medical Licensure, hereinafter referred to as the "Kentucky Board", entered an Agreed Order, resulting in probation for a period of five (5) years, and setting forth certain requirements for his continuing licensure in the State of Kentucky;

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

WHEREAS, it is the desire of Licensee to avoid an evidentiary hearing before the Mississippi Board of Medical Licensure and, in lieu thereof, has consented conditions on his license to practice medicine in the State of Mississippi.

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

1. Licensee shall comply with all provisions set forth in the May 14, 2024, order issued by the Kentucky Board in Exhibit "A".
2. Licensee shall, for any patient treated in Mississippi, maintain a log of all control substance prescriptions in accordance with the terms of the Kentucky Order.
3. Licensee shall successfully complete all CME coursework required by the Kentucky Order and shall produce evidence of said completion to the Board's Compliance Officer.
4. Licensee shall obey all federal, state, and local laws, and all rule and regulations.
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.
6. Licensee shall submit documentation to the Board showing that he has satisfied all requirements of the Kentucky Order. Although this Probation is permanent discipline, the terms of this Mississippi Consent Order shall be deemed satisfied once Licensee has submitted the required documentation to the Board's Compliance Officer.

Should the Board hereafter receive documented evidence of Licensee violating any of the terms and conditions of this Consent Order, the Board shall have the right, pursuant to a full

evidentiary hearing, to revoke the medical license of Licensee, suspend it for a time deemed proper by the Board, or take any other action determined as necessary by the Board.

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

Should 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 thereof by the Board, including Licensee's answers to questions, shall not unfairly or illegally prejudice the Board or any of its members from participation in any further proceedings.

Licensee understand and expressly acknowledges that, should Licensee challenge or dispute any provision or statement in this agreement during the Board approval process, or if the Board accept the terms as set forth herein, this Consent Order will automatically be rendered null and void, and this matter shall be set for full evidentiary herein at the next regularly scheduled meeting of the Board.

Licensee understands and expressly acknowledges that this Consent Order, if approved and executed by the Mississippi State Board of Medical Licensure, shall constitute a public record of the State of Mississippi, thereby accessible through the Board's website. Licensee

further acknowledges that the Board shall provide a copy of this Order to, among others, the National Practitioners Data Bank (NPDB), the Mississippi Department of Health (USDH), the Federation of State Medical Boards, the Office of the Inspector General, United States Department of Health and Human Services (OIG-HHS), the U.S. Drug Enforcement Administration (DEA), the Division of Medicaid, the Mississippi Board of Pharmacy, and the Mississippi State Medical Association (MSMS). The Board makes no representation as to what action, if any, which any other agency or jurisdiction may take in response to this Consent Order.

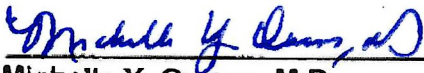
Recognizing his right to notice of charges specified against him, to have such charges adjudicated pursuant to Miss. Code Ann., § 73-25-27, to be represented therein by legal counsel of his choice, and to a final decision rendered upon written findings of fact and conclusions of law, **JEREMY LUCKETT, M.D.**, nevertheless, hereby waives his right to notice and a formal adjudication of charges, thereby suspending his medical license, subject to those terms and conditions listed above.

EXECUTED AND EFFECTIVE, this the 10th, day of October, 2024.



JEREMY LUCKETT, M.D.

ACCEPTED AND APPROVED, this the 20th, day of ~~September~~ ^{November} 2024, by the
Mississippi State Board of Medical Licensure.



Michelle Y. Owens, M.D.
Board President

FILED OF RECORD

MAY 16 2024

K.B.M.L.

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 2160

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF
KENTUCKY HELD BY JEREMY LUCKETT, M.D., LICENSE NO. 44246,
3805 FAIRVIEW DRIVE, OWENSBORO, KENTUCKY 42303

AGREED ORDER

Come now the Kentucky Board of Medical Licensure (hereafter "the Board"), acting by and through its Inquiry Panel A, and Jeremy Lockett, M.D. (hereafter "the licensee"), and, based upon their mutual desire to resolve two pending investigations, the parties hereby ENTER INTO the following **AGREED ORDER**:

STIPULATIONS OF FACT

The parties stipulate the following facts, which serve as the factual bases for this Agreed Order:

1. At all relevant times, Jeremy Lockett, M.D., was licensed by the Board to practice medicine within the Commonwealth of Kentucky.
2. The licensee's medical specialty is Internal Medicine.
3. On or about May 6, 2021, the licensee completed an application to supervise Julie Anne Salisbury, PA-C. On his application at No. 19(C), he attested that he accepts responsibility for any care given by Ms. Salisbury.
4. On or about June 1, 2021, the licensee signed a Physician Assistant Initial Application for Prescriptive Authority For Controlled Substances with Ms. Salisbury. On this application, he attested:
 - a. I acknowledge that the physician assistant is my agent in performing medical services and procedures described in the initial application and this supplemental application and that physician assistant may not practice independently.

- b. I authorize that the physician assistant may only prescribe and administer Schedule III, IV and V controlled substances to the extent delegated by me.

[...]

5. On or about September 16, 2021, the Board, acting on recommendation from the Physician Assistant Advisory Committee, approved the licensee's application to supervise Ms. Salisbury.
6. Ms. Salisbury treated a patient with a history of substance abuse and prescribed the patient controlled substances. On or about June 12, 2022, the patient died of an apparent overdose. The Board learned that the licensee was the supervising physician for Ms. Salisbury and Panel A requested that an investigation concerning the licensee's supervision of Ms. Salisbury be conducted.
7. On or about February 10, 2023, the Board opened a separate investigation on the licensee after receiving a grievance from an OBGYN physician in Owensboro who had concerns about Patient A after reviewing a KASPER report. The KASPER report documented a prescription that was filled every 30 days for Endocet 325mg/10mg. The quantity of prescription was 360 pills for 30 days. However, the grievant expressed concerns that Patient A may be diverting narcotics. Patient A reported that she only takes 1-2 tablets per day, while the pharmacy reported to the grievant that Patient A fills the prescription every 30 days like clockwork and pays cash for the name brand, declining the insurance-covered generic.
8. The OIG was contacted, and a review of the licensee's prescribing was requested. On or about July 27, 2023, the OIG completed a report, indicating concerns in the licensee's prescribing and recommending a review of 18 patient charts, including Patient A.

9. A subpoena was delivered to the licensee for the patient charts identified by the OIG.
10. A Board Consultant was provided the grievance, OIG report, medical charts, and the licensee's response to the grievance. After a detailed review, the Board Consultant found the licensee to be below the minimum standard in four (4) of the eighteen (18) patient charts reviewed.
11. On or about January 12, 2024, the licensee, through counsel, responded to the Board Consultant's review, stating in part,

Dr. Lockett has already implemented certain of [the Board Consultant's] recommended changes or improvements to his practice patterns where appropriate, including:

- Re-emphasizing with staff to obtain KASPER reports every three months;
- Re-emphasizing with staff to look for instances where patients fill prescriptions for controlled drugs in more-than-one-month quantities;
- Re-emphasizing with staff that urine drug screens must be performed on patients receiving prescriptions for controlled drugs no less than every six months;
- Strengthening documentation of follow-up performed when UDS results are inconsistent with a patient's prescriptions;
- Placing urine drug screen cups in patient rooms as a reminder to obtain urine samples when appropriate;
- Generating a report of all patients with current opioid prescriptions to determine which patients were due to be prescribed naloxone and writing additional naloxone prescriptions for patients identified during this review;
- Generally utilizing naloxone more frequently where indicated (at least every six months for patients on long-term prescriptions for opioids);
- Strengthening documentation in instances of prescribing multiple controlled substances; and

- Strengthening documentation of discussions with toxicologists and other providers.

Dr. Lockett already had addressed some of [the Board Consultant's] suggestions in the normal course of his practice. For example, [the Board Consultant] seemed unaware of whether patients had signed medication consents, but those consents are all documented and part of the patients' record. [The Board Consultant] also suggested that Dr. Lockett seek advice from a mental health provider regarding the simultaneous prescribing of a stimulant and a depressant. As Dr. Lockett discussed in his initial response letter, he has evaluated this issue with and taken guidance from more than one psychiatrist, and he continues to evaluate this issue on a patient-by-patient basis.

12. After reviewing the licensee's response, the Board Consultant changed her opinion on three (3) of the charts, no longer finding them below the minimum standard; however, she did not change her opinion in regard to Patient A, maintaining her opinion that the care was below minimum standards.
13. The licensee agreed to enter into this Agreed Order in lieu of the issuance of a Complaint.

STIPULATED CONCLUSIONS OF LAW

The parties stipulate the following Conclusions of Law, which serve as the legal bases for this Agreed Order:

1. The licensee's Kentucky medical license is subject to regulation and discipline by the Board.
2. Pursuant to KRS 311.858(2), a "physician assistant shall be considered an agent of the supervising physician in performing medical services and procedures described in the initial application or any supplemental application received by the board under KRS 311.854."
3. Based upon the Stipulations of Fact, the licensee has engaged in conduct which violates the provisions of KRS 311.595(9) as illustrated by KRS 311.597(4), and

(12). Accordingly, there are legal grounds for the parties to enter into this Agreed Order.

4. Pursuant to KRS 311.591(6) and 201 KAR 9:082, the parties may fully and finally resolve these pending matters without evidentiary hearings by entering into an informal resolution such as this Agreed Order.

AGREED ORDER

Based upon the foregoing Stipulations of Fact and Stipulated Conclusions of Law, and, based upon their mutual desire to resolve the pending investigations, the parties hereby ENTER INTO the following AGREED ORDER:

1. The license to practice medicine in the Commonwealth of Kentucky held by JEREMY LUCKETT, M.D., is hereby PLACED ON PROBATION FOR A PERIOD OF FIVE (5) YEARS, with that period of probation to become effective immediately upon the filing of this Agreed Order.
2. During the effective period of this Agreed Order, the licensee's medical license SHALL BE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS:

- a. Beginning immediately, the licensee SHALL maintain a "controlled substances log" for all controlled substances prescribed, dispensed or otherwise utilized. The controlled substances log SHALL include date, patient name, patient complaint, medication prescribed, when it was last prescribed and how much on the last visit. Note: All log sheets shall be consecutively numbered, legible i.e. printed or typed, and must reflect "call-in" and refill information. Prescriptions shall be maintained in the following manner: 1) patient; 2) chart; and 3) log;

- i. The licensee SHALL permit the Board's agents to inspect, copy and/or obtain the controlled substance log and other relevant records, upon request, for review by the Board's agents and/or consultants;

- ii. The licensee SHALL reimburse the Board fully for the costs of each consultant review performed pursuant to this Agreed Order. Once

the Board receives the invoice from the consultant(s) for each review, it will provide the licensee with a redacted copy of that invoice, omitting the consultant's identifying information. The licensee SHALL pay the costs noted on the invoice within thirty (30) days of the date on the Board's written notice. The licensee's failure to fully reimburse the Board within that time frame SHALL constitute a violation of this Agreed Order; and

- iii. The licensee understands and agrees that at least two (2) favorable consultant reviews must be performed, on terms determined by the Panel or its staff, before the Panel will consider a request to terminate this Agreed Order;
- b. Within thirty (30) days of the entry of this Agreed Order, the licensee shall enroll in the next available Proper Prescribing Course (RX-21) administered by Professional Boundaries, Inc. ("PBI") Education, <https://pbieducation.com/>, Tel. (904) 800-1237;
- i. The licensee SHALL successfully complete and pass all components of the course, including pre-course components, at his own expense and as directed by PBI; and
 - ii. Prior to commencing the course, the licensee shall execute all necessary waivers to allow PBI Education to release information of the licensee's participation with PBI Education directly to the Board's Legal Department, including a copy of the Certificate of Completion and an Accomplishments, Impressions and Recommendations (AIR) Letter. Said information provided directly from PBI Education to the Board's Legal Department shall constitute the necessary proof of the licensee's completion and passing of the course;
- c. Within thirty (30) days of the filing of this Agreed Order, the licensee SHALL make all necessary arrangements to enroll in the *ProBe* Program offered through the Center for Personalized Education for Professionals ("CPEP"), 720 South Colorado Boulevard, Suite 1100-N, Denver, Colorado 80246, Tel. (303) 577-3232, at the earliest time;
- i. The licensee SHALL complete and "unconditionally pass" the *ProBe* Program at the time and date(s) scheduled, at his expense and as directed by CPEP's staff;
 - ii. The licensee SHALL provide the Board's staff with written verification that he has completed and "unconditionally passed" CPEP's *ProBe* Program, promptly after completing the program; and

- iii. The licensee SHALL take all steps necessary, including signing any waiver and/or consent forms required to ensure that CPEP will provide a copy of any evaluations, reports or essays from the *ProBe* Program to the Board's Legal Department promptly after their completion;
 - d. Within one (1) year from the date of entry of this Agreed Order, the licensee SHALL reimburse the amount of \$1,050.00 to the Board pursuant to KRS 311.565(1)(v); and
 - e. The licensee SHALL NOT violate any provision of KRS 311.595 and/or 311.597.
- 3. The licensee expressly agrees that if he should violate any term or condition of this Agreed Order, the licensee's practice will constitute an immediate danger to the public health, safety, or welfare, as provided in KRS 311.592 and 13B.125. The parties further agree that if the Board should receive information that he has violated any term or condition of this Order, the Panel Chair is authorized by law to enter an Emergency Order of Suspension or Restriction immediately upon a finding of probable cause that a violation has occurred, after an *ex parte* presentation of the relevant facts by the Board's General Counsel or Assistant General Counsel. If the Panel Chair should issue such an Emergency Order, the parties agree and stipulate that a violation of any term or condition of this Agreed Order would render the licensee's practice an immediate danger to the health, welfare and safety of patients and the general public, pursuant to KRS 311.592 and 13B.125; accordingly, the only relevant question for any emergency hearing conducted pursuant to KRS 13B.125 would be whether the licensee violated a term or condition of this Agreed Order.


4. The licensee understands and agrees that any violation of the terms of this Agreed Order would provide a legal basis for additional disciplinary action, including revocation, pursuant to KRS 311.595(13).

SO AGREED on this 14th day of May, 2024.

FOR THE LICENSEE:



JEREMY LUCKETT, M.D.




MICHAEL C. MERRICK
COUNSEL FOR THE LICENSEE

FOR THE BOARD:



WAQAR A. SALEEM, M.D.
CHAIR, INQUIRY PANEL A



NICOLE A. KING
Assistant General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
(502) 429-7150

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

IN THE MATTER OF:

CLIFTON WAYNE STORY, M.D.

LICENSE NO. 15085

DETERMINATION AND ORDER

The above titled matter came before the Mississippi State Board of Medical Licensure (“Board”) in Jackson, Hinds County Mississippi, on November 20, 2024. On or about March 9, 2024, the Board received a Victim’s¹ complaint, alleging professional misconduct by Licensee.

Board members present for the November 20, 2024, proceedings were Michelle Y. Owens, M.D., President; Ken Lippincott, M.D.; Kirk Kinard, D.O.; Allen Gersh, M.D.; William Eugene Loper, M.D.; Renia R. Dotson, M.D.; and Randy Roth, M.D. Board members Thomas Joiner, M.D. and Rodrick Givens, M.D. appeared and participated in the proceedings via Zoom. Consumer member Koomarie “Shoba” Gaymes was also present. Accordingly, a quorum of Board members was present throughout the hearing and deliberation.

Board Counsel Paul Barnes, Esq., presented the charges as set forth in the Affidavit as filed herein. Also present was Complaint Co-Counsel Honorable Stan T. Ingram. Licensee, having been served with the Summons and Affidavit and being fully informed of his rights to a formal hearing before the Board, was represented by Matthew Thompson, Esq.

Alexis E. Morris, Special Assistant Attorney General, served as Administrative Hearing Officer, presided over the hearing, and was directed to prepare the Board’s written decision in accordance with their deliberations.

¹ The Board documents refer to Victim as Victim 1.

And now, upon consideration of all the materials produced in the record before the Board along with the testimony presented at the hearing, the Board makes the following Findings of Fact, Conclusions of Law, and Order based on clear and convincing evidence:

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. The Board is established pursuant to the Mississippi State Board of Medical Licensure Act, Title 73, Chapter 43 of the Mississippi Code of 1972 as amended, and is charged with the duty of licensing and regulating the practice of medicine in the State of Mississippi under title 73, Chapter 25 of the Mississippi Code of 1972 as amended.
2. Sections 73-25-29, 73-25-83 and 73-25-87 of the Mississippi Code Ann. (1972) as amended provide that the Board may revoke or suspend a license or take any other actions as deemed necessary if a licensee has violated any provisions therein.
3. All parties were properly noticed for the matter now pending before the Board.
4. Licensee is a physician licensed to practice medicine in the state of Mississippi, currently holding Mississippi Medical License Number 15085. Said license is valid until June 30, 2024.
5. An affidavit was issued on or about on or about August 6, 2024, to Licensee.
6. When the affidavit was issued, Licensee's listed primary medical practice was the Starkville Medical Clinic at 100 Wilburn Way, Suite B, Starkville, MS.
7. On or about March 9, 2024, the Board received a complaint from Victim. The complaint alleged professional sexual misconduct by Licensee.
8. On or about April 11, 2024, Board investigator, Christa Garnett, interviewed Victim.
9. Victim alleged that she met Licensee in 2013, while she was attending Mississippi State University ("MSU"). Victim informed Investigator Garnett that Licensee became her overseeing physician in 2015.
10. Victim told investigator Garnett that she and Licensee began having a sexual relationship in 2020. According to testimony at the hearing and the affidavit, Victim and Licensee engaged in sexual intercourse in various locations—including Licensee's office and home.

11. Licensee attended the Acumen institute for an evaluation at the insistence of the Executive Director.

TESTIMONY OF LICENSEE

12. Licensee stated that he served as the Family/Staff Physician for Mississippi State University in 2013—where he first encountered Victim and performed her sports physical.

13. Licensee began treating Victim on a consistent basis in 2015. Licensee also testified that he treated the Victim for some of her mental and emotional conditions—including anxiety, stress, and Attention-deficit/hyperactivity disorder (hereinafter “ADHD”).

14. Licensee also testified that other physicians were also treating Victim for her mental and emotional conditions. However, Licensee admitted that patient trusted him, confided in him, and discussed intimate details of her medical history with him.

15. Licensee admitted that he and Victim had a sexual relationship, beginning in late summer or early fall 2020 and ended in sometime in 2023. However, he acknowledged that he and Victim began an intimate relationship and connection before the sexual relationship began.

16. Victim was 26 or 27 years old at the time the sexual relationship began.

17. Licensee testified that 2020 was a difficult year for him due to COVID-19 and a chaotic home life. Licensee also stated that his mother passed away unexpectedly in 2020.

18. Licensee testified that he prescribed medication to Victim—the last prescription being in June or July 2020.

19. Licensee maintained that his sexual relationship with Victim began after he stopped treating Victim. Licensee stated that he ended the doctor/patient relationship by not prescribing Victim medication and finding other doctors to treat Victim. However, Licensee did not take any additional and overt steps to sever the doctor/patient relationship.

20. Licensee stated that he did not intentionally groom Victim for the purpose of an inappropriate sexual relationship. However, looking back on the relationship, it appears grooming occurred.

21. Licensee testified that he did not believe that his care of Victim deviated from the standard of care.

22. Licensee maintained that he did not intentionally use Victim's unique [psychiatric] issues to take advantage of Victim.
23. Licensee testified that the relationship with Victim ended primarily because of the age gap and the difference in life stages.
24. Licensee received the initial investigation report from the Board in June 2023.
25. Licensee testified that he was contacted by the Board in August 2023. He met with the Board for a regulatory compliance meeting, after learning of its investigation.
26. Following the regulatory compliance meeting, Licensee voluntarily submitted to an Acumen assessment. Licensee also took a PBI course on Boundaries.
27. The Board found that the sexual relationship was concurrent with the doctor/patient relationship.
28. Licensee admitted that there was an ethical violation, and that the sexual relationship was inappropriate.

DETERMINATIONS

29. Based on the clear and convincing evidence and testimony presented, Licensee is found guilty of Count I of the Affidavit, i.e., guilty of unprofessional misconduct, which includes, but is not limited to, being guilty of any dishonorable or unethical conduct likely to deceive, defraud, or harm the public, specifically professional sexual misconduct, by virtue of Licensee having sex with a patient at a time when there was either a concurrent patient/physician relationship, or by exploiting trust, knowledge, emotions, or influence derived from a previous relationship (patient/physician), in violation of Miss. Code Ann., Sections 73-25-29(8)(d) and 73-25-83(a).

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

ORDER

IT IS THEREFORE ORDERED that Licensee is suspended from the practice of medicine in the state of Mississippi for one (1) year from the date of this Order.

IT IS THEREFORE ORDERED that:

1. Licensee shall proceed with active participation in a formal process of rehabilitative treatment focused on medical ethics and professionalism, professional boundary training, and psychotherapy of the personality traits that left him vulnerable to professional sexual misconduct with a patient. This treatment shall be undertaken in a program that is approved by the Board and designed specifically for safety-sensitive healthcare professionals who have engaged in professional sexual misconduct. Treatment shall include training and reorientation in professional ethics, professional boundary training, professional role definition, emotional self-regulation, and identification of and risk management around the personality traits that contributed to his decision to engage in unprofessional conduct. The treatment program shall be undertaken in an intensive program that combines immersion in group treatment (with other safety-sensitive healthcare professional patients) with intensive individual psychotherapy around the personality-based vulnerabilities that contributed to his poor judgment and eventual misconduct.
2. The treatment program shall result in a formal □Professional Boundary and Ethical Conduct and Return to Work Plan.□ In the development of this plan, Licensee and his treatment team shall work with the Board to identify a structure for professional accountability in the workplace in order to ensure that Licensee continues to maintain appropriate boundaries and ethical conduct in all his doctor-patient and doctor-coworker interactions. Licensee shall then engage in ongoing follow up for a period of at least one year to ensure the full and successful implementation of the above-mentioned Plan.
3. Specific accountability monitoring plans may be made with the Board during Licensee's participation in the treatment program to ensure that once he returns from his initial intensive treatment phase, he will immediately implement that risk management plan.

IT IS THEREFORE ORDERED Licensee may petition the Board for reinstatement of his license to practice medicine in the state of Mississippi following no earlier than one (1) year from the date of this order, completion of the rehabilitation program, and the Board's receipt of the Return-to-Work Plan. After reinstatement, Licensee shall provide ongoing follow-up for at least one (1) year.


IT IS FURTHER ORDERED that Licensee shall reimburse the Board for all costs incurred in relation to the pending matter pursuant to Miss. Code Ann., Section 73-25-30, as amended. Licensee shall be advised of the total assessment, not to exceed \$10,000 by written notification, and shall tender to the Board a certified check or money order within forty (40) days after the date the assessment is mailed to Licensee's current mailing address.

IT IS FURTHER ORDERED that this decision and opinion is a final order of the Board and is conclusive evidence of the matters described herein.

IT IS FURTHER ORDERED that the Determination and Order shall be public record. It may be shared with other licensing boards (in and out of state), and the public, and may be reported to the appropriate entities as required or authorized by state and/or federal law or guidelines. This action shall be spread upon the Minutes of the Board as its official act and deed.

SO ORDERED this the 20th day of November 2024.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

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

BEFORE THE MISSISSIPPI MEDICAL LICENSURE BOARD

IN THE MATTER OF THE LICENSE OF:

ROMMEL IJEOMA ASAGWARA, MD

License No. 26900

ORDER OF CONTINUANCE

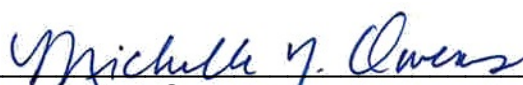
THIS MATTER came on regularly for consideration by the Mississippi State Board of Medical Licensure (hereinafter “Board”) in response to a **JOINT** motion for continuance of the hearing set for this date by Board Counsel Paul Barnes and William Bell, Esq., attorney for Rommell Ijeoma Asagwara, M.D. (hereinafter “Licensee”).

After consideration of the matter, the Board finds the motion well-taken, and is hereby **GRANTED**, on express condition that Licensee report for a safety and fitness for duty evaluation at a facility of the Board’s choosing.

IT IS, THEREFORE, ORDERED, that this matter is continued until a Final Evaluation Report establishing Licensee is safe and fit for duty to the Board. The hearing will be rescheduled for a mutually convenient time and date at the discretion of the Board.

SO ORDERED this the 20th day of November 2024.

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

BY: 
Michelle Y. Owens, M.D.
President