



Mississippi State Board of Medical Licensure

Mississippi Medical Practice Act and Related Laws

Mississippi Code of 1972, As Amended

Compiled June 2026

For Every Patient. For Every Provider. For Every Mississippian.

Mississippi State Board of Medical Licensure

Mississippi Medical Practice Act and Related Laws: Mississippi Code of 1972, As Amended

Important: how to use this document

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Currency varies by section. This compilation was assembled in June 2026. Most sections reflect the law through the 2026 Regular Session; some reflect the most recent version available at the time of compilation. No warranty is made as to accuracy or currency, and the Board assumes no liability for reliance on this document.

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PART 1: The State Board of Medical Licensure

§ 73-43-1. State board of medical licensure established.

There is hereby created and established a board to be known as the state board of medical licensure.

History: Laws, 1980, ch. 458, § 1, eff from and after July 1, 1980.

§ 73-43-3. Membership of board; selection; term of office; vacancies.

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

(2) Three (3) physicians shall be nominated to the governor for each appointive position by the Mississippi State Medical Association; and said nominations shall give due regard to geographic distribution, race and sex. The governor shall appoint from said nominations the members of the board with the advice and consent of the senate. The original appointments of the board shall be made no later than June 30, 1980, for terms to begin on July 1, 1980. The governor shall designate the initial terms of the members as follows: Three (3) members shall be appointed for a term which expires July 1, 1982, three (3) members shall be appointed for a term which expires July 1, 1984, and three (3) members shall be appointed for a term which expires July 1, 1986. Thereafter, all succeeding appointments shall be for terms of six (6) years from the expiration of the previous term. Vacancies in office shall be filled by appointment of the governor in the same manner as the appointment to the position which becomes vacant, subject to the advice and consent of the senate at the next regular session of the legislature.

History: Laws, 1980, ch. 458, § 2 subds (1) and (2); Laws, 1984, ch. 336, eff from and after July 1, 1984.

§ 73-43-5. Officers; bylaws.

The state board of medical licensure is authorized to elect from its own members a president and secretary, and to create such other offices and adopt such by-laws as may be necessary for its efficient operation.

History: Laws, 1980, ch. 458, § 2 subd (3), eff from and after passage (approved May 5, 1980).

§ 73-43-7. Quorum; meetings; compensation.

Five (5) members shall constitute a quorum, and a majority of those present shall be necessary to reject any application. All regular meetings of the board shall be held at least quarterly upon the call of the president, except the first meeting of the original appointees which shall be called by the Governor. The members of the board shall be entitled to a per diem of Forty Dollars (\$40.00) for each day's service in attending meetings of the board and for conducting examinations for professional certificates, and shall receive reimbursement for necessary expenses and mileage as is authorized by law.

History: Laws, 1980, ch. 458, § 2 subd (4); Laws, 1990, ch. 389, § 1, eff from and after July 1, 1990.

§ 73-43-9. Oath of office and commission.

Each member of the state board of medical licensure shall take the oath prescribed by Section 268 of the Mississippi Constitution of 1890 and file a certificate thereof in the office of the secretary of state, whereupon a commission shall be issued to him under the terms of his office.

History: Laws, 1980, ch. 458, § 2 subd (5), eff from and after passage (approved May 5, 1980).

§ 73-43-11. Powers and duties of board.

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

- (a) Setting policies and professional standards regarding the medical practice of physicians, osteopaths, podiatrists and physician assistants practicing with physician supervision;
- (b) Considering applications for licensure;
- (c) Conducting examinations for licensure;
- (d) Investigating alleged violations of the medical practice act;
- (e) Conducting hearings on disciplinary matters involving violations of state and federal law, probation, suspension and revocation of licenses;
- (f) Considering petitions for termination of probationary and suspension periods, and restoration of revoked licenses;
- (g) To promulgate and publish reasonable rules and regulations necessary to enable it to discharge its functions and to enforce the provisions of law regulating the practice of medicine; however, the board shall not adopt any

rule or regulation or impose any requirement regarding the licensing of physicians or osteopaths that conflicts with the prohibitions in Section [73-49-3](#);

(h) To enter into contracts with any other state or federal agency, or with any private person, organization or group capable of contracting, if it finds such action to be in the public interest and in the furtherance of its responsibilities;

(i) Perform the duties prescribed by Sections [73-26-1](#) through [73-26-5](#);

(j) Perform the duties prescribed by the Interstate Medical Licensure Compact, Section [73-25-101](#); and (k) To adopt reasonable rules and regulations providing for physician practice records retention under the following minimum standards:

(i) Medical records shall be retained by a physician in the original, microfilmed, or similarly reproduced form for a minimum period of ten (10) years from the date a patient is last treated by a physician.

(ii) Graphic matter, images, X-ray films, and like matter that were necessary to produce a diagnostic or therapeutic report shall be retained, preserved and properly stored by a physician in the original, microfilmed or similarly reproduced form for a minimum period of three (3) years from the date a patient is last treated by the physician. Such graphic matter, images, X-ray film, and like matter shall be retained for a longer period when requested in writing by the patient.

(iii) Medical records in their original, microfilmed, or similarly reproduced form shall be provided upon request to a parent or guardian of an unemancipated minor under eighteen (18) without the permission of such unemancipated minor.

History: Laws, 1980, ch. 458, § 3 subd (1); Laws, 1990, ch. 473, § 1; Laws, 2000, ch. 470, § 4; Laws, 2015, ch. 461, § 7; Laws, 2016, ch. 508, § 3, eff from and after passage (approved May 16, 2016); Laws, 2024, ch. 533, § 3, eff from and after passage (approved May 13, 2024).

§ 73-43-13. Executive officer.

The board shall appoint an Executive Director who possesses the necessary qualifications and experience to enable him to carry out the duties required by his office. The Executive Director who may be a physician, shall receive a salary set by the board, subject to the approval of the State Personnel Board, and shall serve at the will and pleasure of the board. The executive officers shall be vested with all the authority of the board when it is not in session, and he shall be subject to such rules and regulations as may be prescribed by the board.

History: Laws, 1980, ch. 458, § 3 subd (2); Laws, 1997, ch. 354, § 1, eff from and after passage (March 17, 1997).

§ 73-43-14. Executive committee.

The State Board of Medical Licensure may appoint an executive committee, to be composed of three (3) of its members, with a chairman to be designated by the board from the members appointed to said committee. The executive committee shall have authority to execute all the powers vested in the board, in the interim of the meetings of the board. The executive committee shall have the authority to conduct licensure hearings pursuant to Section [73-25-27](#), provided that the power to revoke shall be subject to approval of the board. Any person aggrieved by a decision of the executive committee regarding licensure may appeal to the board. Any person aggrieved by an action of the board regarding licensure may appeal to the Chancery Court of the First Judicial District of Hinds County. Any action of the executive committee shall be legal and binding until modified or annulled by the board, and all pains and penalties prescribed for violating the rules of the board shall apply to any violation of rules and regulations that may be prescribed by the executive committee. Any two (2) members of the executive committee shall be a quorum for the transaction of business. All official meetings of the executive committee, as to time and place, shall be held pursuant to a call of the president of the board. Actions taken by the board in suspending a license when required by Section [93-11-157](#) or [93-11-163](#) are not actions from which an appeal may be taken under this section. Any appeal of a license suspension that is required by

Section 93-11-157 or 93-11-163 shall be taken in accordance with the appeal procedure specified in Section 93-11-157 or 93-11-163, as the case may be, rather than the procedure specified in this section.

History: Laws, 1982, ch. 494, § 15; Laws, 1996, ch. 507, § 77, eff from and after July 1, 1996.

REPEALED · § 73-43-15. Repealed.

Repealed by Laws of 1984, ch. 358, eff from and after July 1, 1984.

§ 73-43-17. Venue of actions against board.

Unless otherwise provided for by law, the venue of actions against the state board of medical licensure wherein said board is a defendant shall be the first judicial district of Hinds County, Mississippi.

History: Laws, 1981, ch. 502, § 17, eff from and after July 1, 1981.

§ 11-11-15. Actions against State Board of Health or State Board of Medical Licensure.

The venue of actions against the Mississippi State Board of Health wherein said board is a defendant, or the State Board of Medical Licensure wherein said board is a defendant, shall be in Hinds County.

History: Codes, 1942, § 7096-01; Laws, 1946, ch. 483, § 1; Laws, 1980, ch. 458, § 32, eff from and after July 1, 1980.

EFFECTIVE JULY 1, 2026 · § 73-44-3. [State Board of Health Professions created]

(1) There is created the State Board of Health Professions, which shall consist of one (1) member from each of the following health regulatory boards:

- (a) The State Board of Medical Licensure;
- (b) The State Board of Pharmacy;
- (c) The Mississippi Board of Nursing;
- (d) The State Board of Chiropractic Examiners;
- (e) The State Board of Dental Examiners; and (f) The State Board of Optometry.

(2) The members described in subsection (1) of this section shall be appointed by the Governor for terms of four (4) years and until their successor is duly qualified. Terms shall begin on July 1 and end on June 30.

(3) In addition to the members provided for in subsection (1) of this section, there shall be five (5) members to be appointed by the Governor from the state at large, with the advice and consent of the Senate. The term for members appointed under this subsection (3) shall be for four (4) years and until their successor is duly qualified. Terms shall begin on July 1 and end on June 30. These members shall not hold a license to practice any of the professions regulated by the boards listed in subsection (1) of this section.

(4) No member of the State Board of Health Professions who represents a health regulatory board shall continue serving as a member of the State Board of Health Professions after he or she ceases to be a member of the health regulatory board from which he or she was appointed.

Editor's note: Added by 2026 Miss. H.B. 925, § 5. LexisNexis has not yet assigned an official catchline; bracketed title is editor-supplied.

History: Laws, 2026, HB 925, § 5, eff. from and after July 1, 2026.

PART 2: Licensure of Physicians and Osteopaths

General provisions

§ 73-25-1. Duty to obtain license.

Every person who desires to practice medicine must first obtain a license to do so from the state board of medical licensure, but this section shall not apply to physicians now holding permanent license, the same having been recorded as required by law.

History: Codes, 1892, § 3243; 1906, § 3681; Hemingway's 1917, § 6367; 1930, § 5848; 1942, § 8878; Laws, 1980, ch. 458, § 5, eff. from and after July 1, 1980.

§ 73-25-3. How license obtained; criminal history records check and fingerprinting required; educational requirements.

Every person who desires to obtain a license to practice medicine must apply therefor, in writing, to the State Board of Medical Licensure at least ten (10) days before the date of the examination and must be examined by the board according to the methods deemed by it to be the most practical and expeditious to test the applicants' qualifications. If the applicant is found by the board, upon examination, to possess sufficient learning in those branches and to be of good moral character, the board shall issue him a license to practice medicine; however, no applicant shall be granted a license unless the applicant holds a diploma from a reputable medical college or college of osteopathic medicine that requires a four-year course of at least thirty-two (32) weeks for each session, or its equivalent. To qualify for a Mississippi medical license, an applicant must have successfully been cleared for licensure through an investigation that shall consist of a determination as to good moral character and verification that the prospective licensee is not guilty of or in violation of any statutory ground for denial of licensure as set forth in Sections [73-25-29](#) and [73-25-83](#). To assist the board in conducting its licensure investigation, all applicants shall undergo a fingerprint-based criminal history records check of the Mississippi central criminal database and the Federal Bureau of Investigation criminal history database. Each applicant shall submit a full set of the applicant's fingerprints in a form and manner prescribed by the board, which shall be forwarded to the Mississippi Department of Public Safety (department) and the Federal Bureau of Investigation Identification Division for this purpose. Any and all state or national criminal history records information obtained by the board that is not already a matter of public record shall be deemed nonpublic and confidential information restricted to the exclusive use of the board, its members, officers, investigators, agents and attorneys in evaluating the applicant's eligibility or disqualification for licensure, and shall be exempt from the Mississippi Public Records Act of 1983. Except when introduced into evidence in a hearing before the board to determine licensure, no such information or records related thereto shall, except with the written consent of the applicant or by order of a court of competent jurisdiction, be released or otherwise disclosed by the board to any other person or agency. The board shall provide to the department the fingerprints of the applicant, any additional information that may be required by the department, and a form signed by the applicant consenting to the check of the criminal records and to the use of the fingerprints and other identifying information required by the state or national repositories. The board shall charge and collect from the applicant, in addition to all other applicable fees and costs, such amount as may be incurred by the board in requesting and obtaining state and national criminal history records information on the applicant. This section shall not apply to applicants for a special volunteer medical license authorized under Section [73-25-18](#).

History: Codes, 1892, § 3244; 1906, § 3682; Hemingway's 1917, § 6382; 1930, § 5849; 1942, § 8879; Laws, 1918, ch. 132; Laws, 1973, ch. 307, § 1; Laws, 1980, ch. 458, § 6; Laws, 1995, ch. 332, § 2; Laws, 2007, ch. 506, § 1, eff. § 73-25-3. How license obtained; criminal history records check and fingerprinting required; educational requirements. from and after July 1, 2007.

§ 73-25-5. Application for license.

The application for license must include such information as the State Board of Medical Licensure shall require. Each application or filing made under this section shall include the social security number(s) of the applicant in accordance with Section 93-11-64, Mississippi Code of 1972.

History: Codes, 1892, § 3245; 1906, § 3683; Hemingway's 1917, § 6368; 1930, § 5850; 1942, § 8880; Laws, 1973, ch. 307, § 2; Laws, 1980, ch. 458, § 7; Laws, 1997, ch. 588, § 52, eff from and after July 1, 1997.

§ 73-25-7. Examinations; when and where conducted.

The state board of medical licensure shall meet at the capitol at least once each year for the purpose of examining applicants for license to practice medicine or osteopathic medicine and shall continue in session until all applicants are examined.

History: Codes, 1892, § 3246; 1906, § 3684; Hemingway's 1917, § 6369; 1930, § 5851; 1942, § 8881; Laws, 1918, ch. 132; Laws, 1973, ch. 307, § 3; Laws, 1980, ch. 458, § 8, eff from and after July 1, 1980.

§ 73-25-9. Fees for examination.

Every person who shall apply for license to practice medicine shall, before he will be entitled to be examined, pay a fee to be set by the state board of medical licensure, not to exceed two hundred fifty dollars (\$250.00). In addition to fees for examination as provided for above, the state board of medical licensure is authorized to charge applicants an amount equivalent to the cost to the state board of medical licensure of purchasing and administering any national examinations approved by the federation of state medical boards.

History: Codes, 1892, § 3247; 1906, § 3685; Hemingway's 1917, § 6370; 1930, § 5852; 1942, § 8882; Laws, 1960, ch. 357; Laws, 1973, ch. 307, § 4; Laws, 1980, ch. 458, § 9, eff from and after July 1, 1980.

§ 73-25-11. Form of license.

A license to practice medicine shall be of such form and include such information as the state board of medical licensure may prescribe.

History: Codes, 1892, § 3248; 1906, § 3686; Hemingway's 1917, § 6371; 1930, § 5853; 1942, § 8883; Laws, 1973, ch. 307, § 5; Laws, 1980, ch. 458, § 10, eff from and after July 1, 1980.

REPEALED · § 73-25-13. Repealed.

Repealed by Laws, 2016, ch. 310, § 1, effective from and after passage (approved April 4, 2016). Laws, 1973, ch. 307, § 6; Laws, 1978, ch. 319, § 1, eff from and after passage (approved March 2, 1978).]

§ 73-25-14. Annual renewal of license; requirements for reinstatement after lapse; criminal history records check and fingerprinting.

(1) Except as provided in Section 33-1-39, the license of every person licensed to practice medicine or osteopathy in the State of Mississippi shall be renewed annually. On or before May 1 of each year, the State Board of Medical Licensure shall mail a notice of renewal of license to every physician or osteopath to whom a license was issued or renewed during the current licensing year. The notice shall provide instructions for obtaining and submitting applications for renewal. The State Board of Medical Licensure is authorized to make applications for renewal available via electronic means. 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, but not to exceed Three Hundred Dollars (\$300.00), a portion of which fee shall be used to support a program to aid impaired physicians and osteopaths. The payment of the annual license renewal fee shall be optional with all physicians over the age of seventy (70) years. Upon receipt of the application and fee, the board shall verify the accuracy of the application and issue to applicant a certificate of renewal for the ensuing year, beginning July 1 and expiring June 30 of the succeeding calendar year. That renewal shall render the holder thereof a legal practitioner as stated on the renewal form.

(2) Any physician or osteopath practicing in Mississippi who allows his or her license to lapse by failing to renew the license as provided in subsection (1) may be reinstated by the board on satisfactory explanation for the failure to renew, by completion of a reinstatement form, and upon payment of the renewal fee for the current year, and shall be assessed a fine of Twenty-five Dollars (\$25.00) plus an additional fine of Five Dollars (\$5.00) for each month thereafter that the license renewal remains delinquent.

(3) Any physician or osteopath not practicing in Mississippi who allows his or her license to lapse by failing to renew the license as provided in subsection (1) may be reinstated by the board on satisfactory explanation for the failure to renew, by completion of a reinstatement form and upon payment of the arrearages for the previous five (5) years and the renewal fee for the current year.

(4) Any physician or osteopath who allows his or her license to lapse shall be notified by the board within thirty (30) days of that lapse.

(5) Any person practicing as a licensed physician or osteopath during the time his or her license has lapsed shall be considered an illegal practitioner and shall be subject to penalties provided for violation of the Medical Practice Act, if he or she had not submitted the required reinstatement form and fee within fifteen (15) days after notification by the board of the lapse.

(6) Any physician or osteopath practicing in the State of Mississippi whose license has lapsed and is deemed an illegal practitioner under subsection (5) of this section may petition the board for reinstatement of his or her license on a retroactive basis, if the physician or osteopath was unable to meet the June 30 deadline due to extraordinary or other legitimate reasons, and retroactive reinstatement of licensure shall be granted or may be denied by the board only for good cause. Failure to advise the board of change of address shall not be considered a basis of reinstatement.

(7) None of the fees or fines provided for in this section shall be applicable to the renewal of a special volunteer medical license authorized under Section [73-25-18](#).

(8) Fees collected under the provisions of this section shall be used by the board to defray expenses of administering the licensure provisions of the Medical Practice Act (Title 73, Chapter 25, Mississippi Code of 1972) and to support a program to aid impaired physicians and osteopaths in an amount determined by the board.

(9) In order for a physician or osteopath whose medical license has been expired for five (5) years or more to qualify for reinstatement of license, the physician or osteopath must have successfully been cleared for reinstatement through an investigation that shall consist of a determination as to good moral character and verification that the prospective licensee is not guilty of or in violation of any statutory ground for denial of licensure as set forth in Sections [73-25-29](#) and [73-25-83](#). To assist the board in conducting its licensure investigation, all applicants shall undergo a fingerprint-based criminal history records check of the Mississippi central criminal database and the Federal Bureau of Investigation criminal history database. Each applicant shall submit a full set of the applicant's fingerprints in a form and manner prescribed by the board, which shall be forwarded to the Mississippi Department of Public Safety (department) and the Federal Bureau of Investigation Identification Division for this purpose. Any and all state or national criminal history records information obtained by the board that is not already a matter of public record shall be deemed nonpublic and confidential information restricted to the exclusive use of the board, its members, officers, investigators, agents and attorneys in evaluating the applicant's eligibility or disqualification for licensure, and shall be exempt from the Mississippi Public Records Act of 1983. Except when introduced into evidence in a hearing before the board to determine licensure, no such information or records related thereto shall, except with the written consent of the applicant or by order of a court of competent jurisdiction, be released or otherwise disclosed by the board to any other person or agency. The board shall provide to the department the fingerprints of the applicant, any additional information that may be required by the department, and a form signed by the applicant consenting to the check of the criminal records and to the use of the fingerprints and other identifying information required by the state or national repositories. The board shall charge and collect from the applicant, in addition

to all other applicable fees and costs, such amount as may be incurred by the board in requesting and obtaining state and national criminal history records information on the applicant.

History: Laws, 1975, ch. 363; Laws, 1979, ch. 439, § 1; Laws, 1980, ch. 458, § 11; Laws, 1982, ch. 309, § 1; Laws, 1983, ch. 441, § 1; Laws, 1989, ch. 315, § 1; Laws, 1995, ch. 332, § 3; Laws, 1998, ch. 487, § 1; Laws, 2000, ch. 556, § 1; Laws, 2003, ch. 530, § 1; Laws, 2004, ch. 553, § 1; Laws, 2007, ch. 309, § 20; Laws, 2007, ch. 506, § 6; Laws, 2008, ch. 551, § 1, eff from and after July 1, 2008.

§ 73-25-15. Lost license may be supplied.

If a license to practice medicine be issued and be lost, or if the holder of a license fails to have the same recorded within sixty (60) days as required by law, the state board of medical licensure may, in its discretion, issue a new license.

History: Codes, 1892, § 3250; 1906, § 3688; Hemingway's 1917, § 6373; 1930, § 5855; 1942, § 8885; Laws, 1898, ch. 76; Laws, 1980, ch. 458, § 12, eff from and after July 1, 1980.

§ 73-25-17. Temporary license.

(1) Except as otherwise provided in subsections (2) through (5) below, the executive officer of the state board of medical licensure may issue under his signature a temporary license to practice medicine which shall be valid until the next succeeding meeting of the board for examining applicants; and such license shall show the date of its issuance, otherwise it shall be void. Only one (1) temporary license shall ever be issued to the same person pursuant to this subsection, and it shall always be made to an individual and not to a partnership; provided, however, that the temporary license of a person enrolled in any American Medical Association- approved internship, residency or fellowship program within the state, other than the fellowship program set forth in subsection (3) below, may be renewed annually for the duration of the internship, residency or fellowship program for a period not to exceed five (5) years.

(2) The state board of medical licensure may issue a temporary license to practice medicine at a youth camp licensed by the state board of health to nonresident physicians and retired resident physicians under the provisions of Section 75-74-8.

(3) The state board of medical licensure may issue a temporary license to practice medicine to physicians who have been admitted for treatment in a drug and/or alcohol treatment program approved by the board, or who are enrolled in the fellowship of addictionology in the Mississippi State Medical Association Impaired Professionals Program; provided that, if the applicant is a nonresident of the state said applicant shall hold a valid license to practice medicine in another state and the medical licensing authority of that state shall certify to the board of medical licensure in writing that such license is in good standing. A temporary license issued under this subsection shall be valid for a period of ninety (90) days but may be renewed every ninety (90) days for the duration of the fellowship or treatment program, provided that if the applicant discontinues treatment or leaves the fellowship program the temporary license shall automatically become null and void. The board may rescind or extend this temporary license for cause. A temporary license issued to a physician under this subsection shall be limited to only the out- patient phase of the treatment program or that period of time necessary to complete the fellowship of addictionology and shall authorize that physician to whom the license is issued to administer treatment and care within the scope of the drug and/or alcohol treatment program or fellowship in an institutional setting and shall not authorize the physician to otherwise practice in this state. A physician licensed under this subsection shall not apply to the U.S. Drug Enforcement Administration for a controlled substances registration certificate and must be under the supervision of another physician holding a valid and permanent license in this state.

(4) A physician who has had his permanent license to practice in this state revoked or suspended by the board due to habitual personal use of intoxicating liquors or narcotic drugs, or any other drug having addiction-forming or addiction-sustaining liability, may be granted a temporary license pursuant to subsection (3) above, provided the issuance of such a temporary license is not in conflict with the prior disciplinary order of the board rendered against the physician.

(5) The applicant applying for a ninety-day temporary license to practice while in treatment in an approved drug and/or alcohol treatment program or while enrolled in the fellowship of addictionology shall pay a fee not to exceed fifty dollars (\$50.00) to the board. No additional fee shall be charged for an extension.

History: Codes, 1892, § 3251; 1906, § 3689; Hemingway's 1917, § 6374; 1930, § 5856; 1942, § 8886; Laws, 1978, ch. 318, § 1; Laws, 1980, ch. 458, § 13; Laws, 1981, ch. 428, § 3; Laws, 1984, ch. 405, eff from and after July 1, 1984.

§ 73-25-18. Special volunteer medical license for physicians and physician assistants who are retired or on active duty in the Armed Forces of the United States or in the National Guard or a reserve component of the armed forces or are working as physicians or physician assistants for the Department of Veteran Affairs.

(1) (a) There is established a special volunteer medical license for physicians who are retired from active practice, or are currently serving on active duty in the Armed Forces of the United States or in the National Guard or a reserve component of the Armed Forces of the United States, or are working as physicians for the Department of Veterans Affairs, and wish to donate their expertise for the medical care and treatment of indigent and needy persons or persons in medically underserved areas of the state. The special volunteer medical license shall be issued by the State Board of Medical Licensure to eligible physicians without the payment of any application fee, examination fee, license fee or renewal fee, shall be issued for a fiscal year or part thereof, and shall be renewable annually upon approval of the board.

(b) A physician must meet the following requirements to be eligible for a special volunteer medical license:

- (i) Completion of a special volunteer medical license application, including documentation of the physician's medical school or osteopathic school graduation and practice history;
- (ii) Documentation that the physician has been previously issued an unrestricted license to practice medicine in Mississippi or in another state of the United States and that he or she has never been the subject of any medical disciplinary action in any jurisdiction;
- (iii) Acknowledgement and documentation that the physician's practice under the special volunteer medical license will be exclusively and totally devoted to providing medical care to needy and indigent persons in Mississippi or persons in medically underserved areas in Mississippi; and (iv) Acknowledgement and documentation that the physician will not receive any payment or compensation, either direct or indirect, or have the expectation of any payment or compensation, for any medical services rendered under the special volunteer medical license.

(2) (a) There is established a special volunteer license for physician assistants who are retired from active practice, or are currently serving on active duty in the Armed Forces of the United States or in the National Guard or a reserve component of the Armed Forces of the United States, or are working as physician assistants for the Department of Veterans Affairs, and wish to donate their expertise for the care and treatment of indigent and needy persons or persons in medically underserved areas of the state. The special volunteer physician assistant license shall be issued by the State Board of Medical Licensure to eligible physician assistants without the payment of any application fee, examination fee, license fee or renewal fee, shall be issued for a fiscal year or part thereof, and shall be renewable annually upon approval of the board.

(b) A physician assistant must meet the following requirements to be eligible for a special volunteer physician assistant license:

- (i) Completion of an application for a special volunteer physician assistant license, including documentation of the physician assistant's educational qualifications and practice history;
- (ii) Documentation that the physician assistant has been previously issued an unrestricted physician assistant license in Mississippi or in another state of the United States and that he or she has never been the subject of any disciplinary action in any jurisdiction;

(iii) Acknowledgement and documentation that the physician assistant's practice under the special volunteer physician assistant license will be exclusively and totally devoted to providing care to needy and indigent persons in Mississippi or persons in medically underserved areas in Mississippi; and (iv) Acknowledgement and documentation that the physician assistant will not receive any payment or compensation, either direct or indirect, or have the expectation of any payment or compensation, for any services rendered under the special volunteer physician assistant license.

History: Laws, 1995, ch. 332, § 1; Laws, 2015, ch. 366, § 1, eff from and after July 1, 2015.

§ 73-25-19. Nonresidents.

Nonresident physicians not holding a license from the state shall not be permitted to practice medicine under any circumstances after remaining in the state for five (5) days, except when called in consultation by a licensed physician residing in this state or except as authorized under Sections [73-25-121](#) through [73-25-127](#). This section shall not apply to any nonresident physician who holds a temporary license to practice medicine at a youth camp issued under the provisions of Section [75-74-8](#) and Section [73-25-17](#).

History: Codes, 1892, § 3254; 1906, § 3692; Hemingway's 1917, § 6377; 1930, § 5859; 1942, § 8889; Laws, 1973, ch. 307, § 7; Laws, 1981, ch. 428, § 4, eff from and after July 1, 1981; Laws, 2019, ch. 377, § 5, eff from and after passage (approved March 21, 2019).

§ 73-25-21. Licensees from other states or Canada may be granted license without examination; affiliation with boards of medical examiners.

The State Board of Medical Licensure may grant license to practice medicine without examination as to learning to graduates in medicine or osteopathic medicine who hold license to practice medicine from another state, provided the requirements in such state are equal to those required by the State Board of Medical Licensure. The State Board of Medical Licensure may affiliate with and recognize for the purpose of waiving examination diplomates of the National Board of Medical Examiners, or the National Board of Examiners for Osteopathic Physicians and Surgeons in granting license to practice medicine in Mississippi. In addition, the board may grant a license to practice medicine without examination to Licentiates of the Medical Council of Canada (LMCC) who are graduates of Canadian medical schools which are accredited by the Liaison Committee on Medical Education, as sponsored by the American Medical Association and the Association of American Medical Colleges, and by the Committee for Accreditation of Canadian Medical Schools, as sponsored by the Canadian Medical Association and the Association of Canadian Medical Colleges. The issuance of a license by reciprocity to a military-trained applicant, military spouse or person who establishes residence in this state shall be subject to the provisions of Section [73-50-1](#) or [73-50-2](#), as applicable.

History: Codes, 1906, § 3693; Hemingway's 1917, § 6378; 1930, § 5860; 1942, § 8890; Laws, 1924, ch. 316; Laws, 1973, ch. 307, § 8; Laws, 1980, ch. 415; Laws, 1980, ch. 458, § 14; Laws, 1981, ch. 313, § 1; Laws, 2013, ch. 350, § 25, eff from and after July 1, 2013; Laws, 2021, ch. 398, § 22, eff from and after July 1, 2021.

§ 73-25-23. Licensing of graduates of foreign medical schools.

The State Board of Medical Licensure is hereby authorized and empowered to grant limited institutional license for the practice of medicine in state institutions to graduates of foreign medical colleges approved by the National Educational Council for Foreign Medical Graduates or its successor, subject to the conditions as set out herein. Any graduate of a foreign medical college approved by the organizations specified in the foregoing paragraph who is employed or is being considered for employment to practice medicine in one or more Mississippi state- supported institution(s) located in the same county shall make application for license to the State Board of Medical Licensure. The application shall be made on a form prescribed by the Board of Medical Licensure as required by laws of the State of Mississippi. The application shall also state the institution or institutions in which the applicant has assurance of employment. The State Board of Medical Licensure is hereby authorized to establish minimum standards of qualifications including moral, experience and

proficiency for such applicants. The application and the board's recommendation shall be forwarded to the board of trustees and director of the institution(s) in which the applicant wishes to practice. Upon receipt of such approved application from the State Board of Medical Licensure, the board of trustees or the governing authority and director of the institution or health center shall submit the application for review to the local medical society, the member of the Board of Trustees of the State Medical Association of that district and the member of the State Board of Medical Licensure of the district in which the institution is located. A formal recommendation from each of these, along with that of the board of trustees and director of the institution, shall become a part of the application, and shall then be returned to the State Board of Medical Licensure. If a majority of the recommendations are in favor of the applicant, the State Board of Medical Licensure may, in its discretion, issue a limited license to practice medicine. The holder of such a license shall be subject to all the laws of the State of Mississippi governing the practice of medicine. Such license shall be for one (1) year and shall be in such form as the State Board of Medical Licensure shall prescribe, and shall be issued for practice in a particular institution and shall not be endorsable to another state. The license must be renewed annually, after such review as the State Board of Medical Licensure considers necessary. A graduate of a foreign medical school so licensed may hold such limited institutional license no longer than five (5) years. However, any graduate of a foreign medical school so licensed and employed by any state institution on January 1, 1981, shall not be subject to the five-year limitation created hereby. In addition, the State Board of Medical Licensure, in its discretion, may waive the five-year limitation on limited institutional licenses for any graduate of a foreign medical school who holds such license. It is the intent of this section to enable Mississippi institutions to utilize the services of qualified graduates of foreign medical colleges during the period necessary for them to secure citizenship papers, and to meet other requirements for a regular license, including Educational Council for Foreign Medical Graduates certification. The State Board of Medical Licensure is hereby authorized, in its discretion, to refuse to renew, or to revoke such limited license if the holder of such license has failed to avail himself of the opportunity to take the examination for regular licensure after becoming eligible for such examination. The State Board of Medical Licensure may establish reasonable and uniform license fees and shall make such rules and regulations as it considers necessary to carry out the purposes of this section. The State Board of Medical Licensure is hereby authorized and directed to grant a full license for the practice of medicine to a graduate of a foreign medical school who has previously been granted an institutional license in one or more Mississippi state-supported institutions for a twenty-nine-year period of time and who on July 1, 2001, was serving as director of a Mississippi state-supported hospital and who has passed the clinical competency part of the Flex Examination for the State of Mississippi.

History: Codes, 1942, § 8886.5; Laws, 1971, ch. 323, § 1; Laws, 1980, ch. 458, § 15; Laws, 1983, ch. 427; Laws, 1987, ch. 453; Laws, 2001, ch. 318, § 1; Laws, 2002, ch. 370, § 1; Laws, 2013, ch. 492, § 1, eff from and after passage (approved April 15, 2013).

§ 73-25-25. Osteopaths.

Any person desiring to practice osteopathic medicine in this state must first obtain a license from the state board of medical licensure by passing the same examination as those applying to practice medicine. The state board of medical licensure shall also license doctors of osteopathy who meet the conditions of Sections [73-25-17](#), [73-25-19](#) or [73-25-21](#). License to practice osteopathic medicine must be recorded as required by law for license to practice medicine, with like penalty on failure to so record.

History: Codes, 1906, § 3696; Hemingway's 1917, § 6381; 1930, § 5861; 1942, § 8891; Laws, 1973, ch. 307, § 9; Laws, 1980, ch. 458, § 16, eff from and after July 1, 1980.

§ 73-25-33. Practice of medicine defined.

(1) The practice of medicine shall mean to suggest, recommend, prescribe, or direct for the use of any person, any drug, medicine, appliance, or other agency, whether material or not material, for the cure, relief, or palliation of any ailment or disease of the mind or body, or for the cure or relief of any wound or fracture or other bodily injury or deformity, or the practice of obstetrics or midwifery, after having received, or with the

intent of receiving therefor, either directly or indirectly, any bonus, gift, profit or compensation; provided, that nothing in this section shall apply to females engaged solely in the practice of midwifery.

(2) The practice of medicine shall not mean to provide gender transition procedures for any person under eighteen (18) years of age; or (3) For purposes of this section, “gender transition procedures” means the same as defined in Section 2 of this act.

History: Codes, 1906, § 3691; Hemingway’s 1917, § 6376; 1930, § 5858; 1942, § 8888; Laws, 1896, ch. 68; Laws, 2023, ch. 303, § 10, eff from and after passage (approved February 28, 2023).

§ 73-25-34. Telemedicine; licensing requirements for practicing medicine across state lines.

(1) For the purposes of this section, telemedicine, or the practice of medicine across state lines, shall be defined to include any one or both of the following:

(a) Rendering of a medical opinion concerning diagnosis or treatment of a patient within this state by a physician located outside this state as a result of transmission of individual patient data by electronic or other means from within this state to such physician or his agent; or (b) The rendering of treatment to a patient within this state by a physician located outside this state as a result of transmission of individual patient data by electronic or other means from within this state to such physician or his agent.

(2) Except as hereinafter provided, no person shall engage in the practice of medicine across state lines (telemedicine) in this state, hold himself out as qualified to do the same, or use any title, word or abbreviation to indicate to or induce others to believe that he is duly licensed to practice medicine across state lines in this state unless he has first obtained a license to do so from the State Board of Medical Licensure and has met all educational and licensure requirements as determined by the State Board of Medical Licensure.

(3) The requirement of licensure as set forth in subsection (2) above shall not be required where the evaluation, treatment and/or the medical opinion to be rendered by a physician outside this state (a) is requested by a physician duly licensed to practice medicine in this state, and (b) the physician who has requested such evaluation, treatment and/or medical opinion has already established a doctor/patient relationship with the patient to be evaluated and/or treated.

History: Laws, 1997, ch. 436, § 1, eff from and after July 1, 1997.

§ 73-25-35. Registered nurses licensed and certified as nurse practitioners.

Registered nurses who are licensed and certified by the Mississippi Board of Nursing as nurse practitioners are not prohibited from such nursing practice, but are entitled to engage therein without a physician’s license.

History: Codes, 1892, § 3253; 1906, § 3690; Hemingway’s 1917, § 6375; 1930, § 5857; 1942, § 8887; Laws, 1990, ch. 459, § 1, eff from and after July 1, 1990.

§ 73-25-37. Liability of physician, dentist, nurse, emergency medical technician, etc., for rendering emergency care; immunity from civil liability for good faith use of automated external defibrillator by person untrained in its use; immunity from civil liability for good faith use of auto-injectable epinephrine by trained school personnel.

(1) No duly licensed, practicing physician, physician assistant, dentist, registered nurse, licensed practical nurse, certified registered emergency medical technician, or any other person who, in good faith and in the exercise of reasonable care, renders emergency care to any injured person at the scene of an emergency, or in transporting the injured person to a point where medical assistance can be reasonably expected, shall be liable for any civil damages to the injured person as a result of any acts committed in good faith and in the exercise of reasonable care or omissions in good faith and in the exercise of reasonable care by such persons in rendering the emergency care to the injured person.

(2) (a) Any person who in good faith, with or without compensation, renders emergency care or treatment by the use of an Automated External Defibrillator (AED) in accordance with the provisions of Sections 41-60-31 through 41-60-35, as well as the person responsible for the site where the AED is located if the person has provided for compliance with the provisions of Sections 41-60-31 through 41-60-35, shall be immune from civil liability for any personal injury as a result of that care or treatment, or as a result of any act, or failure to act, in providing or arranging further medical treatment, where the person acts as an ordinary, reasonably prudent person would have acted under the same or similar circumstances and the person's actions or failure to act does not amount to willful or wanton misconduct or gross negligence.

(b) A person who has not complied with the provisions of Sections 41-60-31 through 41-60-35, but who has access to an AED and uses it in good faith in an emergency as an ordinary prudent person would have done in the same or similar circumstances, shall be immune from civil liability for any personal injury as a result of an act or omission related to the operation of or failure to operate an AED if the person's actions or failure to act do not amount to willful or wanton misconduct or gross negligence.

(c) A school district, school district employee or agent acting in good faith who provides assistance or services under this act shall be immune from civil prosecution and shall not be liable in any action for civil damages in his or her individual, marital, governmental, corporate or other capacity as a result of the services provided under Sections 37-11-85 and 37-11-87.

(3) Any employee of a local public school district, a private school, or parochial school, trained in the administration of auto-injectable epinephrine, who provides, administers, or assists in the administration of auto-injectable epinephrine, in accordance with the provisions of Section 37-11-71, to a student believed in good faith to be having an anaphylactic reaction, shall be immune from civil liability for any personal injury as a result of that care or treatment if the employee's actions or failure to act do not amount to willful or wanton misconduct or gross negligence.

(4) The immunity from civil liability for any personal injury under subsection (2) of this section includes the licensed physician who authorizes, directs or supervises the installation or provision of AED equipment in or on any premises or conveyance other than a medical facility, the owner of the premises where an AED is used, the purchaser of the AED, a person who uses an AED during an emergency for the purpose of attempting to save the life of another person who is or who appears to be in cardiac arrest, and the person who provides the CPR and AED training.

(5) The immunity from civil liability for any personal injury under subsection (3) of this section includes the licensed physician who prescribes the auto-injectable epinephrine, the school district, or any other entity, that legally obtained the auto-injectable epinephrine, and the person who provides the training in the administration of auto-injectable epinephrine.

(6) The immunity from civil liability under subsection (2) and subsection (3) of this section does not apply if the personal injury results from the gross negligence or willful or wanton misconduct of the person rendering the emergency care.

(7) Except in cases of gross negligence or willful misconduct, civil immunity shall apply to any licensed physician or licensed pharmacist who prescribes or makes recommendation to an eligible patient regarding prescription for or treatment with an investigational drug, biological product or device under the provisions of Section 41-131-1, and the State Board of Medical Licensure and/or the State Board of Pharmacy, as the case may be, shall be prohibited from taking any adverse action against the license of such physician or pharmacist based solely on the physician's action under the provisions of Section 41-131-1.

History: Codes, 1942, § 8893.5; Laws, 1962, ch. 413; Laws, 1964, ch. 431; Laws, 1975, ch. 329; Laws, 1976, ch. 405; Laws, 1979, ch. 376, § 1; Laws, 1999, ch. 489, § 4; Laws, 2007, ch. 428, § 1; Laws, 2014, ch. 464, § 2; Laws, 2015, ch. 423, § 2, eff from and after July 1, 2015; Laws, 2024, ch. 383, § 3, eff from and after July 1, 2024.

§ 73-25-38. Immunity from liability for physicians, dentists, physician assistants or certified nurse practitioners providing charitable medical care

or voluntarily providing health services without fee while assisting with emergency management or operations in an emergency.

(1) Any licensed physician, dentist, physician assistant or certified nurse practitioner who voluntarily provides needed medical or health services to any person without the expectation of payment due to the inability of such person to pay for such services shall be immune from liability for any civil action arising out of the provision of such medical or health services provided in good faith on a charitable basis. This section shall not extend immunity to acts of willful or gross negligence. Except in cases of rendering emergency care in which the provisions of Section [73-25-37](#) apply, immunity under this section shall be extended only if the physician, dentist, physician assistant or certified nurse practitioner and patient execute a written waiver in advance of the rendering of such medical or health services specifying that such services are provided without the expectation of payment and that the licensed physician, dentist, physician assistant or certified nurse practitioner shall be immune as provided in this subsection. The immunity from liability granted by this subsection also shall extend to actions arising from a church-operated outpatient medical clinic that exists solely for the purpose of providing charitable medical services to persons who are unable to pay for such services, provided that the outpatient clinic receives less than Forty Thousand Dollars (\$40,000.00) annually in patient payments.

(2) Any licensed physician, dentist, physician assistant or certified nurse practitioner assisting with emergency management, emergency operations or hazard mitigation in response to any emergency, man-made or natural disaster, who voluntarily provides needed medical or health services to any person without fee or other compensation, shall not be liable for civil damages on the basis of any act or omission if the physician, dentist, physician assistant or nurse practitioner was acting in good faith and within the scope of their license, education and training and the acts or omissions were not caused from gross, willful or wanton acts of negligence.

(3) Any physician who voluntarily renders any medical service under a special volunteer medical license authorized under Section [73-25-18](#) without any payment or compensation or the expectation or promise of any payment or compensation shall be immune from liability for any civil action arising out of any act or omission resulting from the rendering of the medical service unless the act or omission was the result of the physician's gross negligence or willful misconduct. In order for the immunity under this subsection to apply, there must be a written or oral agreement for the physician to provide a voluntary noncompensated medical service before the rendering of the service by the physician.

(4) Any licensed physician, or any physician who is retired from active practice and who has been previously issued an unrestricted license to practice medicine in any state of the United States or who has been issued a special volunteer medical license under Section [73-25-18](#), shall be immune from liability for any civil action arising out of any medical care or treatment provided while voluntarily serving as "doctor of the day" for members of the Mississippi State Legislature, legislative or other state employees, or any visitors to the State Capitol on the date of such service. This subsection shall not extend immunity to acts of willful or gross negligence or misconduct.

History: Laws, 1993, ch. 601, § 1; Laws, 1995, ch. 332, § 4; Laws, 2007, ch. 428, § 2; Laws, 2017, ch. 360, § 1, eff from and after passage (approved Mar. 20, 2017); Laws, 2021, ch. 329, § 1, eff from and after July 1, 2021.

§ 73-25-39. Books, blanks, and stationery.

The state board of medical licensure shall, in accordance with the provisions of Section 31-1- 1, contract for the acquisition of such books, blanks and stationery as may be needed by it in carrying out the provisions of this chapter. The state board of medical licensure shall deliver to the secretary of state such record books as the clerks of the circuit court may need, in which to record licenses to practice medicine, to be by him promptly and safely transmitted at the cost of the state to such of said clerks as the board of medical licensure may designate.

History: Codes, 1892, § 3255; 1906, § 3694; Hemingway's 1917, § 6379; 1930, § 5862; 1942, § 8892; Laws, 1980, ch. 458, § 20, eff from and after July 1, 1980.

§ 41-127-1. Licensed health care practitioners authorized to provide health care services via electronic means; standards of practice.

Subject to the limitations of the license under which the individual is practicing, a health care practitioner licensed in this state may prescribe, dispense, or administer drugs or medical supplies, or otherwise provide treatment recommendations to a patient after having performed an appropriate examination of the patient either in person or by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically. Treatment recommendations made via electronic means, including issuing a prescription via electronic means, shall be held to the same standards of appropriate practice as those in traditional provider-patient settings.

History: Laws, 2013, ch. 478, § 2, eff from and after July 1, 2013.

§ 73-50-1. Military Family Freedom Act; issuance of license, by occupational licensing board to a military-applicant or spouse or dependent to lawfully practice occupation in Mississippi under certain circumstances; temporary practice permit; appeal of decisions of occupational licensing board; preemption of local ordinances regulating licenses.

(1) This section shall be known as the “Military Family Freedom Act.” (2) As used in this section, the term:

(a) “License” means any license (other than a privilege license), certificate, registration or other evidence of qualification that an individual is required to obtain before he or she may engage in or represent himself or herself to be a member of a particular profession or occupation.

(b) “Occupational licensing board” means any state board, commission, department or other agency in Mississippi that is established for the primary purpose of regulating the entry of persons into, and/or the conduct of persons within, a particular profession or occupation, and which is authorized to issue licenses. For the purposes of this section, the State Department of Education shall be considered an occupational licensing board when issuing teacher licenses under Section 37-3-2.

(c) “Military” means the Armed Forces or Reserves of the United States, including the Army, Navy, Marine Corps, Coast Guard, Air Force, Space Force and the reserve components thereof, the National Guard of any state, the military reserves of any state, or the naval militia of any state.

(3) Notwithstanding any other provision of law, an occupational licensing board shall issue a license to an applicant who is a member of the military, or an applicant who is married to or is a dependent of a member of the military, if, upon application to an occupational licensing board, the applicant satisfies the following conditions:

(a) The applicant has been awarded a military occupational specialty, completed a military program of training, completed testing or equivalent training and experience, and performed in the occupational specialty; or (b) The applicant holds a current and valid license in another state in an occupation with a similar scope of practice, as determined by the occupational licensing board in Mississippi and has held this license from the occupational licensing board in the other state for at least one (1) year; and (c) The applicant has not committed any act in the other state that would have constituted grounds for refusal, suspension or revocation of a license to practice that occupation in Mississippi at the time the act was committed, the occupational licensing board in the other state holds the applicant in good standing, and the applicant does not have a disqualifying criminal record as determined by the occupational licensing board in Mississippi under Mississippi law; and (d) The applicant did not surrender a license because of negligence or intentional misconduct related to the applicant’s work in the occupation in another state; and (e) The applicant does not have a complaint, allegation or investigation pending before an occupational licensing board or other board in another state that relates to unprofessional conduct or an alleged crime. If the applicant has a complaint, allegation or investigation pending, the occupational licensing board in Mississippi shall not issue or deny a license to the applicant until the complaint,

allegation or investigation is resolved, or the applicant otherwise satisfies the criteria for licensure in Mississippi to the satisfaction of the occupational licensing board in Mississippi; and (f) The applicant pays all applicable fees in Mississippi.

(4) Notwithstanding any other law, the occupational licensing board shall issue a license to an applicant who is a member of the military, or an applicant who is married to or is a dependent of a member of the military, upon application based on work experience in another state, if all the following apply:

(a) The applicant worked in a state that does not use a license to regulate a lawful occupation, but Mississippi uses a license to regulate a lawful occupation with a similar scope of practice, as determined by the occupational licensing board;

(b) The applicant worked for at least three (3) years in the lawful occupation; and (c) The applicant satisfies the provisions of paragraphs (c) through (f) of subsection (3) of this section.

(5) An occupational licensing board may require an applicant to pass a jurisprudential examination specific to relevant state laws in Mississippi that regulate the occupation if the issuance of a license in Mississippi requires an applicant to pass a jurisprudential examination specific to relevant state statutes and administrative rules in Mississippi that regulate the occupation.

(6) The occupational licensing board shall issue or deny the license to the applicant within one hundred twenty days (120) days after receiving an application. If the application requires longer than two (2) weeks to process, the occupational licensing board shall issue a temporary practice permit within thirty (30) days after receiving the application if the applicant submits an affidavit, under penalties of perjury, affirming that he or she satisfies the provisions of subsection (3)(a) or subsection (3)(b) of this section and subsection (3)(c) through (e) and pays all applicable fees as required by subsection (3)(f), or satisfies the provisions of subsection (4)(a) through (c) and pays all applicable fees as required by subsection (3)(f). The applicant may practice under the temporary permit until a license is granted, or until a notice to deny the license is issued, in accordance with rules adopted by the occupational licensing board. A temporary license will expire in three hundred sixty-five (365) days after its issuance if the applicant fails to satisfy the requirement for licensure in subsection (5), if applicable.

(7) (a) The applicant may appeal any of the following decisions of an occupational licensing board to a court of general jurisdiction:

(i) Denial of a license;

(ii) Determination of the occupation;

(iii) Determination of the similarity of the scope of practice of the license issued; or (iv) Other determinations under this section.

(b) The court shall determine all questions of law, including the interpretation of a constitutional or statutory provision or a rule adopted by an occupational licensing board, without regard to any previous determination that may have been made on the question in any action before the occupational licensing board.

(8) An occupational licensing board shall prominently print the following on all license applications, any communication denying a license, and on the board's website: "Pursuant to the provisions of the Military Family Freedom Act, Mississippi shall recognize occupational licenses obtained from other states for military members and their families." An occupational licensing board shall prepare and place on the board's website an annual report detailing the number of applications submitted to the licensing board under this section during a calendar year and the actions taken by the board on the applications.

(9) An occupational licensing board shall adopt rules necessary to implement this section by January 1, 2021. In addition, an occupational licensing board shall make all reasonable efforts to issue a license to an applicant for a license under this section.

(10) Nothing in this section shall be construed to prohibit a military applicant, spouse or dependent from proceeding under the existing licensure requirements established by an occupational licensing board in

Mississippi.

(11) Nothing in this chapter shall be construed to prevent Mississippi from entering into a licensing compact or reciprocity agreement with another state, foreign province or foreign country. A license issued under this section is valid only in Mississippi. It does not make the person eligible to work in another state under an interstate compact or reciprocity agreement unless otherwise provided in Mississippi law.

(12) Nothing in this section shall be construed to apply to the practice of law as regulated under Section 73-3-1 et seq.

(13) This section preempts any ordinances of any municipality, county and other political subdivisions of the State of Mississippi that regulate licenses.

History: Laws, 2013, ch. 350, § 1, eff from and after July 1, 2013; Laws, 2019, ch. 445, § 1, eff from and after passage (approved March 29, 2019); Laws, 2020, ch. 412, § 1, eff from and after July 1, 2020; Laws, 2023, ch. 505, § 6, eff from and after July 1, 2023.

§ 73-50-2. Universal Recognition of Occupational Licenses Act; requirements for licensure; temporary practice permit; appeal; applicability of section [Effective July 1, 2026].

(1) This section shall be known as the “Universal Recognition of Occupational Licenses Act.” (2) As used in this section, the term:

(a) “License” means any license (other than a privilege license), certificate, registration, permit or other evidence of qualification that an individual is required by the state to obtain before he or she may engage in or represent himself or herself to be a member of a particular profession or occupation.

(b) “Occupational licensing board” means any state board, commission, department or other agency in Mississippi that is established for the primary purpose of regulating the entry of persons into, and/or the conduct of persons within, a particular profession or occupation, and which is authorized to issue licenses. For the purposes of this section, the State Department of Education shall be considered an occupational licensing board when issuing teacher licenses under Section 37-3-2.

(3) Notwithstanding any other provision of law, an occupational licensing board shall issue a license or government certification in the discipline applied for and at the same practice level to a person who establishes residence in this state if, upon application to an occupational licensing board, the applicant satisfies the following conditions:

(a) The applicant holds a current and valid license in good standing in another state in an occupation with a similar scope of practice, as determined by the occupational licensing board in Mississippi, and has held this license from the occupational licensing board in the other state for at least one (1) year; and (b) There were minimum education requirements and, if applicable, work experience, examination and clinical supervision requirements in effect, and the other state verifies that the applicant met those requirements in order to be licensed in that state; and (c) The applicant has not committed any act in the other state that would have constituted grounds for refusal, suspension or revocation of a license to practice that occupation in Mississippi at the time the act was committed, and the applicant does not have a disqualifying criminal record as determined by the occupational licensing board in Mississippi under Mississippi law; and (d) The applicant did not surrender a license because of negligence or intentional misconduct related to the applicant’s work in the occupation in another state; and (e) The applicant does not have a complaint, allegation or investigation pending before an occupational licensing board or other board in another state that relates to unprofessional conduct or an alleged crime. If the applicant has a complaint, allegation or investigation pending, the occupational licensing board in Mississippi shall not issue or deny a license to the applicant until the complaint, allegation or investigation is resolved, or the applicant otherwise satisfies the criteria for licensure in Mississippi to the satisfaction of the occupational licensing board in Mississippi; and (f) The applicant pays all applicable fees in Mississippi.

(4) Notwithstanding any other law, the occupational licensing board shall issue a license to an applicant in the discipline applied for and at the same practice level, as determined by the occupational licensing board, to a person who establishes residence in this state based on work experience in another state, if all the following apply:

(a) The applicant worked in a state that does not use a license to regulate a lawful occupation, but Mississippi uses a license to regulate a lawful occupation with a similar scope of practice, as determined by the occupational licensing board;

(b) The applicant worked for at least three (3) years in the lawful occupation; and (c) The applicant satisfies the provisions of paragraphs (c) through (f) of subsection (3) of this section.

(5) An occupational licensing board may require an applicant to pass a jurisprudential examination specific to relevant state laws in Mississippi that regulate the occupation if the issuance of a license in Mississippi requires an applicant to pass a jurisprudential examination specific to relevant state statutes and administrative rules in Mississippi that regulate the occupation.

(6) For purposes of this section, residence may be established by demonstrating proof of a state-issued identification card or one (1) of the following:

(a) Current Mississippi residential utility bill with the applicant's name and address;

(b) Documentation of the applicant's current ownership, or current lease of a residence in Mississippi;

(c) Documentation of current in-state employment or notarized letter of promise of employment of the applicant or his or her spouse; or (d) Any verifiable documentation demonstrating Mississippi residency.

(7) A person who receives a license under this section is subject to the laws regulating the person's practice in this state and is subject to the occupational licensing board's jurisdiction.

(8) A license issued under this section is valid only in this state and does not make the person eligible to be part of an interstate compact.

(9) The occupational licensing board shall issue or deny the license to the applicant within one hundred twenty (120) days after receiving an application. Except as otherwise provided in this subsection (9), if the application requires longer than two (2) weeks to process, the occupational licensing board shall issue a temporary practice permit within thirty (30) days after receiving the application if the applicant submits an affidavit, under penalties of perjury, affirming that he or she satisfies the provisions of subsection (3) or subsection (4) and pays all applicable fees as required by subsection (3)(f) or subsection (4)(c). The applicant may practice under the temporary permit until a license is granted, or until a notice to deny the license is issued, in accordance with rules adopted by the occupational licensing board. A temporary license will expire in three hundred sixty-five (365) days after its issuance if the applicant fails to satisfy the requirement for licensure in subsections (3) through (5), as applicable. If the application is for a license for the practice of marriage and family therapy as regulated under Section 73-54-1 et seq., or the practice of psychology as regulated under Section 73-31-1 et seq. and Section 73-31-51, as the case may be, and requires longer than two (2) weeks to process, the occupational licensing board shall issue a temporary practice permit within sixty (60) days after receiving the application if the applicant submits an affidavit, under penalties of perjury, affirming that he or she satisfies the provisions of subsection (3) or subsection (4) and pays all applicable fees as required by subsection (3)(f) or subsection (4)(c). The applicant may practice under the temporary permit until a license is granted, or until a notice to deny the license is issued, in accordance with rules adopted by the occupational licensing board. If either the required criminal background check or the required education, training and examination inquiries are returned to the licensing board as insufficient for licensure as specified in Sections 73-31-14 and 73-31-15, for the practice of psychology, or in Section 73-54-23, for the practice of marriage and family therapy, the licensing board of the psychologists or of the marriage and family therapists, as the case may be, shall suspend and revoke the temporary license of the applicant upon notice of the insufficiencies and notify the applicant of the revocation.

(10) (a) The applicant may appeal any of the following decisions of an occupational licensing board to a court of general jurisdiction:

- (i) Denial of a license;
- (ii) Determination of the occupation;
- (iii) Determination of the similarity of the scope of practice of the license issued; or (iv) Other determinations under this section.

(b) The court shall determine all questions of law, including the interpretation of a constitutional or statutory provision or a rule adopted by an occupational licensing board, without regard to any previous determination that may have been made on the question in any action before the occupational licensing board.

(11) An occupational licensing board shall prominently print the following on all license applications, any communication denying a license, and on the board's website: "Pursuant to the provisions of the Universal Recognition of Occupational Licenses Act, Mississippi shall recognize occupational licenses obtained from other states." An occupational licensing board shall prepare and place on the board's website an annual report detailing the number of applications submitted to the licensing board under this section during a calendar year and the actions taken by the board on the applications.

(12) An occupational licensing board shall adopt rules necessary to implement this section by January 1, 2022. In addition, an occupational licensing board shall make all reasonable efforts to issue a license to an applicant for a license under this section.

(13) Nothing in this section shall be construed to prohibit an applicant for licensure from proceeding under the existing licensure requirements established by an occupational licensing board in Mississippi.

(14) Nothing in this section shall replace or remove an applicant's requirements for compliance with education, supervised training and examination under Sections 73-31-14 and 73-31-15, for the practice of psychology, or under Section 73-54-23, for the practice of marriage and family therapy.

(15) Nothing in this chapter shall be construed to prevent Mississippi from entering into a licensing compact or reciprocity agreement with another state, foreign province or foreign country. A license issued under this section is valid only in Mississippi. It does not make the person eligible to work in another state under an interstate compact or reciprocity agreement unless otherwise provided in Mississippi law.

(16) Nothing in this section shall be construed to apply to:

- (a) The practice of law as regulated under Section 73-3-1 et seq.;
- (b) Criteria for an applicant to obtain a license that is established under an interstate compact;
- (c) The ability of an occupational licensing board to require an applicant to submit fingerprints in order to access state and federal criminal records information for noncriminal justice purposes;
- (d) The practice of medicine by physicians as regulated under Section 73-25-1 et seq.;
- (e) The provisions of the Military Family Freedom Act, Section 73-50-1; or (f) An occupation regulated under Section 73-1-1 et seq. to the extent there is a conflict with a law granting licensure reciprocity under Section 73-1-1 et seq.

History: Laws, 2021, ch. 398, § 1, eff from and after July 1, 2021; Laws, 2026, hb479, § 1, eff from and after July 1, 2026.

§ 75-74-8. Temporary licenses for nonresident or retired physicians or nurses to practice at youth camps.

(1) Any nonresident physician who is not licensed to practice medicine in this state and any resident physician who is retired from the active practice of medicine in this state may be issued a temporary license by the state board of medical licensure to practice medicine at a youth camp licensed by the State Board of Health under this chapter while serving as a volunteer at such a camp, provided that any such nonresident physician shall hold a valid license to practice medicine in another state and the medical licensing authority of that state shall

certify to the board of medical licensure in writing that such license is in good standing, and that any such retired resident physician shall be in good standing with the board of medical licensure.

(2) Any nonresident registered nurse who is not licensed to practice nursing in this state and any resident registered nurse who is retired from the active practice of nursing in this state may be issued a temporary license by the Mississippi Board of Nursing to practice nursing at a youth camp licensed under this chapter by the State Board of Health while serving as a volunteer at such a camp, provided that any such nonresident nurse shall hold a valid license to practice nursing in another state and the nurse licensing authority of that state shall certify to the board of nursing in writing that such license is in good standing, and that any such retired resident nurse shall be in good standing with the board of nursing. The board of nursing shall be authorized to require any resident registered nurse who has been retired from the active practice of nursing in this state for five (5) or more consecutive years to complete a nursing reorientation program prescribed by the board before the board will issue a temporary license to practice nursing at a youth camp to such nurse.

(3) A temporary license issued under subsection (1) or (2) of this section shall authorize the physician or registered nurse to whom the license is issued to administer treatment and care within the scope of his training to campers and employees of the youth camp, but shall not authorize the physician or registered nurse to otherwise practice in the state. Such temporary license shall be valid only during the time that the physician or registered nurse is in residence at the camp, but in no event shall such license be valid for more than ninety (90) days. A new temporary license shall be obtained by a physician or registered nurse each time that he serves as a volunteer at a youth camp. The fee for each such license shall be twenty-five dollars (\$25.00), which shall be payable to the board from which the license is obtained.

History: Laws, 1981, ch. 428, § 1, eff from and after July 1, 1981.

Disciplinary procedure

§ 73-25-27. Suspension or revocation of license; notice and opportunity for hearing; appeal; subpoena power; validity of suspended or revoked license.

The State Board of Medical Licensure after notice and opportunity for a hearing to the licentiate, is authorized to suspend or revoke for any cause named in this chapter any license it has issued, or the renewal thereof, that authorizes any person to practice medicine, osteopathy, or any other method of preventing, diagnosing, relieving, caring for, or treating, or curing disease, injury or other bodily condition. The procedure for suspension of a license for being out of compliance with an order for support, and the procedure for the reissuance or reinstatement of a license suspended for that purpose, and the payment of any fees for the reissuance or reinstatement of a license suspended for that purpose, shall be governed by Section [93-11-157](#) or [93-11-163](#), as the case may be. If there is any conflict between any provision of Section [93-11-157](#) or [93-11-163](#) and any provision of this chapter, the provisions of Section [93-11-157](#) or [93-11-163](#), as the case may be, shall control. The notice shall be effected by registered mail or personal service setting forth the particular reasons for the proposed action and fixing a date not less than thirty (30) days or more than sixty (60) days from the date of the mailing or the service, at which time the licentiate shall be given an opportunity for a prompt and fair hearing. For the purpose of the hearing the board, acting by and through its executive office, may subpoena persons and papers on its own behalf and on behalf of the licentiate, including records obtained under Section [73-25-28](#) and Section [73-25-83\(c\)](#), may administer oaths and the testimony when properly transcribed, together with the papers and exhibits, shall be admissible in evidence for or against the licentiate. At the hearing the licentiate may appear by counsel and personally in his own behalf. Any person sworn and examined as a witness in the hearing shall not be held to answer criminally, nor shall any papers or documents produced by the witness be competent evidence in any criminal proceedings against the witness other than for perjury in delivering his evidence. The board or its designee, in the conduct of any hearing, shall not be bound by strict laws or rules of evidence. The board may adopt rules and discovery and procedure governing all proceedings before it. On the basis of any such hearing, or upon default of the licentiate, the board shall make a

determination specifying its findings of fact and conclusions of law. The board shall make its determination based upon a preponderance of the evidence. A copy of the determination shall be sent by registered mail or served personally upon the licensee. The decision of the board revoking or suspending the license shall become final thirty (30) days after so mailed or served unless within that period the licensee appeals the decision to the chancery court, under the provisions of this section. The appeal to the chancery court shall be based solely on the record made before the board. A transcript of the proceedings and evidence, together with exhibits, presented at the hearing before the board in the event of appeal shall be a part of the record before the chancery court. The chancery court shall dispose of the appeal and enter its decision promptly. The hearing on the appeal may, in the discretion of the chancellor, be tried in vacation. Appeals may be taken to the Supreme Court of the State of Mississippi as provided by law from any final action of the chancery court. No such person shall be allowed to practice medicine in violation of any action of the chancery court affirming, in whole or in part, the determination of the board, while any such appeal to the Supreme Court is pending. For the purpose of conducting investigations, the board, through its executive director, may issue subpoenas to any individual, clinic, hospital, pharmacy or other entity having in its possession papers, documents, medical charts, prescriptions or any other nonfinancial records. Any such subpoenas issued by the executive director shall be made pursuant to an order of the board entered on its minutes, determined on a case-by-case basis. Investigatory subpoenas, as provided in this section, may be served either by personal process or by registered mail, and upon service shall command production of the papers and documents to the board at the time and place so specified. The board shall be entitled to the assistance of the chancery court or the chancellor in vacation, which, on petition by the board, shall issue ancillary subpoenas and petitions and may punish as for contempt of court in the event of noncompliance with the subpoenas or petitions. For the purpose of conducting hearings, the board through its executive director may subpoena persons and papers on its own behalf and on behalf of the respondent, including records obtained under Section [73-25-28](#) and Section [73-25-83\(c\)](#), may administer oaths, and may compel the testimony of witnesses. Any such subpoenas issued by the executive director shall be made pursuant to an order of the board entered on its minutes, determined on a case-by-case basis. It may issue subpoenas to take testimony, and testimony so taken and sworn to shall be admissible in evidence for and against the respondent. The board shall be entitled to the assistance of the chancery court or the chancellor in vacation, which, on petition by the board, shall issue ancillary subpoenas and petitions and may punish as for contempt of court in the event of noncompliance with the subpoenas or petitions. Unless the court otherwise decrees, a license that has been suspended by the board for a stated period of time shall automatically become valid on the expiration of that period and a license that has been suspended for an indefinite period shall become again valid if and when the board so orders, which it may do on its own motion or on the petition of the respondent. A license that has been revoked shall not be restored to validity except:

(1) by order of the board based on petition for reinstatement filed under Section [73-25-32](#) or (2) by order of the chancery court or Supreme Court following appeal. Any licensee whose license becomes again valid after a period of suspension or after it has been restored to validity by order of the board or by an order of the court, shall record it again in the office of the clerk of the circuit court of the county in which he resides in conformity with the requirements of Section [73-25-13](#). Nothing in this chapter shall be construed as limiting or revoking the authority of any court or of any licensing or registering officer or board, other than the State Board of Medical Licensure, to suspend, revoke and reinstate licenses and to cancel registrations under the provisions of Section 41- 29-311.

Editor's note: § 73-25-13, referred to in the next-to-last sentence of the last paragraph, was repealed by Laws of 2016, ch. 310, § 1, effective from and after passage (approved April 4, 2016).

History: Codes, 1930, § 5863; 1942, § 8893; Laws, 1922, ch. 287; Laws, 1938, Ex. Sess. ch. 32; Laws, 1964, ch. 430, § 1; Laws, 1980, ch. 458, § 17; Laws, 1987, ch. 500, § 4; Laws, 1996, ch. 507, § 56; Laws, 2004, 1st Ex Sess, ch. 1, § 16; Laws, 2009, ch. 477, § 1, eff from and after passage (approved Mar. 31, 2009).

§ 73-25-28. Right of board of medical licensure to examine records; records subject to subpoena; confidentiality and destruction of records; board to provide information to hospitals.

(1) In any case in which disciplinary action against a medical physician, osteopathic physician or podiatrist is being considered by the State Board of Medical Licensure, the executive officer of the board, or its investigators accompanied by any member of the board or any licensed physician or podiatrist appointed to act for the board, upon reasonable cause as defined below, may enter, at a time convenient to all parties, any hospital, clinic, office of a medical physician, osteopathic physician or podiatrist or emergency care facility to inspect and copy patient records, charts, emergency room records or any other document which would assist the board in its investigation of a medical physician, osteopathic physician or podiatrist. Reasonable cause shall be demonstrated by allegations of one or more of the following:

- (a) a single incident of gross negligence;
- (b) a pattern of inappropriate prescribing of controlled substances;
- (c) an act of incompetence or negligence causing death or serious bodily injury;
- (d) a pattern of substandard medical care;
- (e) a pattern of unnecessary surgery or unindicated medical procedures;
- (f) disciplinary action taken against a physician or podiatrist by a licensed hospital or by the medical staff of the hospital;
- (g) voluntary termination by a physician or podiatrist of staff privileges or having restrictions placed thereon; or (h) habitual personal use of narcotic drugs or other drugs having addiction-forming or addiction-sustaining liability, or the habitual personal use of intoxicating liquors or alcoholic beverages, to an extent which affects professional competency. Whether reasonable cause exists shall be determined by the executive officer and executive committee of the board, and documentation of that determination shall be provided to the hospital, clinic, office or emergency care facility before entry for inspection and copying hereunder.

(2) A certified copy of any record inspected or copied pursuant to subsection (1) shall be subject to subpoena by the board to be used as evidence before it in a licensure disciplinary proceeding initiated pursuant to the provisions of Sections [73-25-1](#) through [73-25-39](#), [73-25-51](#) through [73-25-67](#), [73-25-81](#) through [73-25-95](#) and [73-27-1](#) through [73-27-19](#), Mississippi Code of 1972. All references to a patient's name and address or other information which would identify the patient shall be deleted from the records unless a waiver of the medical privilege is obtained from the patient.

(3) All records of the investigation and all patient charts, records, emergency room records or any other document that may have been copied shall be kept confidential and shall not be subject to discovery or subpoena. If no disciplinary proceedings are initiated within a period of five (5) years after the determination of insufficient cause, then the board shall destroy all records obtained pursuant to this section.

(4) Notwithstanding any right to privacy, confidentiality, privilege or exemption from public access conferred by this section, Section [73-52-1](#), or otherwise by statute or at law, the board shall provide to any hospital, as defined in Section 41-9-3, any and all information it may have concerning any physician who has applied for a license, other than information contained in records exempt from the provisions of the Mississippi Public Records Act of 1983 pursuant to Sections 45-29-1 and 45-29-3, Mississippi Code of 1972, upon receipt by the board of a written request from the hospital for such information and documentation that the physician has applied for appointment or reappointment to the medical staff of the hospital or staff privileges at the hospital. The board, any member of the board, and its agents or employees, acting without malice in providing the documents or information hereunder, shall be immune from civil or criminal liability.

History: Laws, 1987, ch. 500, § 1, eff from and after July 1, 1987.

§ 73-25-29. Nonissuance, suspension, revocation, restriction, denial of reinstatement, or denial of renewal of license; grounds.

The grounds for the nonissuance, suspension, revocation or restriction of a license or the denial of reinstatement or renewal of a license are:

- (1) Habitual personal use of narcotic drugs, or any other drug having addiction-forming or addiction-sustaining liability.
- (2) Habitual use of intoxicating liquors, or any beverage, to an extent which affects professional competency.
- (3) Administering, dispensing or prescribing any narcotic drug, or any other drug having addiction-forming or addiction-sustaining liability otherwise than in the course of legitimate professional practice.
- (4) Conviction of violation of any federal or state law regulating the possession, distribution or use of any narcotic drug or any drug considered a controlled substance under state or federal law, a certified copy of the conviction order or judgment rendered by the trial court being prima facie evidence thereof, notwithstanding the pendency of any appeal.
- (5) Procuring, or attempting to procure, or aiding in, an abortion that is not medically indicated.
- (6) Conviction of a felony or misdemeanor involving moral turpitude, a certified copy of the conviction order or judgment rendered by the trial court being prima facie evidence thereof, notwithstanding the pendency of any appeal.
- (7) Obtaining or attempting to obtain a license by fraud or deception.
- (8) Unprofessional conduct, which includes, but is not limited to:
 - (a) Practicing medicine under a false or assumed name or impersonating another practitioner, living or dead.
 - (b) Knowingly performing any act which in any way assists an unlicensed person to practice medicine.
 - (c) Making or willfully causing to be made any flamboyant claims concerning the licensee's professional excellence.
 - (d) Being guilty of any dishonorable or unethical conduct likely to deceive, defraud or harm the public.
 - (e) Obtaining a fee as personal compensation or gain from a person on fraudulent representation of a disease or injury condition generally considered incurable by competent medical authority in the light of current scientific knowledge and practice can be cured or offering, undertaking, attempting or agreeing to cure or treat the same by a secret method, which he refuses to divulge to the board upon request.
 - (f) Use of any false, fraudulent or forged statement or document, or the use of any fraudulent, deceitful, dishonest or immoral practice in connection with any of the licensing requirements, including the signing in his professional capacity any certificate that is known to be false at the time he makes or signs such certificate.
 - (g) Failing to identify a physician's school of practice in all professional uses of his name by use of his earned degree or a description of his school of practice.
- (9) The refusal of a licensing authority of another state or jurisdiction to issue or renew a license, permit or certificate to practice medicine in that jurisdiction or the revocation, suspension or other restriction imposed on a license, permit or certificate issued by such licensing authority which prevents or restricts practice in that jurisdiction, a certified copy of the disciplinary order or action taken by the other state or jurisdiction being prima facie evidence thereof, notwithstanding the pendency of any appeal.
- (10) Surrender of a license or authorization to practice medicine in another state or jurisdiction or surrender of membership on any medical staff or in any medical or professional association or society while under disciplinary investigation by any of those authorities or bodies for acts or conduct similar to acts or conduct which would constitute grounds for action as defined in this section.
- (11) Final sanctions imposed by the United States Department of Health and Human Services, Office of Inspector General or any successor federal agency or office, based upon a finding of incompetency, gross

misconduct or failure to meet professionally recognized standards of health care; a certified copy of the notice of final sanction being prima facie evidence thereof. As used in this paragraph, the term “final sanction” means the written notice to a physician from the United States Department of Health and Human Services, Officer of Inspector General or any successor federal agency or office, which implements the exclusion.

(12) Failure to furnish the board, its investigators or representatives information legally requested by the board.

(13) Violation of any provision(s) of the Medical Practice Act or the rules and regulations of the board or of any order, stipulation or agreement with the board.

(14) Violation(s) of the provisions of Sections [41-121-1](#) through [41-121-9](#) relating to deceptive advertisement by health care practitioners.

(15) Performing or inducing an abortion on a woman in violation of any provision of Sections 41-41-131 through 41-41-145.

(16) Performing an abortion on a pregnant woman after determining that the unborn human individual that the pregnant woman is carrying has a detectable fetal heartbeat as provided in Section 41-41-34.1.

(17) Violation(s) of any provision of Title 41, Chapter 141, Mississippi Code of 1972. In addition to the grounds specified above, the board shall be authorized to suspend the license of any licensee for being out of compliance with an order for support, as defined in Section 93-11-153. The procedure for suspension of a license for being out of compliance with an order for support, and the procedure for the reissuance or reinstatement of a license suspended for that purpose, and the payment of any fees for the reissuance or reinstatement of a license suspended for that purpose, shall be governed by Section 93-11- 157 or [93-11-163](#), as the case may be. If there is any conflict between any provision of Section [93-11-157](#) or [93-11-163](#) and any provision of this chapter, the provisions of Section 93-11- 157 or [93-11-163](#), as the case may be, shall control. A physician who provides a written certification as authorized under the Mississippi Medical Cannabis Act and in compliance with rules and regulations adopted thereunder shall not be subject to any disciplinary action under this section solely due to providing the written certification.

History: Codes, 1942, § 8893.1; Laws, 1964, ch. 430, § 2; Laws, 1973, ch. 307, § 10; Laws, 1978, ch. 351, § 1; Laws, 1987, ch. 497; Laws, 1989, ch. 314, § 1; Laws, 1996, ch. 507, § 57; Laws, 1997, ch. 564, § 1; Laws, 2012, ch. 409, § 9; Laws, 2014, ch. 506, § 10; Laws, 2016, ch. 419, § 12, eff from and after July 1, 2016; Laws, 2019, ch. 349, § 2, eff from and after July 1, 2019; Laws, 2022, ch. 303, § 72, eff from and after passage (approved February 2, 2022); Laws, 2023, ch. 303, § 9, eff from and after passage (approved February 28, § 73-25-29. Nonissuance, suspension, revocation, restriction, denial of reinstatement, or denial of renewal of license; grounds. 2023).

§ 73-25-30. Suspension or revocation of license; alternative disciplinary measures; assessment of costs.

(1) The Mississippi State Board of Medical Licensure, in exercising its authority under the provisions of Section [73-25-29](#), shall have the power to discipline the holder of a license who has been found by the board in violation of that statute after notice and a hearing as provided by law, and the licensee shall be disciplined as follows:

(a) By placing him upon probation, the terms of which may be set by the board, or (b) By suspending his right to practice for a time deemed proper by the board, or (c) By revoking his license, or (d) By taking any other action in relation to his license as the board may deem proper under the circumstances.

(2) Upon the execution of a disciplinary order by the board, either following a hearing or in lieu of a hearing, the board, in addition to the disciplinary powers specified in subsection (1) of this section, may assess the licensee for those reasonable costs that are expended by the board in the investigation and conduct of a proceeding for licensure disciplinary action including, but not limited to, the cost of process service, court reporters, witness fees, expert witnesses, investigators, and other related expenses. Money collected by the board under this section shall be deposited to the credit of the special fund of the board to reimburse the existing current year appropriated budget.

(3) An assessment of costs under this section shall be paid to the board by the licensee, upon the expiration of the period allowed for appeals under Section [73-25-27](#), or may be paid sooner if the licensee elects. Cost assessed under this section shall not exceed Ten Thousand Dollars (\$10,000.00).

(4) When an assessment of costs by the board against a licensee in accordance with this section is not paid by the licensee when due under this section, the licensee shall be prohibited from practicing medicine until the full amount is paid. In addition, the board may institute and maintain proceedings in its name for enforcement of payment in the Chancery Court of the First Judicial District of Hinds County. When those proceedings are instituted, the board shall certify the record of its proceedings, together with all documents and evidence, to the chancery court. The matter shall be heard in due course by the court, which shall review the record and make its determination thereon. The hearing on the matter, in the discretion of the chancellor, may be tried in vacation.

History: Laws, 1975, ch. 415; Laws, 1980, ch. 458, § 18; Laws, 1999, ch. 362, § 1; Laws, 2005, ch. 318, § 1, eff from and after July 1, 2005.

§ 73-25-31. Suspension or revocation of licenses; orders and judgments of board.

Every order and judgment of the board shall take effect immediately on its promulgation unless the board in such order or judgment fixes a probationary period for licentiate. Such order and judgment shall continue in effect unless upon appeal the court by proper order or decree terminates it earlier. The board may make public its orders and judgments in such manner and form as it deems proper. It shall in event of the suspension or revocation of a license direct the clerk of the circuit court of the county in which that license was recorded to cancel such record.

History: Codes, 1942, § 8893.2; Laws, 1964, ch. 430, § 3, eff from and after passage (approved June 11, 1964).

§ 73-25-32. Suspension or revocation of license; reinstatement; criminal history records check and fingerprinting required.

(1) A person whose license to practice medicine or osteopathy has been revoked or suspended may petition the Mississippi State Board of Medical Licensure to reinstate this license after a period of not less than one (1) year has elapsed from the date of the revocation or suspension. The procedure for the reinstatement of a license that is suspended for being out of compliance with an order for support, as defined in Section 93-11-153, shall be governed by Section 93-11-157 or 93-11-163, as the case may be.

(2) The petition shall be accompanied by two (2) or more verified recommendations from physicians or osteopaths licensed by the Board of Medical Licensure to which the petition is addressed and by two (2) or more recommendations from citizens each having personal knowledge of the activities of the petitioner since the disciplinary penalty was imposed and such facts as may be required by the Board of Medical Licensure. The petition may be heard at the next regular meeting of the Board of Medical Licensure but not earlier than thirty (30) days after the petition was filed. No petition shall be considered while the petitioner is under sentence for any criminal offense, including any period during which he 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, that 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, the offense for which he was disciplined, his activity during the time his certificate was in good standing, his general reputation for truth, professional ability and good character; and it may require the petitioner to pass an oral examination.

(4) The investigation shall require the petitioner to undergo a fingerprint-based criminal history records check of the Mississippi central criminal database and the Federal Bureau of Investigation criminal history database. Each petitioner shall submit a full set of the petitioner's fingerprints in a form and manner prescribed by the board, which shall be forwarded to the Mississippi Department of Public Safety (department) and the Federal Bureau of Investigation Identification Division for this purpose. Any and all state or national criminal history records information obtained by the board that is not already a matter of public record shall be deemed

nonpublic and confidential information restricted to the exclusive use of the board, its members, officers, investigators, agents and attorneys in evaluating the applicant's eligibility or disqualification for licensure, and shall be exempt from the Mississippi Public Records Act of 1983. Except when introduced into evidence in a hearing before the board to determine licensure, no such information or records related thereto shall, except with the written consent of the applicant or by order of a court of competent jurisdiction, be released or otherwise disclosed by the board to any other person or agency. The board shall provide to the department the fingerprints of the petitioner, any additional information that may be required by the department, and a form signed by the petitioner consenting to the check of the criminal records and to the use of the fingerprints and other identifying information required by the state or national repositories. The board shall charge and collect from the petitioner, in addition to all other applicable fees and costs, such amount as may be incurred by the board in requesting and obtaining state and national criminal history records information on the applicant.

(5) The Secretary-Treasurer of the Board of Medical Licensure shall enter into his records of the case all actions of the board in setting aside a disciplinary penalty under this section and he shall certify notices to the proper court clerk. The clerk shall make such changes on his records as may be necessary.

History: Laws, 1975, ch. 364; Laws, 1980, ch. 458, § 19; Laws, 1996, ch. 507, § 58; Laws, 2007, ch. 506, § 4, eff from and after July 1, 2007.

Disabled Physician Law

§ 73-25-51. Short title.

Sections 73-25-51 through 73-25-67 shall be known as the "Disabled Physician Law."

History: Laws, 1975, ch. 504, § 1, eff from and after passage (approved April 8, 1975).

§ 73-25-53. Conditions warranting restriction, suspension or revocation of license.

The license of any physician to practice medicine in this state shall be subject to restriction, suspension or revocation, as hereinafter provided, in case of inability of the licensee to practice medicine with reasonable skill or safety to patients by reason of one or more of the following:

- (a) Mental illness;
- (b) Physical illness, including but not limited to deterioration through the aging process, or loss of motor skill;
- (c) Excessive use or abuse of drugs, including alcohol.

History: Laws, 1975, ch. 504, § 2, eff from and after passage (approved April 8, 1975).

§ 73-25-55. Referral of physician to examining committee.

(1) If the state board of medical licensure has reasonable cause to believe that a physician licensed to practice medicine in this state is unable to practice medicine with reasonable skill and safety to patients because of a condition described in Section 73-25-53, such board of medical licensure shall cause an examination of such physician to be made as described in subsection (2) of this section and shall, following such examination, take appropriate action within the provisions of Sections 73-25-51 through 73-25-67.

(2) Examination of a physician under this section shall be conducted by an examining committee as provided in the following:

- (a) Except as otherwise provided in paragraph (b) below, the board of medical licensure shall refer all cases for such examination to the Mississippi State Medical Association or its constituent bodies for examination by an examining committee as created by such association exclusively for the purpose of such examinations. Such examining committee shall be composed of three (3) practicing physicians and shall include at least one (1) psychiatrist if a question of mental illness is involved.

(b) If the physician to be examined is not a member of the Mississippi State Medical Association, or if the Mississippi State Medical Association is unable or unwilling to act on a referral by the board of medical licensure for examination, the board shall designate the members of an examining committee. Such examining committee shall be composed of three (3) practicing physicians and shall include at least one (1) psychiatrist if a question of mental illness is involved.

History: Laws, 1975, ch. 504, § 3; Laws, 1980, ch. 458, § 21, eff from and after July 1, 1980.

§ 73-25-57. Examination of physician; confidentiality of records.

(1) The examining committee assigned to examine a physician pursuant to referral by the board under Section 73-25-55 shall conduct an examination of such physician for the purpose of determining the physician's fitness to practice medicine with reasonable skill and safety to patients, either on a restricted or unrestricted basis, and shall report its findings and recommendations to the board. The committee shall order the physician to appear before the committee for examination and give him ten (10) days' notice of time and place of the examination, together with a statement of the cause for such examination. Such notice shall be served upon the physician either personally or by registered or certified mail with return receipt requested.

(2) If the examining committee, in its discretion, should deem an independent mental or physical examination of the physician necessary to its determination of the fitness of the physician to practice, the committee shall order the physician to submit to such examination. Any person licensed to practice medicine in this state shall be deemed to have waived all objections to the admissibility of the examining committee's report in any proceedings before the board under Sections 73-25-51 through 73-25-67 on the grounds of privileged communication. Any physician ordered to an examination before the committee under subsection (2) shall be entitled to an independent mental or physical examination if he makes request therefor.

(3) Any physician who submits to a diagnostic mental or physical examination as ordered by the examining committee shall have a right to designate another physician to be present at the examination and make an independent report to the board.

(4) Failure of a physician to comply with a committee order under subsection (2) to appear before it for examination or to submit to mental or physical examination under this section shall be reported by the committee to the board, and unless due to circumstances beyond the control of the physician, shall be grounds for suspension by the board of the physician's license to practice medicine in this state until such time as such physician has complied with the order of the committee.

(5) The examining committee may inspect patient records in accordance with the provisions of Section 73- 25-28.

(6) All patient records, investigative reports and other documents in possession of the board and examining committee shall be deemed confidential and not subject to subpoena or disclosure unless so ordered by the court from which the subpoena issued, but the court, in its discretion, may limit use or disclosure of such records. Notwithstanding, and to encourage the prompt reporting of disabled practitioners, neither the board nor examining committee shall reveal the identity of any source of information where the source has requested anonymity.

History: Laws, 1975, ch. 504, § 4; Laws, 1987, ch. 500, § 5; Laws, 1991, ch. 336, § 1; Laws, 1991, ch. 367, § 1; Laws, 2004, ch. 460, § 1, eff from and after July 1, 2004. § 73-25-57. Examination of physician; confidentiality of records.

§ 73-25-59. Physician may request restriction of license.

A physician may request in writing to the board a restriction of his license to practice medicine. The board may grant such request for restriction and shall have authority, if it deems appropriate, to attach conditions to the licensure of the physician to practice medicine within specified limitations, and waive the commencement of any proceeding under Section 73-25-63. Removal of a voluntary restriction on licensure to practice medicine shall be subject to the procedure for reinstatement of license in Section 73-25-65.

History: Laws, 1975, ch. 504, § 5, eff from and after passage (approved April 8, 1975).

§ 73-25-61. Examining committee to report findings and determination.

(1) The examining committee shall report to the board its findings on the examination of the physician under Section [73-25-57](#), the determination of the committee as to the fitness of the physician to engage in the practice of medicine with reasonable skill and safety to patients, either on a restricted or unrestricted basis, and any management that the committee may recommend. Such recommendation by the committee shall be advisory only and shall not be binding on the board.

(2) The board may accept or reject the recommendation of the examining committee to permit a physician to continue to practice with or without any restriction on his license to practice medicine, or may refer the matter back to the examining committee for further examination and report thereon.

(3) In the absence of a voluntary agreement by a physician under Section [73-25-59](#) for restriction of the licensure of such physician to practice medicine, any physician shall be entitled to a hearing in formal proceedings before the board and a determination on the evidence as to whether or not restriction, suspension or revocation of licensure shall be imposed.

History: Laws, 1975, ch. 504, § 6, eff from and after passage (approved April 8, 1975).

§ 73-25-63. Hearing before state board of health; temporary suspension of license pending hearing.

(1) The board may proceed against a physician under Sections [73-25-51](#) through [73-25-67](#) by serving upon such physician at least fifteen (15) days' notice of a time and place fixed for a hearing, together with copies of the examining committee's report and diagnosis. Such notice and reports shall be served upon the physician either personally or by registered or certified mail with return receipt requested.

(2) At said hearing the physician shall have the right to be present, to be represented by counsel, to produce witnesses or evidence in his behalf, to cross-examine witnesses, and to have subpoenas issued by the board.

(3) At the conclusion of the hearing, the board shall make a determination of the merits and may issue an order imposing one or more of the following:

(a) Make a recommendation that the physician submit to the care, counseling or treatment by physicians acceptable to the board.

(b) Suspend or restrict the license of the physician to practice medicine for the duration of his impairment.

(c) Revoke the license of the physician to practice medicine.

(4) The board may temporarily suspend the license of any physician without a hearing, simultaneously with the institution of proceedings for a hearing under this section, if it finds that the evidence in support of the examining committee's determination is clear, competent and unequivocal and that his continuation in practice would constitute an imminent danger to public health and safety.

(5) Neither the record of the proceedings nor any order entered against a physician may be used against him in any other legal proceedings except upon judicial review as provided herein.

History: Laws, 1975, ch. 504, § 7, eff from and after passage (approved April 8, 1975).

§ 73-25-65. Reinstatement; judicial review.

(1) A physician whose licensure has been restricted, suspended or revoked under Sections [73-25-51](#) through [73-25-67](#), voluntarily or by action of the board, shall have a right, at reasonable intervals, to petition for reinstatement of his license and to demonstrate that he can resume the competent practice of medicine with reasonable skill and safety to patients. Such petition shall be made in writing and on a form prescribed by the board. Action of the board on such petition shall be initiated by referral to and examination by the examining committee pursuant to the provisions of Sections [73-25-55](#) and [73-25-57](#). The board may, upon written recommendation of the examining committee, restore the licensure of the physician on a general or limited

basis or institute a proceeding pursuant to Section [73-25-63](#) for the determination of the fitness of the physician to resume his practice.

(2) All orders of the board entered under Section [73-25-63](#)(3), (4) shall be subject to judicial review by appeal to the chancery court of the county of the residence of the physician involved against whom the order is rendered, within twenty (20) days following the date of entry of the order, said appeal to be taken and perfected in the same manner as appeals from orders of boards of supervisors.

History: Laws, 1975, ch. 504, § 8, eff from and after passage (approved April 8, 1975).

§ 73-25-67. Civil immunities.

There shall be no liability on the part of and no action for damages against:

(a) Any member of the examining committee or the board for any action undertaken or performed by such member within the scope of the functions of such committee or the board under Sections 73-25- 51 through [73-25-67](#) when acting without malice and in the reasonable belief that the action taken by him is warranted; or (b) Any person providing information to the committee or to the board without malice in the reasonable belief that such information is accurate.

History: Laws, 1975, ch. 504, § 9, eff from and after passage (approved April 8, 1975).

Medical discipline (physician members of the Board)

§ 73-25-81. Definitions.

For purposes of Sections [73-25-81](#) through 73- 25-95 the “board” shall mean the physician members of the Mississippi State Board of Medical Licensure who have authority for the licensure and discipline of physicians in the state.

History: Laws, 1977, ch. 412, § 1; Laws, 1980, ch. 458, § 22, eff from and after July 1, 1980.

§ 73-25-83. Grounds for disciplinary action by board.

The board shall have authority to deny an application for licensure or other authorization to practice medicine in this state and to discipline a physician licensed or otherwise lawfully practicing within this state who, after a hearing, has been adjudged by the board as unqualified due to one or more of the following reasons:

(a) Unprofessional conduct as defined in the physician licensure and disciplinary laws, pursuant to Section [73-25-29](#);

(b) Professional incompetency in the practice of medicine or surgery; or (c) Having disciplinary action taken by his peers within any professional medical association or society, whether any such association or society is local, regional, state or national in scope, or being disciplined by a licensed hospital or medical staff of said hospital, or the voluntary surrender or restriction of hospital staff privileges while an investigation or disciplinary proceeding is being conducted by a licensed hospital or medical staff or medical staff committee of said hospital. Provided further, anybody taking action as set forth in this paragraph shall report such action to the board within thirty (30) days of its occurrence.

History: Laws, 1977, ch. 412, § 2; Laws, 1987, ch. 386, eff from and after July 1, 1987.

§ 73-25-85. Appointment by board of physicians to investigate professional competency of physician.

(1) In addition to any other investigators the board employs, the board shall appoint one or more licensed physicians to act for the board in investigating the conduct relating to the competency of a physician, whenever disciplinary action is being considered for professional incompetence.

(2) Any investigator employed by the board or any licensed physician appointed to act for the board may inspect patient records in accordance with the provisions of Section 73-25-28.

History: Laws, 1977, ch. 412, § 3; Laws, 1987, ch. 500, § 6, eff from and after July 1, 1987.

§ 73-25-87. Disciplinary action which board is authorized to take.

Whenever the board finds any person unqualified because of any of the grounds set forth in Section [73-25-83](#), it may enter an order imposing one or more of the following:

- (a) Deny his application for a license or other authorization to practice medicine;
- (b) Administer a public or private reprimand;
- (c) Suspend, limit or restrict his license or other authorization to practice medicine for up to five (5) years, including limiting the practice of such person to, or by the exclusion of, one or more specified branches of medicine, including limitation on hospital privileges;
- (d) Revoke his license or other authorization to practice medicine;
- (e) Require him to submit to care, counseling or treatment by physicians designated by the board, as a condition for initial, continued or renewal of licensure or other authorization to practice medicine;
- (f) Require him to participate in a program of education prescribed by the board; or (g) Require him to practice under the direction of a physician designated by the board for a specified period of time.

History: Laws, 1977, ch. 412, § 4, eff from and after passage (approved March 29, 1977).

§ 73-25-89. Temporary disciplinary action without hearing.

If the board determines that evidence in its possession indicates that a physician's continuation in practice or unrestricted practice would constitute an immediate danger to the public, the board may take any of the same actions on a temporary basis, without a hearing, which it could otherwise take under Sections [73-25-81](#) through [73-25-95](#) following a hearing, provided proceedings for a hearing before the board are initiated simultaneously with such temporary action without a hearing. Provided, further, that in the event of such temporary action without a hearing, a hearing must be held within fifteen (15) days of such action.

History: Laws, 1977, ch. 412, § 5, eff from and after passage (approved March 29, 1977).

§ 73-25-91. Civil and criminal immunities.

Any entity, organization or person, including the board, any member of the board, its agents or employees, and including any entity or organization or its members referred to in Section [73-25-83](#), acting without malice in making any report or other information available to the board pursuant to law, or who assists in the organization, investigation or preparation of such report or information, or assists the board in carrying out any of its duties or functions provided by law shall be immune from civil or criminal liability, except that unlawful disclosure of confidential information possessed by the board may be a misdemeanor if otherwise so provided by law.

History: Laws, 1977, ch. 412, § 6, eff from and after passage (approved March 29, 1977).

§ 73-25-93. Suspension, denial, revocation, or limitation of physician's hospital privileges.

(1) Any hospital licensed pursuant to Sections 41-9-1 et seq. is authorized to suspend, deny, revoke or limit the hospital privileges of any physician practicing or applying to practice therein, if the governing board of such hospital, after consultation with the medical staff considers such physician to be unqualified because of any of the acts set forth in Section [73-25-83](#); provided, however, that the procedures for such actions shall comply with the hospital and/or medical staff bylaw requirements for due process.

(2) There shall be no liability on the part of, and no cause of any action of any nature arising against, any hospital, hospital medical staff or hospital disciplinary body or members thereof, or their agents or employees, for any action taken without malice in carrying out the provisions of Sections 73-25-81 through 73-25-95.

History: Laws, 1977, ch. 412, § 7, eff from and after passage (approved March 29, 1977).

§ 73-25-95. Appeals.

Any person against whom disciplinary action is taken pursuant to Sections 73-25-81 through 73-25-95 shall have the right of judicial appeal as provided in Section 73-25-27 relating to judicial appeal of board decisions. Provided, further, that no such person shall be allowed to practice medicine or deliver health care services in violation of any disciplinary order or action of the board while any such appeal is pending.

History: Laws, 1977, ch. 412, § 8, eff from and after passage (approved March 29, 1977).

§ 73-51-1. Injunction to prohibit unlicensed practice of profession.

(1) An action for an injunction may be brought and maintained in the name of any state board authorized to hold examinations and grant licenses to practice any profession to enjoin and prohibit any person from the practice of any profession required to be licensed by said board, when such person is practicing said profession and has not been granted a license therefor.

(2) Notwithstanding the provisions of subsection (1) of this section, the board of bar admissions shall not be authorized to bring or maintain actions to enjoin or prohibit any person from engaging in the unauthorized practice of law, and all complaints and notices which the board of bar admissions may receive concerning the unauthorized practice of law shall be immediately delivered to the board of commissioners of the Mississippi State Bar, or its executive director, and such board is hereby authorized to bring and maintain all such actions to enjoin and prohibit the unauthorized practice of law without the necessity of proving irreparable injury or establishing that there is no adequate remedy at law. The provisions of this subsection shall not be construed to affect any actions or proceedings commenced prior to July 1, 1983.

History: Codes, 1942, § 8923-51; Laws, 1946, ch. 431, §§ 1-3; Laws, 1983, ch. 457, § 16, eff from and after July 1, 1983.

§ 73-51-3. Filing, hearing and determination of action for injunction.

An action for an injunction authorized by Section 73-51-1 shall be filed and heard either in the county in which the defendant resides or in which he practices the profession sought to be enjoined, and no bond shall be required, and no damages, fees or other costs shall be taxed against said board for the bringing of such suit. The court or judge shall not issue a temporary restraining order or injunction under this chapter, but shall hear and decide said matter on its merits either in term time or vacation as soon as possible.

History: Codes, 1942, § 8923-51; Laws, 1946, ch. 431, §§ 1-3.

§ 97-23-43. Profession; practicing without license.

If any person shall practice as an attorney and counsellor-at-law, or shall practice as a physician or surgeon, or shall practice as a dentist, or shall practice as a pharmacist, without having first been examined and obtained a license as required by law, he shall, on conviction, of the first offense, be punished by a fine of not less than one hundred (\$100.00) dollars or more than two hundred (\$200.00) dollars or by imprisonment in the county jail not less than three months or more than twelve months or both; and such person, upon conviction of the second offense against this section, shall be punished by a fine of not less than two hundred (\$200.00) dollars or more than five hundred (\$500.00) dollars or by imprisonment in the penitentiary not less than one year or more than two years; and such person, upon conviction of any succeeding offense, shall be punished in the discretion of the court; provided, however, that such punishment shall in no case exceed the payment of a fine of five thousand dollars (\$5,000.00) or imprisonment for five years.

History: Codes, Hutchinson's § 1848, ch. 26, art. 3(4); 1857, ch. 9, art. 3; 1871, § 2246; 1880, § 2398; 1892, § 1258; 1906, § 1334; Hemingway's 1917, § 1068; 1930, § 1099; 1942, § 2332; Laws, 1932, ch. 270.

Out-of-state sports team physicians

§ 73-25-121. Legislative purpose and intent.

The purpose of Sections 73-25-121 through 73-25-127 is to set forth certain exemptions and stipulations as to the practice of medicine in Mississippi by physicians travelling from out of state with sports teams for sporting events conducted in the state. Further, it is the intent of Sections 73-25-121 through 73-25-127 to set forth the requirements of those physicians to practice medicine in Mississippi temporarily without obtaining Mississippi licensure.

History: Laws, 2019, ch. 377, § 1, eff from and after passage (approved March 21, 2019).

§ 73-25-123. Definitions.

As used in Sections 73-25-121 through 73-25-127, the following terms shall have the meanings as defined in this section:

- (a) "Athletic team" or "team" means a group of people representing a specific organization or entity engaged in sporting activities, such as baseball or football, which require medical personnel to treat or evaluate injuries sustained in the activity.
- (b) "Staff members" means those individuals directly affiliated with the sports organization or entity whose purpose is to support the players or members of the team during a sporting event. This term includes, but is not limited to, trainers, coaches, equipment personnel, communications staff, band members, cheerleaders and the team mascot. This term does not include parents, boosters or other individuals who are simply present or attending the sporting event.
- (c) "Team physician" means a health care professional who holds an unrestricted medical license in the athletic team's state of origin, who travels with the team to away games or events for the purpose of providing medical treatment and evaluation for players and staff members of the team.

History: Laws, 2019, ch. 377, § 2, eff from and after passage (approved March 21, 2019).

§ 73-25-125. Athletic team physicians licensed in another state exempt from Mississippi licensure requirements under certain conditions; limitations on extent of medical practice allowed under this section.

- (1) A physician licensed in another state, territory or jurisdiction of the United States is exempt from the licensure requirements in Mississippi under the following conditions related to athletic team-based practice:
 - (a) The physician is employed or formally designated as the team physician by an athletic team visiting Mississippi for a specific sporting event;
 - (b) The physician limits the practice of medicine in Mississippi to medical treatment of the players, coaches and staff members of the sports organization or entity that employs or has designated the physician; and (c) The physician is licensed in the state in which the sports organization or entity is based or housed.
- (2) In addition to the authority granted under subsection (1) of this section, physicians authorized to practice under this section may treat players or staff members from the home team in Mississippi if the physician has specialized training or experience beyond that of the home team physician.
- (3) The extent of the medical practice allowed under this section is limited to the following aspects of the game or sporting event:
 - (a) Pre-game warm-up and any postgame activities;
 - (b) During the actual game or sporting event;

(c) Travel to and from the sporting event within Mississippi; and (d) In-state lodging of the team and staff members.

(4) It is the responsibility of the team or sports organization or entity employing the team physician to verify that the physician is licensed and in good standing in the appropriate jurisdiction as required under this section.

History: Laws, 2019, ch. 377, § 3, eff from and after passage (approved March 21, 2019).

§ 73-25-127. Illegal practice of medicine outside circumstances authorized by Sections 73-25-121 through 73-25-127.

The practice of medicine outside of the circumstances authorized in Sections 73-25-121 through 73-25-127 constitutes the illegal practice of medicine, in violation of Section 97-23-43, and violators shall be subject to all fines and penalties described in that section.

History: Laws, 2019, ch. 377, § 4, eff from and after passage (approved March 21, 2019).

Interstate Medical Licensure Compact

§ 73-25-101. Interstate Medical Licensure Compact created.

The Interstate Medical Licensure Compact is enacted into law and entered into by this state with any and all states legally joining in the Compact in accordance with its terms, in the form substantially as follows: INTERSTATE MEDICAL LICENSURE COMPACT SECTION 1 Purpose In order to strengthen access to health care, and in recognition of the advances in the delivery of health care, the member states of the Interstate Medical Licensure Compact have allied in common purpose to develop a comprehensive process that complements the existing licensing and regulatory authority of state medical boards, provides a streamlined process that allows physicians to become licensed in multiple states, thereby enhancing the portability of a medical license and ensuring the safety of patients. The Compact creates another pathway for licensure and does not otherwise change a state's existing Medical Practice Act. The Compact also adopts the prevailing standard for licensure and affirms that the practice of medicine occurs where the patient is located at the time of the physician-patient encounter, and therefore, requires the physician to be under the jurisdiction of the state medical board where the patient is located. State medical boards that participate in the Compact retain the jurisdiction to impose an adverse action against a license to practice medicine in that state issued to a physician through the procedures in the Compact. SECTION 2 Definitions In this Compact:

- (a) "Bylaws" means those bylaws established by the Interstate Commission pursuant to Section 11 for its governance, or for directing and controlling its actions and conduct.
- (b) "Commissioner" means the voting representative appointed by each member board pursuant to Section 11.
- (c) "Conviction" means a finding by a court that an individual is guilty of a criminal offense through adjudication, or entry of a plea of guilt or no contest to the charge by the offender. Evidence of an entry of a conviction of a criminal offense by the court shall be considered final for purposes of disciplinary action by a member board.
- (d) "Expedited license" means a full and unrestricted medical license granted by a member state to an eligible physician through the process set forth in the Compact.
- (e) "Interstate Commission" means the interstate commission created pursuant to Section 11.
- (f) "License" means authorization by a state for a physician to engage in the practice of medicine, which would be unlawful without the authorization.
- (g) "Medical Practice Act" means laws and regulations governing the practice of allopathic and osteopathic medicine within a member state.

(h) “Member board” means a state agency in a member state that acts in the sovereign interests of the state by protecting the public through licensure, regulation, and education of physicians as directed by the state government.

(i) “Member state” means a state that has enacted the Compact.

(j) “Practice of medicine” means the clinical prevention, diagnosis, or treatment of human disease, injury, or condition requiring a physician to obtain and maintain a license in compliance with the Medical Practice Act of a member state.

(k) “Physician” means any person who:

- (1) Is a graduate of a medical school accredited by the Liaison Committee on Medical Education, the Commission on Osteopathic College Accreditation, or a medical school listed in the International Medical Education Directory or its equivalent;
- (2) Passed each component of the United States Medical Licensing Examination (USMLE) or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA) within three (3) attempts, or any of its predecessor examinations accepted by a state medical board as an equivalent examination for licensure purposes;
- (3) Successfully completed graduate medical education approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association;
- (4) Holds specialty certification or a time-unlimited specialty certificate recognized by the American Board of Medical Specialties or the American Osteopathic Association’s Bureau of Osteopathic Specialists;
- (5) Possesses a full and unrestricted license to engage in the practice of medicine issued by a member board;
- (6) Has never been convicted, received adjudication, deferred adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction;
- (7) Has never held a license authorizing the practice of medicine subjected to discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action related to nonpayment of fees related to a license;
- (8) Has never had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration; and (9) Is not under active investigation by a licensing agency or law enforcement authority in any state, federal, or foreign jurisdiction.

(l) “Offense” means a felony, gross misdemeanor, or crime of moral turpitude.

(m) “Rule” means a written statement by the Interstate Commission promulgated pursuant to Section 12 of the Compact that is of general applicability, implements, interprets, or prescribes a policy or provision of the Compact, or an organizational, procedural, or practice requirement of the Interstate Commission, and has the force and effect of statutory law in a member state, and includes the amendment, repeal, or suspension of an existing rule.

(n) “State” means any state, commonwealth, district, or territory of the United States.

(o) “State of principal license” means a member state where a physician holds a license to practice medicine and which has been designated as such by the physician for purposes of registration and participation in the Compact. SECTION 3 Eligibility (a) A physician must meet the eligibility requirements as defined in Section 2(k) to receive an expedited license under the terms and provisions of the Compact.

(b) A physician who does not meet the requirements of Section 2(k) may obtain a license to practice medicine in a member state if the individual complies with all laws and requirements, other than the Compact, relating to the issuance of a license to practice medicine in that state. SECTION 4 Designation of State of Principal License (a) A physician shall designate a member state as the state of principal license for purposes of registration for expedited licensure through the Compact if the physician possesses a full and unrestricted license to practice medicine in that state, and the state is:

(1) The state of primary residence for the physician, or (2) The state where at least twenty-five percent (25%) of the practice of medicine occurs, or (3) The location of the physician's employer, or (4) If no state qualifies under subsection (1), subsection (2), or subsection (3), the state designated as state of residence for purpose of federal income tax.

(b) A physician may redesignate a member state as state of principal license at any time, as long as the state meets the requirements in subsection (a).

(c) The Interstate Commission is authorized to develop rules to facilitate redesignation of another member state as the state of principal license. SECTION 5 Application and Issuance of Expedited Licensure (a) A physician seeking licensure through the Compact shall file an application for an expedited license with the member board of the state selected by the physician as the state of principal license.

(b) Upon receipt of an application for an expedited license, the member board within the state selected as the state of principal license shall evaluate whether the physician is eligible for expedited licensure and issue a letter of qualification, verifying or denying the physician's eligibility, to the Interstate Commission.

(i) Static qualifications, which include verification of medical education, graduate medical education, results of any medical or licensing examination, and other qualifications as determined by the Interstate Commission through rule, shall not be subject to additional primary source verification where already primary source verified by the state of principal license.

(ii) The member board within the state selected as the state of principal license shall, in the course of verifying eligibility, perform a criminal background check of an applicant, including the use of the results of fingerprint or other biometric data checks compliant with the requirements of the Federal Bureau of Investigation, with the exception of federal employees who have suitability determination in accordance with United States Code of Federal Regulation Section 731.202.

(iii) Appeal on the determination of eligibility shall be made to the member state where the application was filed and shall be subject to the law of that state.

(c) Upon verification in subsection (b), physicians eligible for an expedited license shall complete the registration process established by the Interstate Commission to receive a license in a member state selected pursuant to subsection (a), including the payment of any applicable fees.

(d) After receiving verification of eligibility under subsection (b) and any fees under subsection (c), a member board shall issue an expedited license to the physician. This license shall authorize the physician to practice medicine in the issuing state consistent with the Medical Practice Act and all applicable laws and regulations of the issuing member board and member state.

(e) An expedited license shall be valid for a period consistent with the licensure period in the member state and in the same manner as required for other physicians holding a full and unrestricted license within the member state.

(f) An expedited license obtained through the Compact shall be terminated if a physician fails to maintain a license in the state of principal licensure for a nondisciplinary reason, without redesignation of a new state of principal licensure.

(g) The Interstate Commission is authorized to develop rules regarding the application process, including payment of any applicable fees, and the issuance of an expedited license. SECTION 6 Fees for Expedited Licensure (a) A member state issuing an expedited license authorizing the practice of medicine in that state may impose a fee for a license issued or renewed through the Compact.

(b) The Interstate Commission is authorized to develop rules regarding fees for expedited licenses. SECTION 7 Renewal and Continued Participation (a) A physician seeking to renew an expedited license granted in a member state shall complete a renewal process with the Interstate Commission if the physician:

(1) Maintains a full and unrestricted license in a state of principal license;

(2) Has not been convicted, received adjudication, deferred adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction;

(3) Has not had a license authorizing the practice of medicine subject to discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action related to nonpayment of fees related to a license; and (4) Has not had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration.

(b) Physicians shall comply with all continuing professional development or continuing medical education requirements for renewal of a license issued by a member state.

(c) The Interstate Commission shall collect any renewal fees charged for the renewal of a license and distribute the fees to the applicable member board.

(d) Upon receipt of any renewal fees collected in subsection (c), a member board shall renew the physician's license.

(e) Physician information collected by the Interstate Commission during the renewal process will be distributed to all member boards.

(f) The Interstate Commission is authorized to develop rules to address renewal of licenses obtained through the Compact. SECTION 8 Coordinated Information System (a) The Interstate Commission shall establish a database of all physicians licensed, or who have applied for licensure, under Section 5.

(b) Notwithstanding any other provision of law, member boards shall report to the Interstate Commission any public action or complaints against a licensed physician who has applied or received an expedited license through the Compact.

(c) Member boards shall report disciplinary or investigatory information determined as necessary and proper by rule of the Interstate Commission.

(d) Member boards may report any nonpublic complaint, disciplinary, or investigatory information not required by subsection (c) to the Interstate Commission.

(e) Member boards shall share complaint or disciplinary information about a physician upon request of another member board.

(f) All information provided to the Interstate Commission or distributed by member boards shall be confidential, filed under seal, and used only for investigatory or disciplinary matters.

(g) The Interstate Commission is authorized to develop rules for mandated or discretionary sharing of information by member boards. SECTION 9 Joint Investigations (a) Licensure and disciplinary records of physicians are deemed investigative.

(b) In addition to the authority granted to a member board by its respective Medical Practice Act or other applicable state law, a member board may participate with other member boards in joint investigations of physicians licensed by the member boards.

(c) A subpoena issued by a member state shall be enforceable in other member states.

(d) Member boards may share any investigative, litigation, or compliance materials in furtherance of any joint or individual investigation initiated under the Compact.

(e) Any member state may investigate actual or alleged violations of the statutes authorizing the practice of medicine in any other member state in which a physician holds a license to practice medicine. SECTION 10 Disciplinary Actions (a) Any disciplinary action taken by any member board against a physician licensed through the Compact shall be deemed unprofessional conduct which may be subject to discipline by other member boards, in addition to any violation of the Medical Practice Act or regulations in that state.

(b) If a license granted to a physician by the member board in the state of principal license is revoked, surrendered or relinquished in lieu of discipline, or suspended, then all licenses issued to the physician by member boards shall automatically be placed, without further action necessary by any member board, on the same status. If the member board in the state of principal license subsequently reinstates the

physician's license, a license issued to the physician by any other member board shall remain encumbered until that respective member board takes action to reinstate the license in a manner consistent with the Medical Practice Act of that state.

(c) If disciplinary action is taken against a physician by a member board not in the state of principal license, any other member board may deem the action conclusive as to matter of law and fact decided, and:

(i) Impose the same or lesser sanction(s) against the physician so long as such sanctions are consistent with the Medical Practice Act of that state; or (ii) Pursue separate disciplinary action against the physician under its respective Medical Practice Act, regardless of the action taken in other member states.

(d) If a license granted to a physician by a member board is revoked, surrendered or relinquished in lieu of discipline, or suspended, then any license(s) issued to the physician by any other member board(s) shall be suspended, automatically and immediately without further action necessary by the other member board(s), for ninety (90) days upon entry of the order by the disciplining board, to permit the member board(s) to investigate the basis for the action under the Medical Practice Act of that state. A member board may terminate the automatic suspension of the license it issued prior to the completion of the ninety (90) day suspension period in a manner consistent with the Medical Practice Act of that state.

SECTION 11 Interstate Medical Licensure Compact Commission (a) The member states create the "Interstate Medical Licensure Compact Commission." (b) The purpose of the Interstate Commission is the administration of the Interstate Medical Licensure Compact, which is a discretionary state function.

(c) The Interstate Commission shall be a body corporate and joint agency of the member states and shall have all the responsibilities, powers, and duties set forth in the Compact, and such additional powers as may be conferred upon it by a subsequent concurrent action of the respective legislatures of the member states in accordance with the terms of the Compact.

(d) The Interstate Commission shall consist of two voting representatives appointed by each member state who shall serve as Commissioners. In states where allopathic and osteopathic physicians are regulated by separate member boards, or if the licensing and disciplinary authority is split between multiple member boards within a member state, the member state shall appoint one (1) representative from each member board. A Commissioner shall be a(n):

- (1) Allopathic or osteopathic physician appointed to a member board;
- (2) Executive director, executive secretary, or similar executive of a member board; or (3) Member of the public appointed to a member board.

(e) The Interstate Commission shall meet at least once each calendar year. A portion of this meeting shall be a business meeting to address such matters as may properly come before the Commission, including the election of officers. The chairperson may call additional meetings and shall call for a meeting upon the request of a majority of the member states.

(f) The bylaws may provide for meetings of the Interstate Commission to be conducted by telecommunication or electronic communication.

(g) Each Commissioner participating at a meeting of the Interstate Commission is entitled to one vote. A majority of Commissioners shall constitute a quorum for the transaction of business, unless a larger quorum is required by the bylaws of the Interstate Commission. A Commissioner shall not delegate a vote to another Commissioner. In the absence of its Commissioner, a member state may delegate voting authority for a specified meeting to another person from that state who shall meet the requirements of subsection (d).

(h) The Interstate Commission shall provide public notice of all meetings and all meetings shall be open to the public. The Interstate Commission may close a meeting, in full or in portion, where it determines by a two-thirds ($\frac{2}{3}$) vote of the Commissioners present that an open meeting would be likely to:

- (1) Relate solely to the internal personnel practices and procedures of the Interstate Commission;
- (2) Discuss matters specifically exempted from disclosure by federal statute;
- (3) Discuss trade secrets, commercial, or financial information that is privileged or confidential;
- (4) Involve accusing a person of a crime, or formally censuring a person;
- (5) Discuss information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;
- (6) Discuss investigative records compiled for law enforcement purposes; or (7) Specifically relate to the participation in a civil action or other legal proceeding.

(i) The Interstate Commission shall keep minutes which shall fully describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, including record of any roll call votes.

(j) The Interstate Commission shall make its information and official records, to the extent not otherwise designated in the Compact or by its rules, available to the public for inspection.

(k) The Interstate Commission shall establish an executive committee, which shall include officers, members, and others as determined by the bylaws. The executive committee shall have the power to act on behalf of the Interstate Commission, with the exception of rulemaking, during periods when the Interstate Commission is not in session. When acting on behalf of the Interstate Commission, the executive committee shall oversee the administration of the Compact including enforcement and compliance with the provisions of the Compact, its bylaws and rules, and other such duties as necessary.

(l) The Interstate Commission may establish other committees for governance and administration of the Compact. SECTION 12 Powers and Duties of the Interstate Commission The Interstate Commission shall have the duty and power to:

(a) Oversee and maintain the administration of the Compact;

(b) Promulgate rules which shall be binding to the extent and in the manner provided for in the Compact;

(c) Issue, upon the request of a member state or member board, advisory opinions concerning the meaning or interpretation of the Compact, its bylaws, rules, and actions;

(d) Enforce compliance with Compact provisions, the rules promulgated by the Interstate Commission, and the bylaws, using all necessary and proper means, including but not limited to the use of judicial process;

(e) Establish and appoint committees, including but not limited to an executive committee as required by Section 11, which shall have the power to act on behalf of the Interstate Commission in carrying out its powers and duties;

(f) Pay, or provide for the payment of the expenses related to the establishment, organization, and ongoing activities of the Interstate Commission;

(g) Establish and maintain one or more offices;

(h) Borrow, accept, hire, or contract for services of personnel;

(i) Purchase and maintain insurance and bonds;

(j) Employ an executive director who shall have such powers to employ, select or appoint employees, agents, or consultants, and to determine their qualifications, define their duties, and fix their compensation;

(k) Establish personnel policies and programs relating to conflicts of interest, rates of compensation, and qualifications of personnel;

(l) Accept donations and grants of money, equipment, supplies, materials and services, and to receive, utilize, and dispose of it in a manner consistent with the conflict of interest policies established by the Interstate Commission;

- (m) Lease, purchase, accept contributions or donations of, or otherwise to own, hold, improve or use, any property, real, personal, or mixed;
 - (n) Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property, real, personal, or mixed;
 - (o) Establish a budget and make expenditures;
 - (p) Adopt a seal and bylaws governing the management and operation of the Interstate Commission;
 - (q) Report annually to the legislatures and governors of the member states concerning the activities of the Interstate Commission during the preceding year. Such reports shall also include reports of financial audits and any recommendations that may have been adopted by the Interstate Commission;
 - (r) Coordinate education, training, and public awareness regarding the Compact, its implementation, and its operation;
 - (s) Maintain records in accordance with the bylaws;
 - (t) Seek and obtain trademarks, copyrights, and patents; and (u) Perform such functions as may be necessary or appropriate to achieve the purposes of the Compact.
- SECTION 13 Finance Powers**
- (a) The Interstate Commission may levy on and collect an annual assessment from each member state to cover the cost of the operations and activities of the Interstate Commission and its staff. The total assessment must be sufficient to cover the annual budget approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated upon a formula to be determined by the Interstate Commission, which shall promulgate a rule binding upon all member states.
- (b) The Interstate Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same.
- (c) The Interstate Commission shall not pledge the credit of any of the member states, except by, and with the authority of, the member state.
- (d) The Interstate Commission shall be subject to a yearly financial audit conducted by a certified or licensed public accountant and the report of the audit shall be included in the annual report of the Interstate Commission.
- SECTION 14 Organization and Operation of the Interstate Commission**
- (a) The Interstate Commission shall, by a majority of Commissioners present and voting, adopt bylaws to govern its conduct as may be necessary or appropriate to carry out the purposes of the Compact within twelve (12) months of the first Interstate Commission meeting.
- (b) The Interstate Commission shall elect or appoint annually from among its Commissioners a chairperson, a vice-chairperson, and a treasurer, each of whom shall have such authority and duties as may be specified in the bylaws. The chairperson, or in the chairperson's absence or disability, the vice-chairperson, shall preside at all meetings of the Interstate Commission.
- (c) Officers selected in subsection (b) shall serve without remuneration from the Interstate Commission.
- (d) The officers and employees of the Interstate Commission shall be immune from suit and liability, either personally or in their official capacity, for a claim for damage to or loss of property or personal injury or other civil liability caused or arising out of, or relating to, an actual or alleged act, error, or omission that occurred, or that such person had a reasonable basis for believing occurred, within the scope of Interstate Commission employment, duties, or responsibilities; provided that such person shall not be protected from suit or liability for damage, loss, injury, or liability caused by the intentional or willful and wanton misconduct of such person.
- (1) The liability of the executive director and employees of the Interstate Commission or representatives of the Interstate Commission, acting within the scope of such person's employment or duties for acts, errors, or omissions occurring within such person's state, may not exceed the limits of liability set forth under the constitution and laws of that state for state officials, employees, and agents. The Interstate Commission is considered to be an instrumentality of the states for the purposes of any such action. Nothing in this subsection

shall be construed to protect such person from suit or liability for damage, loss, injury, or liability caused by the intentional or willful and wanton misconduct of such person.

(2) The Interstate Commission shall defend the executive director, its employees, and subject to the approval of the attorney general or other appropriate legal counsel of the member state represented by an Interstate Commission representative, shall defend such Interstate Commission representative in any civil action seeking to impose liability arising out of an actual or alleged act, error or omission that occurred within the scope of Interstate Commission employment, duties or responsibilities, or that the defendant had a reasonable basis for believing occurred within the scope of Interstate Commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from intentional or willful and wanton misconduct on the part of such person.

(3) To the extent not covered by the state involved, member state, or the Interstate Commission, the representatives or employees of the Interstate Commission shall be held harmless in the amount of a settlement or judgment, including attorney's fees and costs, obtained against such persons arising out of an actual or alleged act, error, or omission that occurred within the scope of Interstate Commission employment, duties, or responsibilities, or that such persons had a reasonable basis for believing occurred within the scope of Interstate Commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from intentional or willful and wanton misconduct on the part of such persons.

SECTION 15 Rulemaking Functions of the Interstate Commission (a) The Interstate Commission shall promulgate reasonable rules in order to effectively and efficiently achieve the purposes of the Compact. Notwithstanding the foregoing, in the event the Interstate Commission exercises its rulemaking authority in a manner that is beyond the scope of the purposes of the Compact, or the powers granted hereunder, then such an action by the Interstate Commission shall be invalid and have no force or effect.

(b) Rules deemed appropriate for the operations of the Interstate Commission shall be made pursuant to a rulemaking process that substantially conforms to the "Model State Administrative Procedure Act" of 2010, and subsequent amendments thereto.

(c) Not later than thirty (30) days after a rule is promulgated, any person may file a petition for judicial review of the rule in the United States District Court for the District of Columbia or the federal district where the Interstate Commission has its principal offices, provided that the filing of such a petition shall not stay or otherwise prevent the rule from becoming effective unless the court finds that the petitioner has a substantial likelihood of success. The court shall give deference to the actions of the Interstate Commission consistent with applicable law and shall not find the rule to be unlawful if the rule represents a reasonable exercise of the authority granted to the Interstate Commission.

SECTION 16 Oversight of Interstate Compact (a) The executive, legislative, and judicial branches of state government in each member state shall enforce the Compact and shall take all actions necessary and appropriate to effectuate the Compact's purposes and intent. The provisions of the Compact and the rules promulgated hereunder shall have standing as statutory law but shall not override existing state authority to regulate the practice of medicine.

(b) All courts shall take judicial notice of the Compact and the rules in any judicial or administrative proceeding in a member state pertaining to the subject matter of the Compact which may affect the powers, responsibilities or actions of the Interstate Commission.

(c) The Interstate Commission shall be entitled to receive all service of process in any such proceeding, and shall have standing to intervene in the proceeding for all purposes. Failure to provide service of process to the Interstate Commission shall render a judgment or order void as to the Interstate Commission, the Compact, or promulgated rules.

SECTION 17 Enforcement of Interstate Compact (a) The Interstate Commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of the Compact.

(b) The Interstate Commission may, by majority vote of the Commissioners, initiate legal action in the United States District Court for the District of Columbia, or, at the discretion of the Interstate

Commission, in the federal district where the Interstate Commission has its principal offices, to enforce compliance with the provisions of the Compact, and its promulgated rules and bylaws, against a member state in default. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation including reasonable attorney's fees.

(c) The remedies herein shall not be the exclusive remedies of the Interstate Commission. The Interstate Commission may avail itself of any other remedies available under state law or the regulation of a profession. SECTION 18 Default Procedures (a) The grounds for default include, but are not limited to, failure of a member state to perform such obligations or responsibilities imposed upon it by the Compact, or the rules and bylaws of the Interstate Commission promulgated under the Compact.

(b) If the Interstate Commission determines that a member state has defaulted in the performance of its obligations or responsibilities under the Compact, or the bylaws or promulgated rules, the Interstate Commission shall:

(1) Provide written notice to the defaulting state and other member states, of the nature of the default, the means of curing the default, and any action taken by the Interstate Commission. The Interstate Commission shall specify the conditions by which the defaulting state must cure its default; and (2) Provide remedial training and specific technical assistance regarding the default.

(c) If the defaulting state fails to cure the default, the defaulting state shall be terminated from the Compact upon an affirmative vote of a majority of the Commissioners and all rights, privileges, and benefits conferred by the Compact shall terminate on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of the default.

(d) Termination of membership in the Compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to terminate shall be given by the Interstate Commission to the Governor, the majority and minority leaders of the defaulting state's legislature, and each of the member states.

(e) The Interstate Commission shall establish rules and procedures to address licenses and physicians that are materially impacted by the termination of a member state, or the withdrawal of a member state.

(f) The member state which has been terminated is responsible for all dues, obligations, and liabilities incurred through the effective date of termination including obligations, the performance of which extends beyond the effective date of termination.

(g) The Interstate Commission shall not bear any costs relating to any state that has been found to be in default or which has been terminated from the Compact, unless otherwise mutually agreed upon in writing between the Interstate Commission and the defaulting state.

(h) The defaulting state may appeal the action of the Interstate Commission by petitioning the United States District Court for the District of Columbia or the federal district where the Interstate Commission has its principal offices. The prevailing party shall be awarded all costs of such litigation including reasonable attorney's fees. SECTION 19 Dispute Resolution (a) The Interstate Commission shall attempt, upon the request of a member state, to resolve disputes which are subject to the Compact and which may arise among member states or member boards.

(b) The Interstate Commission shall promulgate rules providing for both mediation and binding dispute resolution as appropriate. SECTION 20 Member States, Effective Date and Amendment (a) Any state is eligible to become a member state of the Compact.

(b) The Compact shall become effective and binding upon legislative enactment of the Compact into law by no less than seven (7) states. Thereafter, it shall become effective and binding on a state upon enactment of the Compact into law by that state.

(c) The governors of nonmember states, or their designees, shall be invited to participate in the activities of the Interstate Commission on a nonvoting basis prior to adoption of the Compact by all states.

(d) The Interstate Commission may propose amendments to the Compact for enactment by the member states. No amendment shall become effective and binding upon the Interstate Commission and the member states unless and until it is enacted into law by unanimous consent of the member states.

SECTION 21 Withdrawal (a) Once effective, the Compact shall continue in force and remain binding upon each and every member state; provided that a member state may withdraw from the Compact by specifically repealing the statute which enacted the Compact into law.

(b) Withdrawal from the Compact shall be by the enactment of a statute repealing the same, but shall not take effect until one (1) year after the effective date of such statute and until written notice of the withdrawal has been given by the withdrawing state to the Governor of each other member state.

(c) The withdrawing state shall immediately notify the chairperson of the Interstate Commission in writing upon the introduction of legislation repealing the Compact in the withdrawing state.

(d) The Interstate Commission shall notify the other member states of the withdrawing state's intent to withdraw within sixty (60) days of its receipt of notice provided under subsection (c).

(e) The withdrawing state is responsible for all dues, obligations and liabilities incurred through the effective date of withdrawal, including obligations, the performance of which extend beyond the effective date of withdrawal.

(f) Reinstatement following withdrawal of a member state shall occur upon the withdrawing state reenacting the Compact or upon such later date as determined by the Interstate Commission.

(g) The Interstate Commission is authorized to develop rules to address the impact of the withdrawal of a member state on licenses granted in other member states to physicians who designated the withdrawing member state as the state of principal license. SECTION 22 Dissolution (a) The Compact shall dissolve effective upon the date of the withdrawal or default of the member state which reduces the membership in the Compact to one (1) member state.

(b) Upon the dissolution of the Compact, the Compact becomes null and void and shall be of no further force or effect, and the business and affairs of the Interstate Commission shall be concluded and surplus funds shall be distributed in accordance with the bylaws. SECTION 23 Severability and Construction (a) The provisions of the Compact shall be severable, and if any phrase, clause, sentence, or provision is deemed unenforceable, the remaining provisions of the Compact shall be enforceable.

(b) The provisions of the Compact shall be liberally construed to effectuate its purposes.

(c) Nothing in the Compact shall be construed to prohibit the applicability of other interstate compacts to which the states are members. SECTION 24 Binding Effect of Compact and Other Laws (a) Nothing herein prevents the enforcement of any other law of a member state that is not inconsistent with the Compact.

(b) All laws in a member state in conflict with the Compact are superseded to the extent of the conflict.

(c) All lawful actions of the Interstate Commission, including all rules and bylaws promulgated by the Commission, are binding upon the member states.

(d) All agreements between the Interstate Commission and the member states are binding in accordance with their terms.

(e) In the event any provision of the Compact exceeds the constitutional limits imposed on the legislature of any member state, such provision shall be ineffective to the extent of the conflict with the constitutional provision in question in that member state.

History: Laws, 2016, ch. 508, § 1, eff from and after passage (approved May 16, 2016).

§ 73-25-102. “Member board” defined.

The term “member board,” as referred to in the Interstate Medical Licensure Compact, shall mean the Mississippi State Board of Medical Licensure established under Section [73-43-1](#) et seq., acting through its executive director.

History: Laws, 2016, ch. 508, § 2, eff from and after passage (approved May 16, 2016).

PART 3: Physician Assistants

§ 73-26-1. Definitions.

As used in this chapter:

- (a) “Board” means the State Board of Medical Licensure.
- (b) “Physician assistant” means a person who meets the board’s criteria for licensure as a physician assistant and is licensed as a physician assistant by the board. Nothing in this chapter authorizes the licensure of anesthesiologist’s assistants.
- (c) “Supervising physician” means a doctor of medicine or a doctor of osteopathic medicine who holds an unrestricted license from the board, and who is in the full-time practice of medicine and who has been approved by the board to supervise physician assistants.
- (d) “Supervision” means overseeing and accepting responsibility for the medical services rendered by a physician assistant in a manner approved by the board.

History: Laws, 2000, ch. 470, § 1, eff from and after July 1, 2000.

§ 73-26-3. Licensing and regulation; minimum requirements; criminal history records check and fingerprinting required.

- (1) The State Board of Medical Licensure shall license and regulate the practice of physician assistants in accordance with the provisions of this chapter.
- (2) All physician assistants who are employed as physician assistants by a Department of Veterans Affairs health care facility, a branch of the United States military or the Federal Bureau of Prisons, and who are practicing as physician assistants in a federal facility in Mississippi on July 1, 2000, and those physician assistants who trained in a Mississippi physician assistant program and have been continuously practicing as a physician assistant in Mississippi since 1976, shall be eligible for licensure if they submit an application for licensure to the board by December 31, 2000. Physician assistants licensed under this subsection will be eligible for license renewal so long as they meet standard renewal requirements.
- (3) Before December 31, 2004, applicants for physician assistant licensure, except those licensed under subsection (2) of this section, must be graduates of physician assistant educational programs accredited by the Commission on Accreditation of Allied Health Educational Programs or its predecessor or successor agency, have passed the certification examination administered by the National Commission on Certification of Physician Assistants (NCCPA), have current NCCPA certification, and possess a minimum of a baccalaureate degree. Physician assistants meeting these licensure requirements will be eligible for license renewal so long as they meet standard renewal requirements.
- (4) On or after December 31, 2004, applicants for physician assistant licensure must meet all of the requirements in subsection (3) of this section and, in addition, must have obtained a minimum of a master’s degree in a health- related or science field.
- (5) Applicants for licensure who meet all licensure requirements except for the master’s degree may be granted a temporary license by the board so long as they can show proof of enrollment in a master’s program that will, when completed, meet the master’s degree requirement. The temporary license will be valid for no longer than

one (1) year, and may not be renewed. (6) For new graduate physician assistants and all physician assistants receiving initial licenses in the state, except those licensed under subsection (2) of this section, supervision shall require the on-site presence of a supervising physician for one hundred twenty (120) days.

(7) To qualify for a Mississippi physician assistant license, an applicant must have successfully been cleared for licensure through an investigation that shall consist of a determination as to good moral character and verification that the prospective licensee is not guilty of or in violation of any statutory ground for denial of licensure. To assist the board in conducting its licensure investigation, all applicants shall undergo a fingerprint-based criminal history records check of the Mississippi central criminal database and the Federal Bureau of Investigation criminal history database. Each applicant shall submit a full set of the applicant's fingerprints in a form and manner prescribed by the board, which shall be forwarded to the Mississippi Department of Public Safety (department) and the Federal Bureau of Investigation Identification Division for this purpose. Any and all state or national criminal history records information obtained by the board that is not already a matter of public record shall be deemed nonpublic and confidential information required. restricted to the exclusive use of the board, its members, officers, investigators, agents and attorneys in evaluating the applicant's eligibility or disqualification for licensure, and shall be exempt from the Mississippi Public Records Act of 1983. Except when introduced into evidence in a hearing before the board to determine licensure, no such information or records related thereto shall, except with the written consent of the applicant or by order of a court of competent jurisdiction, be released or otherwise disclosed by the board to any other person or agency. The board shall provide to the department the fingerprints of the applicant, any additional information that may be required by the department, and a form signed by the applicant consenting to the check of the criminal records and to the use of the fingerprints and other identifying information required by the state or national repositories. The board shall charge and collect from the applicant, in addition to all other applicable fees and costs, such amount as may be incurred by the board in requesting and obtaining state and national criminal history records information on the applicant.

History: Laws, 2000, ch. 470, § 2; Laws, 2006, ch. 323, § 1; Laws, 2007, ch. 506, § 3; Laws, 2010, ch. 409, § 1; Laws, 2010, ch. 498, § 4; Laws, 2013, ch. 433, § 1; Laws, 2016, ch. 393, § 1, eff from and after July 1, 2016; Laws, 2019, ch. 376, § 1, eff from and after July 1, 2019.

§ 73-26-5. Rules and regulations; appointment of task force.

(1) The board shall promulgate and publish reasonable rules and regulations necessary to enable it to discharge its functions and to enforce the provisions of law regulating the practice of physician assistants. Those rules shall include, but are not limited to: qualifications for licensure for physician assistants; scope of practice of physician assistants; supervision of physician assistants; identification of physician assistants; grounds for disciplinary actions and discipline of physician assistants, which shall specifically include discipline for violation(s) of the provisions of Sections [41-121-1](#) through [41-121-9](#) relating to deceptive advertisement by health care practitioners; and setting and charging reasonable fees for licensure and license renewals for physician assistants. However, nothing in this chapter or in rules adopted by the board shall authorize physician assistants to administer or monitor general inhaled anesthesia, epidural anesthesia, spinal anesthesia or monitored anesthesia as utilized in surgical procedures. In addition, the board shall not adopt any rule or regulation or impose any requirement regarding the licensing of physician assistants that conflicts with the prohibitions in Section [73-49-3](#). The board shall promulgate rules for licensure and license renewals in accordance with Section [33-1-39](#).

(2) If the board appoints a task force or committee to address physician assistant regulation, at least one (1) member of the task force shall be a nurse practitioner who is a member of the Mississippi Board of Nursing or a nurse practitioner appointee selected by the board from a list of three (3) recommendations submitted by the Mississippi Nurses Association, and at least one (1) member shall be a physician assistant selected by the board from a list of three (3) recommendations submitted by the Mississippi Academy of Physician Assistants.

History: Laws, 2000, ch. 470, § 3; Laws, 2007, ch. 309, § 21; Laws, 2012, ch. 409, § 10; Laws, 2015, ch. 461, § 6; Laws, 2016, ch. 419, § 13, eff from and after July 1, 2016; Laws, 2020, ch. 393, § 12, eff from and after July 1, 2020; Laws, 2025, ch. 447, § 12, eff from and after passage (approved March 28, 2025).

PART 4: Podiatrists

§ 73-27-1. Podiatry defined.

(1) The practice of podiatric medicine is that profession concerned with the prevention, examination, diagnosis and medical, surgical and adjuvant treatment of conditions of the human foot. For the purposes of this chapter, “foot” means that part of the human anatomy which consists of the tarsal bones, metatarsal bones and phalanges.

(2) A podiatrist is a medical care provider who engages in the practice of podiatric medicine.

(3) A podiatrist may prescribe and administer drugs and tests, excluding general and spinal anesthesia, that are essential to the practice of podiatric medicine when used for or in connection with treatment of disorders of the human foot.

History: Codes, 1942, § 8894; Laws, 1938, ch. 189; Laws, 1997, ch. 338, § 1; Laws, 2000, ch. 491, § 1, eff from and after passage (approved Apr. 27, 2000).

§ 73-27-3. Board of medical licensure to examine; podiatry advisory committee.

(1) The State Board of Medical Licensure shall examine all applicants as hereinafter provided in this chapter.

(2) There is established the Podiatry Advisory Committee to the State Board of Medical Licensure. The advisory committee shall be composed of three (3) licensed and practicing podiatrists in the State of Mississippi. The members of the advisory committee shall be appointed by the executive director of the board from a list of six (6) podiatrists recommended by the Mississippi Podiatric Medical Association who have practiced in the state for not less than three (3) years immediately before their appointment. The podiatrists appointed to the advisory committee shall serve for terms of three (3) years from the time of their appointment. Any vacancy occurring on the advisory committee before the expiration of a term shall be filled by appointment of the executive director of the board from a list of at least two (2) podiatrists recommended by the Mississippi Podiatric Medical Association who have practiced in the state for not less than three (3) years immediately before their appointment. Any appointment to fill a vacancy shall be only for the remainder of the unexpired term.

(3) The Podiatry Advisory Committee shall advise and make recommendations to the State Board of Medical Licensure on all podiatry matters that come before the board. The board shall allow the advisory committee sufficient time to adequately prepare any materials or other information that the committee wants to present or deliver to the board on any matter or issue affecting podiatry. The board shall not make any final decision or take any final action on any podiatry matter until the board has reviewed any materials or other information presented or delivered to it by the advisory committee, provided that the information is delivered within the time period prescribed by the board.

History: Codes, 1942, § 8895; Laws, 1938, ch. 189; Laws, 1980, ch. 458, § 23; Laws, 1998, ch. 389, § 1, eff from and after July 1, 1998.

§ 73-27-5. Qualifications; criminal history records check and fingerprinting required.

All applicants for license shall have attained the age of twenty-one (21) years, and shall be of good moral character; they shall have had at least four (4) years high school and be graduates of same; they shall have at least one (1) year prepodiatry college education and be graduates of some college of podiatry recognized as being in good standing by the State Board of Medical Licensure. No college of podiatry or chiropody shall be accredited by the board as a college of good standing that does not require for graduation a course of study of at least four (4) years (eight and one-half (8-1/2) months each) and be recognized by the Council on Education of the American Podiatry Association. However, all podiatrists actively engaged in the practice of podiatry in the

State of Mississippi, prior to January 1, 1938, whether graduates or not, shall, upon furnishing proof thereof by displaying their state privilege tax license to the Secretary of the State Board of Medical Licensure, and upon payment of fee of Ten Dollars and Twenty-five Cents (\$10.25), be entitled to a license without an examination, and applications for the license shall be filed not later than sixty (60) days after February 17, 1938. Upon payment of a fee prescribed by the State Board of Medical Licensure, not to exceed Five Hundred Dollars (\$500.00), a license without examination may be issued to podiatrists of other states maintaining equal statutory requirements for the practice of podiatry and extending the same reciprocal privileges to this state. The State Board of Medical Licensure may affiliate with the National Board of Chiropractic or Podiatry Licensure in granting licenses to practice podiatry in Mississippi, provided the written examination covers at least two-thirds (2/3) of the subjects set forth in Section [73-27-9](#). The issuance of a license by reciprocity to a military-trained applicant, military spouse or person who establishes residence in this state shall be subject to the provisions of Section [73-50-1](#) or [73-50-2](#), as applicable. To qualify for a Mississippi podiatry license, an applicant must have successfully been cleared for licensure through an investigation that shall consist of a determination as to good moral character and verification that the prospective licensee is not guilty of or in violation of any statutory ground for denial of licensure as set forth in Section [73-27-13](#). To assist the board in conducting its licensure investigation, all applicants shall undergo a fingerprint-based criminal history records check of the Mississippi central criminal database and the Federal Bureau of Investigation criminal history database. Each applicant shall submit a full set of the applicant's fingerprints in a form and manner prescribed by the board, which shall be forwarded to the Mississippi Department of Public Safety (department) and the Federal Bureau of Investigation Identification Division for this purpose. Any and all state or national criminal history records information obtained by the board that is not already a matter of public record shall be deemed nonpublic and confidential information restricted to the exclusive use of the board, its members, officers, investigators, agents and attorneys in evaluating the applicant's eligibility or disqualification for licensure, and shall be exempt from the Mississippi Public Records Act of 1983. Except when introduced into evidence in a hearing before the board to determine licensure, no such information or records related thereto shall, except with the written consent of the applicant or by order of a court of competent jurisdiction, be released or otherwise disclosed by the board to any other person or agency. The board shall provide to the department the fingerprints of the applicant, any additional information that may be required by the department, and a form signed by the applicant consenting to the check of the criminal records and to the use of the fingerprints and other identifying information required by the state or national repositories. The board shall charge and collect from the applicant, in addition to all other applicable fees and costs, such amount as may be incurred by the board in requesting and obtaining state and national criminal history records information on the applicant. Each application or filing made under this section shall include the social security number(s) of the applicant in accordance with Section [93-11-64](#).

History: Codes, 1942, § 8896; Laws, 1938, ch. 189; Laws, 1958, ch. 359, § 1; Laws, 1979, ch. 439, § 2; Laws, 1980, ch. 458, § 24; Laws, 1987, ch. 308, § 1; Laws, 1989, ch. 315, § 2; Laws, 1997, ch. 588, § 53; Laws, 2007, ch. 506, § 2; Laws, 2013, ch. 350, § 26, eff from and after July 1, 2013; Laws, 2021, ch. 398, § 23, eff from and after July 1, 2021.

§ 73-27-7. Examinations; when held.

All examinations shall be held concurrently with the regular examinations of the state board of medical licensure.

History: Codes, 1942, § 8897; Laws, 1938, ch. 189; Laws, 1980, ch. 458, § 25, eff from and after July 1, 1980.

§ 73-27-9. Examinations; fees; subjects; minimum requirements for licenses; re-examination.

Any person not exempt from examination under Section [73-27-5](#), Mississippi Code of 1972, and desiring a license to practice podiatry shall, upon application to the State Board of Medical Licensure and payment of a fee

prescribed by the State Board of Medical Licensure, not to exceed Five Hundred Dollars (\$500.00), be examined in the following subjects: anatomy, histology, physiology, chemistry, pharmacy, materia medica, therapeutics, bacteriology, pathology, surgery, dermatology, neurology, physical therapy, diagnosis and roentgenology, orthopedics, chiropody and chiropodial surgery, limited in their scope to the treatment of the human foot and leg, and if found qualified shall receive a license. The minimum of requirements for license shall be a general average of seventy-five percent (75%) of all the subjects involved, provided that a grade of not less than sixty percent (60%) be made on any one (1) subject or branch given in the examination held. Applicants examined and being refused a license shall be entitled to reexamination upon payment of an additional fee prescribed by the State Board of Medical Licensure, not to exceed Five Hundred Dollars (\$500.00), for each examination.

History: Codes, 1942, § 8898; Laws, 1938, ch. 189; Laws, 1958, ch. 359, § 2; Laws, 1979, ch. 439, § 3; Laws, 1980, ch. 458, § 26; Laws, 1987, ch. 308, § 2; Laws, 1989, ch. 315, § 3, eff from and after July 1, 1989.

§ 73-27-11. License; recorded; displayed.

All licenses shall be recorded in the office of the circuit clerk in which the licensee practices within sixty (60) days from date of issuance. All licenses shall be conspicuously displayed at the offices or other places of practice.

History: Codes, 1942, § 8899; Laws, 1938, ch. 189.

§ 73-27-12. Annual renewal of license; requirements for reinstatement after lapse; criminal history records check and fingerprinting.

(1) Except as provided in Section [33-1-39](#), the license of every person licensed to practice podiatry in the State of Mississippi shall be renewed annually. On or before May 1 of each year, the board shall mail a notice of renewal of license to every podiatrist to whom a license was issued or renewed during the current licensing year. The notice shall provide instructions for obtaining and submitting applications for renewal. The State Board of Medical Licensure is authorized to make applications for renewal available via electronic means. 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, but not to exceed Three Hundred Dollars (\$300.00), a portion of which fee shall be used to support a program to aid impaired podiatrists. Upon receipt of the application and fee, the board shall verify the accuracy of the application and issue to applicant a certificate of renewal for the ensuing year, beginning July 1 and expiring June 30 of the succeeding calendar year. That renewal shall render the holder thereof a legal practitioner as stated on the renewal form.

(2) Any podiatrist practicing in Mississippi who allows his or her license to lapse by failing to renew the license as provided in subsection (1) may be reinstated by the board on satisfactory explanation for the failure to renew, by completion of a reinstatement form, and upon payment of the renewal fee for the current year, and shall be assessed a fine of Twenty-five Dollars (\$25.00) plus an additional fine of Five Dollars (\$5.00) for each month thereafter that the license renewal remains delinquent.

(3) Any podiatrist not practicing in Mississippi who allows his or her license to lapse by failing to renew the license as provided in subsection (1) may be reinstated by the board on satisfactory explanation for the failure to renew, by completion of a reinstatement form and upon payment of the arrearages for the previous five (5) years and the renewal fee for the current year.

(4) Any podiatrist who allows his or her license to lapse shall be notified by the board within thirty (30) days of that lapse.

(5) Any person practicing as a licensed podiatrist during the time his or her license has lapsed shall be considered an illegal practitioner and shall be subject to penalties set forth in Section [73-27-17](#), provided that he

or she has not submitted the required reinstatement form and fee within fifteen (15) days after notification by the board of the lapse.

(6) Any podiatrist practicing in the State of Mississippi whose license has lapsed and is deemed an illegal practitioner under subsection (5) of this section may petition the board for reinstatement of his or her license on a retroactive basis, if the podiatrist was unable to meet the June 30 deadline due to extraordinary or other legitimate reasons, and retroactive reinstatement of licensure shall be granted or may be denied by the board only for good cause. Failure to advise the board of change of address shall not be considered a basis for reinstatement.

(7) Fees collected under the provisions of this section shall be used by the board to defray expenses of administering the licensure provisions of Title 73, Chapter 27, Mississippi Code of 1972, and to support a program to aid impaired podiatrists in an amount determined by the board.

(8) In order for a podiatrist whose podiatric medical license has been expired for five (5) years or more to qualify for reinstatement of license, the podiatrist must have successfully been cleared for reinstatement through an investigation that shall consist of a determination as to good moral character and verification that the prospective licensee is not guilty of or in violation of any statutory ground for denial of licensure as set forth in Section 73-27-13. To assist the board in conducting its licensure investigation, all applicants shall undergo a fingerprint-based criminal history records check of the Mississippi central criminal database and the Federal Bureau of Investigation criminal history database. Each applicant shall submit a full set of the applicant's fingerprints in a form and manner prescribed by the board, which shall be forwarded to the Mississippi Department of Public Safety (department) and the Federal Bureau of Investigation Identification Division for this purpose. Any and all state or national criminal history records information obtained by the board that is not already a matter of public record shall be deemed nonpublic and confidential information restricted to the exclusive use of the board, its members, officers, investigators, agents and attorneys in evaluating the applicant's eligibility or disqualification for licensure, and shall be exempt from the Mississippi Public Records Act of 1983. Except when introduced into evidence in a hearing before the board to determine licensure, no such information or records related thereto shall, except with the written consent of the applicant or by order of a court of competent jurisdiction, be released or otherwise disclosed by the board to any other person or agency. The board shall provide to the department the fingerprints of the applicant, any additional information that may be required by the department, and a form signed by the applicant consenting to the check of the criminal records and to the use of the fingerprints and other identifying information required by the state or national repositories. The board shall charge and collect from the applicant, in addition to all other applicable fees and costs, such amount as may be incurred by the board in requesting and obtaining state and national criminal history records information on the applicant.

History: Laws, 1975, ch. 363; Laws, 1979, ch. 439, § 4; Laws, 1980, ch. 458, § 27; Laws, 1982, ch. 309, § 2; Laws, 1989, ch. 315, § 4; Laws, 1999, ch. 338, § 1; Laws, 2000, ch. 556, § 2; Laws, 2004, ch. 553, § 2; Laws, 2007, ch. 309, § 22; Laws, 2007, ch. 506, § 5; Laws, 2008, ch. 551, § 2, eff from and after July 1, 2008.

§ 73-27-13. Refusal to issue license; suspension; revocation.

(1) The State Board of Medical Licensure may refuse to issue, suspend, revoke or otherwise restrict any license provided for in this chapter, with the advice of the advisory committee, based upon the following grounds:

- (a) Habitual personal use of narcotic drugs, or any other drug having addiction-forming or addiction-sustaining liability.
- (b) Habitual use of intoxicating liquors, or any beverage, to an extent which affects professional competency.
- (c) Administering, dispensing or prescribing any narcotic drug, or any other drug having addiction-forming or addiction-sustaining liability otherwise than in the course of legitimate professional practice.
- (d) Conviction of violation of any federal or state law regulating the possession, distribution or use of any narcotic drug or any drug considered a controlled substance under state or federal law.

- (e) Performing any medical diagnosis or treatment outside the scope of podiatry as defined in Section [73-27-1](#).
 - (f) Conviction of a felony or misdemeanor involving moral turpitude.
 - (g) Obtaining or attempting to obtain a license by fraud or deception.
 - (h) Unprofessional conduct, which includes, but is not limited to:
 - (i) Practicing medicine under a false or assumed name or impersonating another practitioner, living or dead.
 - (ii) Knowingly performing any act which in any way assists an unlicensed person to practice podiatry.
 - (iii) Making or willfully causing to be made any flamboyant claims concerning the licensee's professional excellence.
 - (iv) Being guilty of any dishonorable or unethical conduct likely to deceive, defraud or harm the public.
 - (v) Obtaining a fee as personal compensation or gain from a person on fraudulent representation a disease or injury condition generally considered incurable by competent medical authority in the light of current scientific knowledge and practice can be cured or offering, undertaking, attempting or agreeing to cure or treat the same by a secret method, which he refuses to divulge to the board upon request.
 - (vi) Use of any false, fraudulent or forged statement or document, or the use of any fraudulent, deceitful, dishonest or immoral practice in connection with any of the licensing requirements, including the signing in his professional capacity any certificate that is known to be false at the time he makes or signs such certificate.
 - (vii) Failing to identify a podiatrist's school of practice in all professional uses of his name by use of his earned degree or a description of his school of practice.
 - (i) The refusal of a licensing authority of another state to issue or renew a license, permit or certificate to practice podiatry in that state or the revocation, suspension or other restriction imposed on a license, permit or certificate issued by such licensing authority which prevents or restricts practice in that state.
 - (j) Violation(s) of the provisions of Sections [41-121-1](#) through [41-121-9](#) relating to deceptive advertisement by health care practitioners.
- (2) Upon the nonissuance, suspension or revocation of a license to practice podiatry, the board may, in its discretion and with the advice of the advisory committee, reissue a license after a lapse of six (6) months. No advertising shall be permitted except regular professional cards.
- (3) In its investigation of whether the license of a podiatrist should be suspended, revoked or otherwise restricted, the board may inspect patient records in accordance with the provisions of Section [73-25-28](#).
- (4) In addition to the grounds specified in subsection (1) of this section, the board shall be authorized to suspend the license of any licensee for being out of compliance with an order for support, as defined in Section [93-11-153](#). The procedure for suspension of a license for being out of compliance with an order for support, and the procedure for the reissuance or reinstatement of a license suspended for that purpose, and the payment of any fees for the reissuance or reinstatement of a license suspended for that purpose, shall be governed by Section [93-11-157](#) or [93-11-163](#), as the case may be. If there is any conflict between any provision of Section [93-11-157](#) or [93-11-163](#) and any provision of this chapter, the provisions of Section [93-11-157](#) or [93-11-163](#), as the case may be, shall control.

History: Codes, 1942, § 8900; Laws, 1938, ch. 189; Laws, 1979, ch. 413; Laws, 1980, ch. 458, § 28; Laws, 1987, ch. 500, § 7; Laws, 1996, ch. 507, § 59; Laws, 1998, ch. 389, § 2; Laws, 2012, ch. 409, § 11; Laws, 2016, ch. 419, § 14, eff from and after July 1, 2016; Laws, 2020, ch. 393, § 13, eff from and after July 1, 2020; Laws, 2025, ch. 447, § 13, eff from and after passage (approved March 28, 2025).

§ 73-27-15. Practicing without license.

It shall be unlawful for any person to profess to be a podiatrist, to practice or assume the duties incident to podiatry without first obtaining from the Mississippi State Board of Medical Licensure a license authorizing the practice of podiatry in this state, except as otherwise provided by this chapter.

History: Codes, 1942, § 8901; Laws, 1938, ch. 189; Laws, 1980, ch. 458, § 29; Laws, 1997, ch. 338, § 2, eff from and after July 1, 1997.

§ 73-27-16. Reinstatement of revoked or suspended licenses.

(1) A person whose license to practice podiatry has been revoked or suspended may petition the Mississippi State Board of Medical Licensure to reinstate this license after a period of not less than one (1) year has elapsed from the date of the revocation or suspension. The procedure for the reinstatement of a license that is suspended for being out of compliance with an order for support, as defined in Section 93-11-153, shall be governed by Section 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 podiatrists 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. 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 is under probation or parole. The hearing may be continued from time to time as the Board of Medical Licensure finds necessary. Any final action by the board on a petition under this section shall be made with the advice of the advisory committee.

(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, the offense for which he was disciplined, his activity during the time his certificate was in good standing, his general reputation for truth, professional ability and good character; and it may require the petitioner to pass an oral examination.

(4) The Secretary-Treasurer of the Board of Medical Licensure shall enter into his records of the case all actions of the Board of Medical Licensure in setting aside a disciplinary penalty under this section and he shall certify notices to the proper court clerk. The clerk shall make such changes on his records as may be necessary.

History: Laws, 1975, ch. 364; Laws, 1980, ch. 458, § 30; Laws, 1996, ch. 507, § 60; Laws, 1998, ch. 389, § 3, eff from and after July 1, 1998.

§ 73-27-17. Penalty.

Any person who shall violate any of the provisions of this chapter shall, on conviction, of the first offense, be punished by a fine of not more than one hundred dollars (\$100.00) or by imprisonment in the county jail not more than three (3) months or both; and such person, upon conviction of the second offense against this chapter, shall be punished by a fine of not less than two hundred dollars (\$200.00) or more than five hundred dollars (\$500.00) or by imprisonment in the penitentiary not less than one (1) year or more than two (2) years; and such person, upon conviction of any succeeding offense, shall be punished in the discretion of the court; provided, however, that such punishment shall in no case exceed the payment of a fine of five thousand dollars (\$5,000.00) or imprisonment for five years.

History: Codes, 1942, § 8902; Laws, 1938, ch. 189.

§ 73-27-19. Exceptions.

This chapter shall not apply to physicians or surgeons licensed to practice medicine or osteopathy in the State of Mississippi, nor to physicians or surgeons of the United States Army, Navy or the United States Public Health Service, when in actual performance of their duties or to legally registered podiatrists of another state taking charge of the practice of a locally registered podiatrist of this state, temporarily during the latter's absence therefrom, by written permission of the Secretary of the State Board of Medical Licensure.

History: Codes, 1942, § 8903; Laws, 1938, ch. 189; Laws, 1980, ch. 458, § 31; Laws, 1997, ch. 338, § 3, eff from and after July 1, 1997.

PART 5: Acupuncture Practice Act

§ 73-71-1. Short title.

This chapter shall be known and may be cited as the "Acupuncture Practice Act." Whenever a reference is made to the Acupuncture Practice Act by the provisions of any statute, it is to be construed as referring to the provisions of this chapter.

History: Laws, 2009, ch. 447, § 1; reenacted without change, Laws, 2013, ch. 465, § 1, eff from and after July 1, 2013.

§ 73-71-3. Legislative intent; purposes.

(1) In its concern with the need to eliminate the fundamental causes of illness and with the need to treat the whole person, the Legislature intends to establish in this chapter a framework for the practice of the art and science of acupuncture.

(2) The purposes of this chapter are to encourage the effective utilization of the skills relative to practitioners of acupuncture by citizens desiring their services; to remove the existing legal constraints that unnecessarily hinder the effective provision of health care services; and to subject individuals practicing acupuncture to regulation and control as a primary and independent health care profession.

History: Laws, 2009, ch. 447, § 2; reenacted without change, Laws, 2013, ch. 465, § 2, eff from and after July 1, 2013.

§ 73-71-5. Definitions.

As used in this chapter, unless the context otherwise requires, the following terms shall have the following meanings:

(a) "Accredited college of acupuncture" means any college, school or division of a university or college that offers the degree of Master of Science in Oriental Medicine (MSOM) or its equivalent and that is accredited by the Accreditation Commission of Acupuncture and Oriental Medicine (ACAOM).

(b) "Acupuncturist" means a person who has received a professional degree from a college of acupuncture and Oriental medicine.

(c) "Acupuncturist-patient relationship" means that the acupuncturist has assumed the responsibility for making clinical judgments regarding the health of the patient and the need for medical treatment, and the patient has agreed to follow the acupuncturist's instructions.

(d) "Acupuncture practitioner" means a practitioner licensed under this chapter to practice the techniques of acupuncture in this state and includes the term "acupuncturist." (e) "Advisory council" means the Mississippi Council of Advisors in Acupuncture established in this chapter.

(f) "Board" means the State Board of Medical Licensure established in Section [73-43-1](#) et seq.

(g) "Complementary and integrative therapies" means a heterogeneous group of preventive, diagnostic and therapeutic philosophies and practices, which at the time they are performed may differ from current scientific knowledge, or whose theoretical basis and techniques may diverge from western medicine routinely taught in

accredited medical colleges, or both. These therapies include, but are not limited to, acupuncture, acutheraPy and acupressure.

(h) “Impaired practitioner” means a practitioner who is unable to practice acupuncture with reasonable skill and safety because of a physical or mental disability as evidenced by a written determination from a competent authority or written consent based on clinical evidence, including deterioration of mental capacity, loss of motor skills, or abuse of drugs or alcohol of sufficient degree to diminish the person’s ability to deliver competent patient care.

(i) “Informed consent” means the acupuncture practitioner has informed the patient, in a manner that would be understood by a reasonable person, of the diagnostic and treatment options, risk assessment and prognosis and has provided the patient with an estimate of the charges for treatment to be rendered and the patient has consented to the recommended treatment.

(j) “NCCAOM” means the National Certification Commission for Acupuncture and Oriental Medicine.

(k) “Physician” means a doctor of medicine or osteopathy who is legally authorized to practice medicine in the State of Mississippi.

(l) “Practice of acupuncture” means:

(i) To treat, correct, change, alleviate or prevent disease, illness, pain, deformity, defect, injury or other physical or mental conditions by the techniques of acupuncture, including: 1. The administering or applying of an apparatus or other therapeutic technique as defined in this chapter; or 2. The using of complementary and integrative therapies as defined in this chapter; or 3. The rendering of advice or recommendation by any means including telephonic and other electronic communications with regard to any of the above.

(ii) To represent, directly or indirectly, publicly or privately, an ability and willingness to do an act described in this paragraph.

(iii) To use any title, words, abbreviation or letters in a manner or under circumstances that induce the belief that the person using them is qualified to do any act described in this paragraph.

(m) “Techniques of acupuncture” includes acupuncture, moxibustion or heating modalities, cupping, magnets, ion pumping cords, electroacupuncture including electrodermal assessment, application of cold packs, dietary, nutritional and lifestyle counseling, manual therapy (Tui Na), massage, breathing and exercise techniques, the administration of any herb and nutritional supplement and meridian therapy. The terms used in this paragraph are defined as follows:

(i) “Acupuncture” means the insertion and manipulation of needles to the body, and the use of Oriental medicine and other modalities and procedures at specific locations on the body, for the prevention or correction of any disease, illness, injury, pain or other condition.

(ii) “Cupping” means the heating of air or mechanical creation of suction in a cup, application to specific locations on the body to induce local vasodilation and mechanical expansion of underlying tissue.

(iii) “Ion pumping cords” means the application of wires containing diodes to acupuncture needles that have been placed on the body.

(iv) “Magnets” means the application of magnets to specific locations on the body.

(v) “Electroacupuncture including electrodermal assessment” means the use of electronic biofeedback, and electrostimulation instruments.

(vi) “Cold packs” means the application of cold packs and ice to specific locations on the body to reduce heat conditions or inflammation in surface tissues of the body.

(vii) “Dietary, nutritional and lifestyle counseling” means in depth patient interviews and counseling to determine whether poor dietary, lifestyle or nutritional practices are a factor in a patient’s illness and to educate toward a healthier lifestyle.

(viii) “Manual therapy (Tui Na) and massage” means mobilization of skeletal and soft tissues.

(ix) “Breathing and exercise techniques” means the use of Qi Gong and other techniques of therapeutic breathing and exercise.

(x) “Administration of herbal and botanical substances” means the administration of herbs of animal, vegetable or mineral origin for health maintenance and the treatment of effects of disease.

(xi) “Vitamin, mineral or nutritional supplement” means a nutritional substance, including a concentrate or extract of such a substance.

(xii) “Devices for meridian therapy” means all assessment and/or treatment devices for use with acupuncture meridians.

History: Laws, 2009, ch. 447, § 3; reenacted without change, Laws, 2013, ch. 465, § 3, eff from and after July 1, § 73-71-5. Definitions. 2013.

§ 73-71-7. Evaluation of patient by physician required within six months before date of performing acupuncture; patient must sign form stating patient was evaluated within the prescribed time; exceptions; practitioner to provide certain information to patient.

All of the following shall apply to an acupuncture practitioner who is licensed to practice in Mississippi:

(a) Except as otherwise provided in paragraph (c), the practitioner may perform acupuncture on a patient only if the patient was evaluated by a physician, as appropriate, for the condition being treated within six (6) months before the date that acupuncture is performed. The State Board of Medical Licensure, with advice from the Mississippi Council of Advisors in Acupuncture, may by rule modify the scope of the evaluation under this paragraph or the period during which treatment must begin under this paragraph.

(b) The practitioner must obtain a written statement signed by the patient on a form prescribed by the State Board of Medical Licensure stating that the patient has been evaluated by a physician within the prescribed time. The form must contain a clear statement that the patient should be evaluated by a physician for the condition being treated by the practitioner.

(c) Notwithstanding the provisions of paragraph (a), a practitioner may, without an evaluation from a physician, perform acupuncture on a patient for:

(i) Smoking addiction;

(ii) Weight loss; or (iii) Substance abuse, to the extent permitted by regulations adopted by the State Board of Medical Licensure, with advice from the Mississippi Council of Advisors in Acupuncture.

(d) Before treating a patient, the practitioner 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.

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

(f) While treating a patient, the practitioner shall not make a diagnosis. If a patient’s condition is not improving or a patient requires emergency medical treatment, the practitioner shall consult promptly with a physician.

History: Laws, 2009, ch. 447, § 4; reenacted without change, Laws, 2013, ch. 465, § 4; Laws, 2017, ch. 391, § 1, eff from and after July 1, 2017.

REPEALED · § 73-71-9. Repealed.

Repealed by Laws, 2017, ch. 391, § 2, effective July 1, 2017. after July 1, 2013.]

§ 73-71-11. Mississippi Council of Advisors in Acupuncture created; membership, organization and operation; compensation; annual report.

(1) There is hereby established the Mississippi Council of Advisors in Acupuncture to aid the State Board of Medical Licensure in administering the provisions of this chapter.

(2) The council shall consist of three (3) persons appointed by the Executive Director of the State Medical Licensure Board to be selected from a list of six (6) nominees of the Mississippi Oriental Medicine Association. Members of the council shall either be acupuncture practitioners who are not medical, osteopathic or chiropractic doctors or surgeons, or medical doctors who are registered to practice acupuncture or qualify as an acupuncture practitioner.

(3) The initial members of the council shall be appointed by the Governor for staggered terms as follows: one (1) member shall be appointed for a term ending on July 1, 2011, and two (2) members shall be appointed for terms ending on July 1, 2012. After the expiration of the initial terms, each successor member shall be appointed for a term of three (3) years. A vacancy shall be filled by appointment by the Governor for the remainder of the unexpired term. Council members shall serve until their successors have been appointed and qualified.

(4) No council member shall serve more than two (2) consecutive full terms, and any member failing to attend three (3) consecutive meetings after proper notice has been given by the council shall automatically be removed as a council member, unless excused for reasons set forth in council regulations.

(5) The Governor may remove any member from the council for neglect of any duty required by law, for incompetence, for improper or unprofessional conduct as defined by board regulations, for conflict of interest, or for any reason that would justify the suspension or revocation of his or her license to practice acupuncture.

(6) A majority of the members of the council shall constitute a quorum to conduct business. It shall require an affirmative vote of a majority of those members present at a meeting to take any action or pass any motion. The council shall, not later than September 1, 2009, and annually thereafter in the month of July, hold a meeting and elect from its membership a chairman and vice chairman. The council shall meet at any other times as it deems necessary or advisable by the chairman, a majority of its members, or the Governor. Reasonable notice of all meetings shall be given in the manner prescribed by the Open Meetings Law (Section 25-3-41 et seq.). Members of the council are not liable to civil action for any act performed in good faith in the execution of duties as a council member.

(7) Members of the council shall be reimbursed for expenses and mileage as provided in Section 25-3-41, but shall receive no other compensation, perquisite or allowance for service on the council.

(8) The council shall report annually to the Legislature statistics regarding the number of licensees, results of the licensing examinations, and violations investigated during the previous year.

History: Laws, 2009, ch. 447, § 6; reenacted without change, Laws, 2013, ch. 465, § 6, eff from and after July 1, 2013. § 73-71-11. Mississippi Council of Advisors in Acupuncture created; membership, organization and operation; compensation; annual report.

§ 73-71-13. State Board of Medical Licensure empowered to promulgate rules and regulations governing acupuncture; board's authority and responsibilities.

(1) The State Board of Medical Licensure is hereby empowered, authorized and directed to adopt, amend, promulgate and enforce such rules, regulations and standards governing the practice of acupuncture as may be necessary to further the accomplishment of the purpose of this chapter, and in so doing shall utilize as the basis thereof the corresponding recommendations of the advisory council.

(2) The board's authority and responsibility include the following:

(a) Grant, deny, renew, restrict, suspend or revoke licenses to practice acupuncture in accordance with the provisions of this chapter or other applicable state law;

(b) Examine by established protocol the qualifications and fitness of applicants for a license to practice acupuncture in this state;

(c) Conduct investigations of suspected violations of this chapter to determine whether there are sufficient grounds to initiate disciplinary proceedings;

(d) Inspect premises and equipment, on a triennial basis and assess an inspection fee in the amount of One Hundred Dollars (\$100.00) per inspection and an additional fee of Fifty Dollars (\$50.00) for each licensed acupuncturist employed by the inspected establishment;

(e) Hold hearings on all matters properly brought before the board, to administer oaths, receive evidence, make necessary determinations and enter orders consistent with the findings. The board may require by subpoena the attendance and testimony of witnesses and the production of papers, records or other documentary evidence and commission depositions. The board may designate one or more of its members to serve as its hearing officer. The board shall adopt rules and regulations for hearings before the board and the rules shall afford any person appearing before the board the safeguards of procedural due process. Formal rules of evidence shall not apply;

(f) Contract with independent consultants or other appropriate agencies to administer examinations for licensure, according to the provisions of this chapter, and establish a fee for such examination not to exceed Five Hundred Dollars (\$500.00);

(g) Establish and publish a schedule of fees for annual licensing, certification and renewal not to exceed Four Hundred Dollars (\$400.00) annually; and (h) Keep and maintain accurate records of all board business in accordance with state law. The powers enumerated in this section are granted for the purpose of enabling the board to supervise effectively the practice of acupuncture and are to be construed liberally to accomplish this objective.

History: Laws, 2009, ch. 447, § 7; reenacted without change, Laws, 2013, ch. 465, § 7, eff from and after July 1, 2013.

§ 73-71-15. Prohibition against unlicensed practice of acupuncture unless exempt from licensure.

Unless licensed as an acupuncture practitioner under this chapter, or exempt from licensure under the provisions of this chapter, no person shall practice or hold himself or herself out as practicing or engaging in the practice of acupuncture, either for compensation or gratuitously.

History: Laws, 2009, ch. 447, § 8; reenacted without change, Laws, 2013, ch. 465, § 8, eff from and after July 1, 2013.

§ 73-71-17. Acupuncture practitioner license authorizes practice of acupuncture; construction of chapter.

(1) An acupuncture practitioner license authorizes the holder to engage in the practice of acupuncture.

(2) This chapter shall not be construed to limit, interfere with, or prevent any other class of licensed health care professionals from practicing within the scope of their licenses as defined by each profession's state licensing statute.

(3) This chapter shall not be construed to make unlawful the activities of persons involved in research performed under the auspices of a federal or state regulated research institution.

(4) The practice and techniques of acupuncture shall not include the practice of physical therapy as defined in the Mississippi Physical Therapy Practice Law, Title 73, Chapter 23 of the Mississippi Code of 1972.

History: Laws, 2009, ch. 447, § 9; reenacted without change, Laws, 2013, ch. 465, § 9, eff from and after July 1, 2013.

§ 73-71-19. Qualifications for licensure; examination; subjects of examination; fingerprint-based criminal history records check required.

(1) No person shall be licensed to practice acupuncture unless he or she has passed an examination and/or has been found to have the necessary qualifications as prescribed in the regulations adopted by the board.

(2) Before any applicant is eligible for an examination or qualification, he or she shall furnish satisfactory proof that he or she:

(a) Is a citizen or permanent resident of the United States;

- (b) Has demonstrated proficiency in the English language;
 - (c) Is at least twenty-one (21) years of age;
 - (d) Is of good moral character;
 - (e) Has completed a program of acupuncture and has received a certificate or diploma from an institute approved by the board, according to the provisions of this chapter;
 - (f) Has completed a clinical internship training as approved by the board; and (g) Has received training in cardiopulmonary resuscitation (CPR).
- (3) The board may hold an examination at least once a year, and all applicants shall be notified in writing of the date and time of all examinations. The board may use a NCCAOM examination if it deems that national examination to be sufficient to qualify a practitioner for licensure in this state. In no case shall the state's own examination be less rigorous than the nationally recognized examination.
- (4) In addition to the written examination, if the nationally recognized examination does not provide a suitable practical examination comparable to board standards, the board shall examine each applicant in the practical application of Oriental medical diagnostic and treatment techniques in a manner and by methods that reveal the applicant's skill and knowledge.
- (5) The board shall require all qualified applicants to be examined in the following subjects:
- (a) Anatomy and physiology;
 - (b) Pathology;
 - (c) Diagnosis;
 - (d) Hygiene, sanitation and sterilization techniques;
 - (e) All major acupuncture principles, practices and techniques; and (f) Clean Needle Technique Exam.
- (6) To assist the board in conducting its licensure investigation, all applicants shall undergo a fingerprint-based criminal history records check of the Mississippi central criminal database and the Federal Bureau of Investigation criminal history database. Each applicant shall submit a full set of the applicant's fingerprints in a form and manner prescribed by the board, which shall be forwarded to the Mississippi Department of Public Safety (department) and the Federal Bureau of Investigation Identification Division for this purpose. Any and all state or national criminal history records information obtained by the board that is not already a matter of public record shall be deemed nonpublic and confidential information restricted to the exclusive use of the board, its members, officers, investigators, agents and attorneys in evaluating the applicant's eligibility or disqualification for licensure, and shall be exempt from the Mississippi Public Records Act of 1983. Except when introduced into evidence in a hearing before the board to determine licensure, no such information or records related thereto shall, except with the written consent of the applicant or by order of a court of competent jurisdiction, be released or otherwise disclosed by the board to any other person or agency. The board shall provide to the department the fingerprints of the applicant, any additional information that may be required by the department, and a form signed by the applicant consenting to the check of the criminal records and to the use of the fingerprints and other identifying information required by the state or national repositories. The board shall charge and collect from the applicant, in addition to all other applicable fees and costs, such amount as may be incurred by the board in requesting and obtaining state and national criminal history records information on the applicant.
- (7) The board shall issue a license to every applicant whose application has been filed with and approved by the board and who has paid the required fees and who either:
- (a) Has passed the board's written examination and practical examination, with a score of not less than seventy percent (70%) on each examination; or (b) Has achieved a passing score on a board approved nationally recognized examination, which examination includes a written and practical portion, as determined by the board; or (c) Has received certification from a board approved national certification process; or (d) Has achieved a passing score on a board approved nationally recognized written

examination and has passed the board's practical examination with a score of not less than seventy percent (70%).

(8) The board shall keep a record of all examinations held, together with the names and addresses of all persons taking examinations, and the examination results. Within forty-five (45) days after the examination, the board shall give written notice of the results of the examination to each applicant.

History: Laws, 2009, ch. 447, § 10; Laws, 2013, ch. 465, § 10, eff from and after July 1, 2013.

§ 73-71-21. License without examination; requirements; reciprocity.

The board may, at its discretion, issue a license without examination to an acupuncture practitioner who has been licensed, certified or otherwise formally legally recognized as an acupuncturist or acupuncture practitioner in any state or territory if all three (3) of the following conditions are met to its satisfaction:

- (a) The applicant meets the requirements of practice in the state or territory in which the applicant is licensed, certified, or registered as an acupuncturist or acupuncture practitioner;
- (b) The requirements for practice in the state or territory in which the applicant is licensed, certified or registered as an acupuncturist or acupuncture practitioner are at least as stringent as those of this state; and (c) The state or territory in which the applicant is licensed, certified or legally recognized as an acupuncturist or acupuncture practitioner permits an acupuncture practitioner licensed in this state to practice acupuncture or acupuncture in that jurisdiction by credentials examination. The issuance of a license by reciprocity to a military-trained applicant, military spouse or person who establishes residence in this state shall be subject to the provisions of Section 73-50-1 or 73-50-2, as applicable.

History: Laws, 2009, ch. 447, § 11; , Laws, 2013, ch. 350, § 45; reenacted without change, Laws, 2013, ch. 465, § 11, eff from and after July 1, 2013; Laws, 2021, ch. 398, § 42, eff from and after July 1, 2021.

§ 73-71-23. Continuing education requirements.

(1) The board shall establish, by regulation, mandatory continuing education requirements for acupuncture practitioners licensed in this state, including the following:

- (a) Each person licensed under this chapter, whether or not residing within the state, shall complete thirty (30) hours of continuing education within each biennial renewal period, except during the initial biennial renewal period; and (b) Each person not obtaining the required number of hours of continuing education may have his or her license renewed for just cause, as determined by the board, so long as the board requires that the deficient hours of continuing education, and all unpaid fees, are made up during the following renewal period in addition to the current continuing education requirements for the renewal period. If any acupuncture practitioner fails to make up the deficient hours and complete the later renewal period, or fails to make up any unpaid fees, then his or her license shall not be renewed until all fees are paid and all of the required hours are completed and documented to the board.

(2) The board shall establish by regulation education standards and record keeping requirements for continuing education providers. A provider of continuing education courses shall apply to the board for approval to offer continuing education courses for credit toward this requirement on a form developed by the board, shall pay a fee covering the cost of approval and for monitoring of the provider by the board. Institutions, associations and individuals providing continuing education shall maintain records of attendance, including sign-in sheets, for a period of three (3) years.

History: Laws, 2009, ch. 447, § 12; reenacted without change, Laws, 2013, ch. 465, § 12, eff from and after July 1, 2013.

§ 73-71-25. Approval of schools and colleges offering education and training in the practice of acupuncture; standards of professional education.

(1) The board shall establish standards for approval of schools and colleges offering education and training in the practice of acupuncture.

(2) Before approval of an institute of acupuncture, the board shall determine that the institute meets standards of professional education. These standards shall provide that the institute:

- (a) Require, as a prerequisite to graduation, a program of study of at least two thousand five hundred (2,500) hours;
- (b) Meet the minimum requirements of a board approved national accrediting body;
- (c) Require participation in a carefully supervised clinical or internship program; and (d) Confer a certificate, diploma or degree in acupuncture only after personal attendance in classes and clinics.

History: Laws, 2009, ch. 447, § 13; reenacted without change, Laws, 2013, ch. 465, § 13, eff from and after July 1, 2013.

§ 73-71-27. Effect of chapter on acupuncturist licensed, certified or registered under prior law; prohibition against performing professional responsibilities not qualified to perform; penalties for violation; liability insurance to be maintained.

(1) Any acupuncturist validly licensed, certified or registered under prior law of this state shall be deemed as licensed under the provisions of this chapter.

(2) All acupuncturists licensed under this section shall not accept or perform professional responsibilities that the licensee knows or has reason to know that the person is not qualified by training, experience or certification to perform. Violation of this section shall subject the licensee to the revocation or suspension of his or her license. The board shall make regulations on those requirements and shall grant previously licensed, certified or registered acupuncturists qualification on a case-by-case basis.

(3) The board shall require each licensee to obtain and maintain an adequate amount of professional liability insurance and provide proof of that insurance to the board.

History: Laws, 2009, ch. 447, § 14; reenacted without change, Laws, 2013, ch. 465, § 14, eff from and after July 1, 2013.

§ 73-71-29. Licensee reporting and record keeping requirements.

(1) Persons licensed under this chapter shall be subject to the following reporting requirements:

- (a) All morbidity, mortality, infectious disease, abuse and neglect reporting requirements of this state;
- (b) Reporting completion of the required continuing education study to the board with his or her license renewal;
- (c) Notification of the board in writing of any change of address within thirty (30) days of the change;
- (d) Notification of the board in writing of termination or temporary closing of the licensee's practice if the cessation of business is expected to be over ninety (90) days, or otherwise limit access to patient records. The licensee shall notify the board upon resuming practice; and (e) Posting his or her license in a conspicuous location in his or her place of practice at all times.

(2) Persons licensed under this chapter shall be subject to the following record keeping requirements:

- (a) Maintenance of accurate records of each patient that he or she treats. The records shall include the name of the patient, medical history, subjective symptoms, objective findings and treatment rendered;
- (b) Maintenance of patient records for a period of seven (7) years; and (c) Maintenance of documents proving completion of required continuing education study for a period of three (3) years.

History: Laws, 2009, ch. 447, § 15; reenacted without change, Laws, 2013, ch. 465, § 15, eff from and after July 1, 2013.

§ 73-71-31. Compliance with applicable public health laws required; requisite practices.

(1) Acupuncture practitioners shall comply with all applicable public health laws of this state.

(2) Sanitation practices shall include:

- (a) Hands shall be washed with soap and water or other disinfectant between treatment of different patients;
- (b) Skin in the area of penetration shall be swabbed with alcohol or other germicidal solution before inserting needles;
- (c) Needles and other equipment used in the practice of acupuncture shall be sterilized before using;
- (d) Needles and other hazardous waste shall be disposed of in a manner prescribed by law; and (e) Other sanitation practices shall be observed to ensure health and safety of patients, as prescribed by the board.

History: Laws, 2009, ch. 447, § 16; reenacted without change, Laws, 2013, ch. 465, § 16, eff from and after July 1, 2013.

§ 73-71-33. Grounds for disciplinary actions.

The following acts constitute grounds for which the board may initiate disciplinary actions:

- (a) Attempting to obtain, or renewing a license to practice acupuncture by bribery or misinterpretation;
- (b) Having a license to practice acupuncture revoked, suspended, or otherwise acted against, including the denial of licensure by the licensing authority of another state or territory for reasons that would preclude licensure in this state;
- (c) Being convicted or found guilty, regardless of adjudication, in any jurisdiction of a felony, or a crime of moral turpitude, or a crime that directly relates to acupuncture. For the purposes of this paragraph, a plea of guilty or a plea of nolo contendere accepted by the court shall be considered as a conviction;
- (d) Advertising, practicing, or attempting to practice under a name other than one's own;
- (e) The use of advertising or solicitation that is false or misleading;
- (f) Aiding, assisting, procuring, employing or advertising an unlicensed person to practice acupuncture contrary to this chapter or a rule of the board;
- (g) Failing to perform any statutory or legal obligation placed upon an acupuncture practitioner;
- (h) Making or filing a report that the licensee knows to be false, intentionally or negligently failing to file a report required by state or federal law, willfully impeding or obstructing that filing or inducing another person to do so. Those reports shall include only those that are signed in the capacity of an acupuncture practitioner;
 - (i) Exercising coercion, intimidation or undue influence in entering into sexual relations with a patient, or continuing the patient-practitioner relationship with a patient with whom the licensee has sexual relations, if those sexual relations cause the licensee to perform services incompetently. This paragraph shall not apply to sexual relations between acupuncture practitioners and their spouses;
- (j) Making deceptive, untrue or fraudulent misrepresentations in the practice of acupuncture;
- (k) Soliciting patients, either personally or through an agent, through the use of fraud, intimidation or undue influence, or a form of overreaching conduct;
- (l) Failing to keep written medical records justifying the course of treatment of the patient;
- (m) Exercising undue influence on the patient to exploit the patient for financial gain of the licensee or of a third party;
- (n) Being unable to practice acupuncture with reasonable skill and safety to patients by reason of illness or intemperate use of alcohol, drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition;
- (o) Malpractice or the failure to practice acupuncture to that level of care, skill and treatment that is recognized by a reasonably prudent similar practitioner of acupuncture as being acceptable under similar conditions and circumstances;
- (p) Practicing or offering to practice beyond the scope permitted by law or accepting or performing professional responsibilities that the licensee knows or has reason to know that he or she is not qualified by training, experience or certification to perform;

- (q) Delegating professional responsibilities to a person when the licensee delegating those responsibilities knows, or has reason to know, that the person is not qualified by training, experience or licensure to perform them;
- (r) Violating any provision of this chapter, a rule of the board, or a lawful order of the board previously entered in a disciplinary hearing or failing to comply with a lawfully issued subpoena of the board;
- (s) Conspiring with another to commit an act, or committing an act, that coerces, intimidates or precludes another licensee from lawfully advertising or providing his or her services;
- (t) Fraud or deceit, or gross negligence, incompetence or misconduct in the operation of a course of study;
- (u) Failing to comply with state, county or municipal regulations or reporting requirements relating to public health and the control of contagious and infectious disease;
 - (v) Failing to comply with any rule of the board relating to health and safety, including, but not limited to, sterilization of equipment and the disposal of potentially infectious materials;
- (w) Incompetence, gross negligence or other malpractice in the practice of acupuncture;
 - (x) Aiding the unlawful practice of acupuncture;
- (y) Fraud or dishonesty in the application or reporting of any test for disease;
- (z) Failure to report, as required by law, or making false or misleading report of, any contagious or infectious disease;
- (aa) Failure to keep accurate patient records; or (bb) Failure to permit the board or its agents to enter and inspect acupuncture premises and equipment as set by rules promulgated by the board.

History: Laws, 2009, ch. 447, § 17; reenacted without change, Laws, 2013, ch. 465, § 17, eff from and after July 1, 2013.

§ 73-71-35. Disciplinary proceedings; penalties; order to compel mental or physical examination.

- (1) Disciplinary proceedings under this chapter shall be conducted in the same manner as other disciplinary proceedings are conducted by the State Board of Medical Licensure.
- (2) When the board finds any person guilty of any of the acts set forth in Section [73-71-33](#), it may then enter an order imposing one or more of the following penalties:
 - (a) Refusal to certify to the board an application for licensure;
 - (b) Revocation or suspension of a license;
 - (c) Restriction of practice;
 - (d) Imposition of an administrative fine not to exceed One Thousand Dollars (\$1,000.00) for each count or separate offense;
 - (e) Issuance of a reprimand;
 - (f) Placement of the acupuncture practitioner on probation for a period of time and subject to the conditions as the board may specify.
- (3) In enforcing this chapter, upon finding of the board that probable cause exists to believe that the licensee is unable to serve as an acupuncture practitioner because of committing any of the acts set forth in Section [73-71-33](#) or any of the crimes set forth in Section [73-71-37](#), the board shall have to issue an order to compel the licensee to submit to a mental or physical examination by a physician designated by the board. If the licensee refuses to comply with the order, the board's order directing the examination may be enforced by filing a petition for enforcement in any court of competent jurisdiction. The licensee against whom the petition is filed shall not be named or identified by initials in any public court record or document, and the proceedings shall be closed to the public unless the licensee stipulates otherwise. The board shall be entitled to the summary procedure provided in applicable state law. An acupuncture practitioner affected under this subsection shall at reasonable intervals be afforded an opportunity to demonstrate that he or she can resume the competent practice of acupuncture with reasonable skill and safety of the patients. In any proceeding under this

subsection, neither the record of proceedings nor the orders entered by the board shall be used against the acupuncture practitioner in any other proceeding.

(4) The board shall not reinstate the license of an acupuncture practitioner, or cause a license to be issued to a person it has deemed to be unqualified, until such time as the board is satisfied that he or she has complied with all the terms and conditions set forth in the final order and that he or she is capable of safely engaging in the practice of acupuncture.

History: Laws, 2009, ch. 447, § 18; reenacted without change, Laws, 2013, ch. 465, § 18, eff from and after July 1, 2013.

§ 73-71-37. Prohibited acts; penalties.

(1) It is unlawful for any person to:

- (a) Hold himself or herself out as an acupuncture practitioner unless licensed as provided in this chapter;
- (b) Practice acupuncture, or attempt to practice acupuncture, without an active license or as otherwise permitted by board rule established under the authority of this chapter;
- (c) Obtain, or attempt to obtain, a license to practice acupuncture by fraud or misrepresentation; or (d) Permit an employed person to engage in the practice of acupuncture unless the person holds an active license as a practitioner of acupuncture, except as provided by this chapter.

(2) Any person who violates any provision of this section is guilty of a misdemeanor and, upon conviction, shall be punished by a fine of not more than One Thousand Dollars (\$1,000.00), or by imprisonment in the county jail for not more than six (6) months, or both.

History: Laws, 2009, ch. 447, § 19; reenacted without change, Laws, 2013, ch. 465, § 19, eff from and after July 1, 2013.

§ 73-71-39. Board to establish program of care, counseling or treatment for impaired acupuncturists.

(1) The board shall establish a program of care, counseling or treatment for impaired acupuncturists.

(2) The program of care, counseling or treatment shall include a written schedule of organized treatment, care, counseling, activities or education satisfactory to the board designed for the purposes of restoring an impaired person to a condition by which the impaired person can practice acupuncture with reasonable skill and safety of a sufficient degree to deliver competent patient care.

(3) All persons authorized to practice by the board shall report in good faith any acupuncturist they reasonably believe to be an impaired practitioner as defined in Section 73-71-5.

History: Laws, 2009, ch. 447, § 20; reenacted without change, Laws, 2013, ch. 465, § 20, eff from and after July 1, 2013.

§ 73-71-41. Confidentiality of patient care information; waiver of privilege.

(1) No licensed acupuncturist shall disclose any information concerning the licensed acupuncturist's care of a patient except on written authorization or by waiver by the licensed acupuncturist's patient or by court order, by subpoena, or as otherwise provided in this section.

(2) Any licensed acupuncturist releasing information under written authorization or other waiver by the patient or under court order, by subpoena, or as otherwise provided by this section shall not be liable to the patient or any other person.

(3) The privilege provided by this section shall be waived to the extent that the licensed acupuncturist's patient places the licensed acupuncturist's care and treatment of the patient or the nature and extent of injuries to the patient at issue in any civil criminal proceeding.

History: Laws, 2009, ch. 447, § 21; reenacted without change, Laws, 2013, ch. 465, § 21, eff from and after July 1, 2013.

§ 73-71-43. License renewal; fees.

Each licensee shall be required to pay biennial license renewal fees and meet continuing education requirements as provided in this chapter.

History: Laws, 2009, ch. 447, § 22; reenacted without change, Laws, 2013, ch. 465, § 22, eff from and after July 1, 2013.

§ 73-71-45. Renewal of expired license within four years after expiration; requirements for obtaining new license after four years after expiration.

(1) A license that has expired may be renewed at any time within ninety (90) days after its expiration upon filing of an application for renewal on a form provided by the board and payment of the renewal fee in effect on the last regular renewal date. If the license is not renewed within ninety (90) days after its expiration, the acupuncture practitioner, as a condition precedent to renewal, shall pay the renewal fees plus a late fee to be set by the board.

(2) A person who fails to renew his or her license within four (4) years after its expiration may not renew that license, and it may not be restored, reissued or reinstated after that time; but that person may apply for and obtain a new license if he or she meets the following requirements:

- (a) Takes and passes a suitable examination, or demonstrates continued practice and continuing education acceptable to the board; and (b) Pays all fees that would be required if an initial application for licensure were being made.

History: Laws, 2009, ch. 447, § 23; reenacted without change, Laws, 2013, ch. 465, § 23, eff from and after July 1, 2013.

§ 73-71-47. Request by licensee to have license placed on inactive status; reinstatement.

At any time while a license is valid, or expired but not lapsed, the licensee may request that his or her license be placed on inactive status. While on inactive status, the licensee is not subject to fees or continuing education requirements. As a condition of reinstatement, the licensee must satisfy the following requirements:

- (a) Demonstrate that he or she has not committed any acts or crimes constituting grounds for denial of licensure under any provisions of this chapter;
- (b) Pay fees to reactivate status as designated by the board;
- (c) Meet continuing education requirements equivalent to those that would have been met in the preceding two (2) years; and (d) Establish to the satisfaction of the board that, with due regard for the public interest, he or she is qualified to practice as an acupuncture practitioner.

History: Laws, 2009, ch. 447, § 24; reenacted without change, Laws, 2013, ch. 465, § 24, eff from and after July 1, 2013.

§ 73-71-49. Suspended license subject to expiration and can be renewed; revoked license subject to expiration but cannot be renewed; reinstatement fees.

(1) A suspended license is subject to expiration and shall be renewed as provided in this chapter, but while the license remains suspended, and until it is reinstated, the renewal does not entitle the practice of acupuncture, or any other activity or conduct in violation of the order of the board by which the license was suspended.

(2) A revoked license is subject to expiration as provided in this chapter but it may not be renewed. If it is reinstated after its expiration, the former licensee, as a condition of reinstatement, shall pay a reinstatement fee in an amount equal to the renewal fee in effect on the last regular renewal fee date, if any, accrued at the time of its expiration.

History: Laws, 2009, ch. 447, § 25; reenacted without change, Laws, 2013, ch. 465, § 25, eff from and after July 1, 2013.

§ 73-71-51. Fees.

- (1) The board may charge reasonable fees for the following:
 - (a) Initial application fee for licensing;
 - (b) Written and practical examination not including the cost of the nationally recognized examination;
 - (c) Biennial licensing renewal for acupuncture practitioners;
 - (d) Late renewal more than thirty (30) days, but not later than one (1) year, after expiration of a license, which late fee is in addition to any other fees;
 - (e) Reciprocal licensing fee;
 - (f) Annual continuing education provider registration fee; and (g) Any and all fees to cover reasonable and necessary administrative expenses as established by the Council of Advisors in Acupuncture.
- (2) All fees shall be set forth in regulations duly adopted by the board.
- (3) All fees and other funds collected under this chapter shall be deposited into the special fund of the State Board of Medical Licensure.

History: Laws, 2009, ch. 447, § 26; reenacted without change, Laws, 2013, ch. 465, § 26, eff from and after July 1, 2013.

REPEALED · § 73-71-53. Repealed.

Repealed by Laws of 2017, ch. 391, § 3, effective July 1, 2017.

PART 6: Radiologist Assistants and Medical Radiation Technology

ABOUT THIS SECTION

The Board licenses and regulates radiologist assistants (Section 41-58-7). The Medical Radiation Technology sections that follow are administered by the State Department of Health; the Board appears there because it permits limited x-ray machine operators, tracks their continuing education, and may charge a certification fee. That radiation-technology subchapter is scheduled to be repealed on July 1, 2028.

Radiologist Assistants

§ 41-58-7. State Board of Medical Licensure authorized to license and regulate practice of radiologist assistants; radiologists authorized to use services of radiologist assistants to practice radiology assistance under their supervision; board shall promulgate rules and regulations including qualifications for licensure, scope of practice, discipline, and fees; requirements for licensure; radiologist assistants prohibited from interpreting images, making diagnoses, or prescribing medications or therapies [Effective until July 1, 2026].

This version is in effect until July 1, 2026.

- (1) The State Board of Medical Licensure shall license and regulate the practice of radiologist assistants in accordance with the provisions of this section.
- (2) A radiologist may use the services of a radiologist assistant to practice radiology assistance under the supervision of the radiologist, provided that the radiologist assistant is duly qualified and licensed as provided in this section.
- (3) The board shall promulgate and publish reasonable rules and regulations necessary to enable it to discharge its functions and enforce the provisions of law regulating the practice of radiologist assistants. Those rules and

regulations shall include, but are not limited to: qualifications for licensure for radiologist assistants; scope of practice of radiologist assistants; supervision of radiologist assistants; identification of radiologist assistants; grounds for disciplinary actions and discipline of radiologist assistants; and setting and charging reasonable fees for licensure and license renewals for radiologist assistants.

(4) Those rules and regulations adopted by the board pertaining to the scope of practice and the educational qualifications necessary to practice as a radiologist assistant shall be consistent with guidelines adopted by the American College of Radiology, the American Society of Radiologic Technologists, and the American Registry of Radiologic Technologists.

(5) Applicants for licensure as a radiologist assistant must be:

(a) credentialed to provide radiology services under the supervision of a radiologist;

(b) a radiologic technologist registered under Sections [41-58-1](#) through [41-58-5](#); and (c) certified and registered with the American Registry of Radiologic Technologists.

(6) A radiologist assistant may not interpret images, make diagnoses or prescribe medications or therapies.

History: Laws, 2005, ch. 317, § 1; Laws, 2006, ch. 342, § 1, eff from and after passage (approved Mar. 13, 2006); Laws, 2026, hb515, § 1, eff from and after July 1, 2026.

§ 41-58-7. State Board of Medical Licensure authorized to license and regulate practice of radiologist assistants; radiologists authorized to use services of radiologist assistants to practice radiology assistance under their supervision; board shall promulgate rules and regulations including qualifications for licensure, scope of practice, discipline, and fees; requirements for licensure; radiologist assistants prohibited from interpreting images, making diagnoses, or prescribing medications or therapies [Effective July 1, 2026].

This version takes effect July 1, 2026.

(1) The State Board of Medical Licensure shall license and regulate the practice of radiologist assistants in accordance with the provisions of this section.

(2) A radiologist may use the services of a radiologist assistant to practice radiology assistance under the supervision of the radiologist, provided that the radiologist assistant is duly qualified and licensed as provided in this section.

(3) The board shall promulgate and publish reasonable rules and regulations necessary to enable it to discharge its functions and enforce the provisions of law regulating the practice of radiologist assistants. Those rules and regulations shall include, but are not limited to: qualifications for licensure for radiologist assistants; scope of practice of radiologist assistants; supervision of radiologist assistants; identification of radiologist assistants; grounds for disciplinary actions and discipline of radiologist assistants; and setting and charging reasonable fees for licensure and license renewals for radiologist assistants.

(4) Those rules and regulations adopted by the board pertaining to the scope of practice and the educational qualifications necessary to practice as a radiologist assistant shall be consistent with guidelines adopted by the American College of Radiology, the American Society of Radiologic Technologists, and the American Registry of Radiologic Technologists.

(5) Applicants for licensure as a radiologist assistant must be:

(a) credentialed to provide radiology services under the supervision of a radiologist;

(b) a radiologic technologist registered under Sections [41-58-1](#) through [41-58-5](#); and (c) certified and registered with the American Registry of Radiologic Technologists.

(6) A radiologist assistant may not interpret images, make diagnoses or prescribe medications or therapies. A radiologist assistant may notify health care providers treating the patient that the ordered imaging procedures have been completed. A radiologist assistant may only communicate their initial observations to the radiologist.

A radiologist assistant may communicate the radiologist's final or preliminary interpretation to other health care providers.

History: Laws, 2005, ch. 317, § 1; Laws, 2006, ch. 342, § 1, eff from and after passage (approved Mar. 13, 2006); Laws, 2026, hb515, § 1, eff from and after July 1, 2026.

Medical Radiation Technology

§ 41-58-1. Definitions [Repealed effective July 1, 2028].

As used in this chapter:

- (a) "Department" means the Mississippi State Department of Health.
- (b) "Licensed practitioner" means a person licensed or otherwise authorized by law to practice medicine, dentistry, chiropractic, osteopathy or podiatry, or a licensed nurse practitioner or physician assistant.
- (c) "Ionizing radiation" means x-rays and gamma rays, alpha and beta particles, high- speed electrons, neutrons and other nuclear particles.
- (d) "X-radiation" means penetrating electromagnetic radiation with wavelengths shorter than ten (10) nanometers produced by bombarding a metallic target with fast electrons in a vacuum.
- (e) "Supervision" means responsibility for, and control of, quality radiation safety and protection, and technical aspects of the application of ionizing radiation to human beings for diagnostic and/or therapeutic purposes.
- (f) "Medical radiation technology" means the science and art of applying ionizing radiation to human beings for diagnostic and/or therapeutic purposes. The four (4) specialized disciplines of medical radiation technology are diagnostic radiologic technology, nuclear medicine technology, radiation therapy and limited x-ray machine operator.
- (g) "Radiologic technologist" means a person other than a licensed practitioner who has passed a national certification examination recognized by the department such as the American Registry of Radiologic Technologists examination or its equivalent, who applies x-radiation or ionizing radiation to any part of the human body for diagnostic purposes and includes the administration of parenteral and enteral contrast media and administration of other medications or procedures incidental to radiologic examinations.
- (h) "Nuclear medicine" means the discipline of performing in vivo imaging and measurement procedures and in vitro nonimaging laboratory studies, preparing radiopharmaceuticals and administering diagnostic/therapeutic doses of radiopharmaceuticals and other medications or procedures incidental for nuclear medicine exams to human beings while under the supervision of a licensed practitioner who is authorized to use radioactive material.
- (i) "Nuclear medicine technologist" means a person other than a licensed practitioner who has passed a national certification examination recognized by the department such as the American Registry of Radiologic Technologists examination, the Nuclear Medicine Technology Certification Board examination or their equivalent, and who has registered with the department to perform nuclear medicine. A registered nuclear medicine technologist may perform computed tomography or magnetic resonance imaging only for the purposes of anatomical location and attenuation correction, provided that this limitation does not apply to persons registered by the department to perform nuclear medicine who are also certified in radiography, computed tomography or magnetic resonance imaging by the American Registry of Radiologic Technologists, the Nuclear Medicine Technology Certification Board, or their equivalent.
- (j) "Radiation therapist" means a person other than a licensed practitioner who has passed a national certification examination recognized by the department such as the American Registry of Radiologic Technologists examination or its equivalent, who applies x-radiation and the ionizing radiation emitted from particle accelerators, cobalt sixty (60) units and sealed sources of radioactive material to human beings for therapeutic purposes while under the supervision of a licensed radiation oncologist or a board-certified radiologist who is licensed to possess and use radioactive material.

(k) “Limited x-ray machine operator” means a person other than a licensed practitioner or radiologic technologist who is issued a permit by the State Board of Medical Licensure to perform medical radiation technology limited to specific radiographic procedures on certain parts of the human anatomy, specifically the chest, abdomen and skeletal structures, and excluding fluoroscopic, both stationary and mobile (C- arm), and contrast studies, computed tomography, nuclear medicine, radiation therapy studies and mammography.

(l) “Council” means the Medical Radiation Advisory Council created under Section 41- 58-3. This section shall stand repealed on July 1, 2028.

History: Laws, 1995, ch. 388, § 1; Laws, 1996, ch. 546, § 1; Laws, 2000, ch. 333, § 1; Laws, 2006, ch. 324, § 1; Laws, 2010, ch. 478, § 1; Laws, 2013, ch. 434, § 1; Laws, 2015, ch. 317, § 1; Laws, 2015, ch. 459, § 1, eff from and after July 1, 2015; Laws, 2018, ch. 321, § 1, eff from and after July 1, 2018; Laws, 2023, ch. 424, § 1, eff from and after July 1, 2023.

§ 41-58-3. Adoption, etc., of rules and regulations; requirements for operation of medical radiation technology machines; maintenance of records by facilities; continuing education requirements for operators; registration requirements [Repealed effective July 1, 2028].

(1) The department shall have full authority to adopt such rules and regulations not inconsistent with the laws of this state as may be necessary to effectuate the provisions of this chapter, and may amend or repeal the same as may be necessary for such purposes.

(2) There shall be established a Medical Radiation Advisory Council to be appointed as provided in this section. The council shall consist of ten (10) members as follows:

- (a) One (1) radiologist who is an active practitioner and member of the Mississippi Radiological Society;
- (b) One (1) licensed family physician;
- (c) One (1) licensed practitioner;
- (d) Two (2) registered radiologic technologists;
- (e) One (1) nuclear medicine technologist;
- (f) One (1) radiation therapist;
- (g) One (1) radiation physicist;
- (h) One (1) hospital administrator; and (i) The State Health Officer, or his designee, who shall serve as ex officio chairman with no voting authority.

(3) The department shall, following the recommendations from the appropriate professional state societies and organizations, including the Mississippi Radiological Society, the Mississippi Society of Radiologic Technologists, and the Mississippi State Nuclear Medicine Society, and other nominations that may be received from whatever source, appoint the members of the council as soon as possible after April 13, 1996. Any person serving on the council who is a practitioner of a profession or occupation required to be licensed, credentialed or certified in the state shall be a holder of an appropriate license, credential or certificate issued by the state. All members of the council shall be residents of the State of Mississippi. The council shall promulgate such rules and regulations by which it shall conduct its business. Members of the council shall receive no salary for services performed on the council but may be reimbursed for their reasonable and necessary actual expenses incurred in the performance of the same, from funds provided for such purpose. The council shall assist and advise the department in the development of regulations and standards to effectuate the provisions of this chapter.

(4) A radiologic technologist, nuclear medicine technologist or radiation therapist shall not apply ionizing or x-radiation or administer radiopharmaceuticals to a human being or otherwise engage in the practice of medical radiation technology unless the person possesses a valid registration issued by the department under the provisions of this chapter.

(5) The department may issue a temporary registration to practice a specialty of medical radiation technology to any applicant who has completed an approved program, who has complied with the provisions of this

chapter, and is awaiting examination for that specialty. This registration shall convey the same rights as the registration for which the applicant is awaiting examination and shall be valid for one (1) six- month period.

(6) The department may charge a registration fee of not more than Fifty Dollars (\$50.00) biennially to each person to whom it issues a registration under the provisions of this chapter. Any increase in the fee charged by the department under this subsection shall be in accordance with the provisions of Section 41-3- 65.

(7) Registration with the department is not required for:

(a) A student enrolled in and participating in an accredited course of study approved by the department for diagnostic radiologic technology, nuclear medicine technology or radiation therapy, who as a part of his clinical course of study applies ionizing radiation to a human being while under the supervision of a licensed practitioner, registered radiologic technologist, registered nuclear medicine technologist or registered radiation therapist;

(b) Laboratory personnel who use radiopharmaceuticals for in vitro studies;

(c) A dental hygienist or a dental assistant who is not a radiologic technologist, nuclear medicine technologist or radiation therapist, who possesses a radiology permit issued by the Board of Dental Examiners and applies ionizing radiation under the specific direction of a licensed dentist;

(d) A chiropractic assistant who is not a radiologic technologist, nuclear medicine technologist or radiation therapist, who possesses a radiology permit issued by the Board of Chiropractic Examiners and applies ionizing radiation under the specific direction of a licensed chiropractor;

(e) An individual who is permitted as a limited x-ray machine operator by the State Board of Medical Licensure and applies ionizing radiation in a physician's office, radiology clinic or a licensed hospital in Mississippi under the specific direction of a licensed practitioner; and (f) A student enrolled in and participating in an accredited course of study for diagnostic radiologic technology, nuclear medicine technology or radiation therapy and is employed by a physician's office, radiology clinic or a licensed hospital in Mississippi and applies ionizing radiation under the specific direction of a licensed practitioner.

(8) Nothing in this chapter is intended to limit, preclude, or otherwise interfere with the practices of a licensed practitioner who is duly licensed or registered by the appropriate agency of the State of Mississippi, provided that the agency specifically recognizes that the procedures covered by this chapter are within the scope of practice of the licensee or registrant.

(9) (a) If any radiologic technologist, nuclear medicine technologist or radiation therapist violates any provision of this chapter or the regulations adopted by the department, the department shall suspend or revoke the registration and practice privileges of the person or issue other disciplinary actions in accordance with statutory procedures and rules and regulations of the department.

(b) If any person violates any provision of this chapter, the department shall issue a written warning to the licensed practitioner or medical institution that employs the person; and if that person violates any provision of this chapter again within three (3) years after the first violation, the department may suspend or revoke the permit or registration for the x-radiation and ionizing equipment of the licensed practitioner or medical institution that employs the person, in accordance with statutory procedures and rules and regulations of the department regarding suspension and revocation of those permits or registrations.

(10) This section shall stand repealed on July 1, 2028.

History: Laws, 1995, ch. 388, § 2; Laws, 1996, ch. 546, § 2; Laws, 2000, ch. 333, § 2; Laws, 2006, ch. 324, § 2; § 41-58-3. Adoption, etc., of rules and regulations; requirements for operation of medical radiation technology machines; maintenance of records by facilities; ... Laws, 2010, ch. 478, § 2; Laws, 2013, ch. 434, § 2; Laws, 2015, ch. 317, § 2; Laws, 2015, ch. 459, § 2; Laws, 2016, ch. 510, § 8, eff from and after July 1, 2016; Laws, 2018, ch. 321, § 2, eff from and after July 1, 2018; reenacted and amended, Laws, 2020, ch. 473, § 8, eff from and after July 1, 2020; Laws, 2023, ch. 424, § 2, eff from and after July 1, 2023.

§ 41-58-5. Continuing education requirements; completion; fees [Repealed

effective July 1, 2028].

- (1) Each registered radiologic technologist, registered nuclear medicine technologist and registered radiation therapist shall submit evidence to the department of completing twenty-four (24) hours of continuing education in a two-year period as described in the rules and regulations of the department.
- (2) Each limited x-ray machine operator who is first employed to apply ionizing radiation in the State of Mississippi shall complete twelve (12) hours of education in radiologic technology, with six (6) of those hours specifically in radiation protection, not later than twelve (12) months after the date of his or her employment to apply ionizing radiation, and shall thereafter submit evidence to the State Board of Medical Licensure of completing twelve (12) hours of continuing education in a two-year period as described in the rules and regulations of the State Board of Medical Licensure. Six (6) of the continuing education hours must be in radiation protection.
- (3) Each individual who is exempt from registration under paragraph (d) of Section 41- 58-3(7) shall complete twelve (12) hours of continuing education in a two-year period as described in the rules and regulations of the department. Six (6) of the continuing education hours must be in radiation protection.
- (4) Each individual who is exempt from registration under paragraph (d) of Section 41- 58-3(7) and who is first employed to apply ionizing radiation in the State of Mississippi shall complete twelve (12) hours of education in radiologic technology, with six (6) of those hours specifically in radiation protection, not later than twelve (12) months after the date of his or her employment to apply ionizing radiation.
- (5) The department shall approve training sessions that will provide the continuing education required under this section in each of the junior/community college districts in the state, with at least one (1) training session being held during each quarter of the year.
- (6) The Board of Chiropractic Examiners and the State Board of Medical Licensure may charge a fee of not more than Fifty Dollars (\$50.00) biennially to each individual whom the board certifies as having completed the continuing education requirements of this section.
- (7) This section shall stand repealed on July 1, 2028.

History: Laws, 1996, ch. 546, § 3; Laws, 1997, ch. 541, § 36; Laws, 2000, ch. 333, § 3; Laws, 2006, ch. 324, § 3; Laws, 2010, ch. 478, § 3; Laws, 2013, ch. 434, § 3; Laws, 2015, ch. 317, § 3; Laws, 2015, ch. 459, § 3, eff from and after July 1, 2015; Laws, 2018, ch. 321, § 3, eff from and after July 1, 2018; Laws, 2023, ch. 424, § 3, eff from and after July 1, 2023.

§ 41-58-9. Department of Health to adopt regulations specifying information to be provided patients receiving mammogram services.

- (1) As used in this section, the following terms shall be defined as provided in this subsection:
 - (a) “Department” means the State Department of Health.
 - (b) “Mammography” means radiography of the breast for the purpose of enabling a physician to determine the presence, size, location and extent of cancerous or potentially cancerous tissue in the breast.
 - (c) “Radiography” means the making of a film or other record of an internal structure of the body by passing x-rays or gamma rays through the body to act on film or other image receptor.
- (2) The department shall adopt regulations that specify the information to be provided to patients receiving mammogram services in the written report of the mammography results that is furnished by the entity performing the mammography services directly to patients under the federal Mammography Quality Standards Act, 42 USC Section 263b. Any information that the department requires to be provided in the report shall be evidence-based, consistent with accepted medical standards, and not inconsistent with the federal Mammography Quality Standards Act or regulations promulgated under that act.

History: Laws, 2017, ch. 388, § 1, eff from and after July 1, 2017.

PART 7: The Board's Role in Other Professions

ABOUT THIS SECTION

The Board does not license or administer the professions in this part. Each is regulated by its own board. These sections appear only where a statute gives the Board a narrow, specific role, such as designating a member to advise another licensing board.

Optometry: pharmaceutical agents

§ 73-19-17. Examination; qualifications.

Any person over the age of twenty-one (21) years, of good moral character, and who has graduated from a high school or preparatory school affiliated with and recognized by a state university, and who has graduated from a reputable school or college of optometry, shall be entitled to stand the examination for license to practice optometry in Mississippi. The examining Board of Optometry shall keep on file a list of schools or colleges of optometry which are recognized by said board. The examination to practice optometry shall consist of tests in practical, theoretical and physiological optics, in theoretical and practical optometry and in anatomy and physiology of the eye and in pathology as applied to optometry. The State Board of Optometry shall not examine or certify any optometrist in any therapeutic procedures unless the optometrist has successfully completed the proper didactic education and supervised clinical training taught by an institution accredited by a regional or professional accreditation organization that is recognized or approved by the Council on Postsecondary Accreditation of the United States Department of Education, or its successor, and approved by the State Board of Optometry with the advice and consultation of the designated members of the State Board of Medical Licensure and the State Board of Pharmacy.

History: Codes, Hemingway's 1921 Supp. § 6124i; 1930, § 5660; 1942, § 8840; Laws, 1920, ch. 217; Laws, 1956, ch. 305, § 3; reenacted, Laws, 1983, ch. 438, § 9; reenacted, Laws, 1991, ch. 303, § 9; Laws, 1994, ch. 573, § 11, eff from and after July 1, 1994.

§ 73-19-103. § 73-19-103. Duties of state boards of optometry, medical licensure and pharmacy; records.

(1) The State Board of Medical Licensure and the State Board of Pharmacy each shall, within thirty (30) days after July 1, 1982, and annually thereafter, designate one (1) member from its board, on the minutes of each respective board, to advise and consult with the State Board of Optometry on the matters specified in Sections [73-19-103](#) through [73-19-109](#). The State Board of Optometry, the State Board of Medical Licensure, and the State Board of Pharmacy shall work in cooperation with each other to the greatest extent possible in implementing the provisions of Sections [73-19-101](#) through [73-19-111](#).

(2) The State Board of Optometry, with the advice and consultation of the designated members of the State Board of Medical Licensure and the State Board of Pharmacy, shall prescribe additional educational requirements and additional theoretical and practical examinations for optometrists licensed to practice optometry in the State of Mississippi and applicants for a license to practice optometry in the State of Mississippi to become certified to use certain specified pharmaceutical agents as diagnostic agents only. The authorized use of such diagnostic pharmaceutical agents shall be specifically limited to those pharmaceutical agents which, when applied topically to the eye, are utilized in a prescribed manner to assess ocular conditions for the purpose of referring any deviation from the normal to a physician for treatment. The pharmaceutical agents so authorized shall be limited to the following classes: anesthetics, mydriatics, cycloplegics, dyes and over-the-counter drugs. Such agents shall be utilized in the practice of optometry only by the optometrist and shall not be dispensed to any patient. The limitations of this subsection shall not apply to those optometrists certified to use therapeutic pharmaceutical agents under the provisions of Sections [73-19-153](#) through [73-19-165](#).

(3) Any optometrist utilizing a diagnostic pharmaceutical agent so authorized shall maintain accurate and current medical records concerning the procurement and use of such pharmaceutical agents in the same form and manner as is required for physicians, in addition to any records required to be kept or otherwise necessary to keep in the practice of optometry. All of the medical records concerning the procurement and use of such pharmaceutical agents shall be available for inspection at any time by representatives of the State Board of Optometry, and all such records shall be made available for inspection to the State Board of Medical Licensure and the State Board of Pharmacy through their designated members.

History: Laws, 1982, ch. 353, § 2, reenacted, Laws, 1985, ch. 374, § 3; Laws, 1994, ch. 573, § 14, eff from and after July 1, 1994.

§ 73-19-105. § 73-19-105. Educational requirements; examination.

(1) Before any optometrist or any applicant for a license to practice optometry may be certified to use diagnostic pharmaceutical agents as authorized in Section [73-19-103](#), he shall submit satisfactory evidence to the State Board of Optometry that he has successfully completed a course or courses in pharmacology as they apply to optometry, with particular emphasis on the topical application of diagnostic pharmaceutical agents to the eye, and any additional educational requirements prescribed by the State Board of Optometry with the advice and consultation of the designated members of the State Board of Medical Licensure and the State Board of Pharmacy. Such course or courses in pharmacology and any additional educational requirements prescribed shall be completed at an institution accredited by a regional professional accreditation organization that is recognized or approved by the Council on Postsecondary Accreditation or the United States Department of Education or its successors and approved by the State Board of Optometry with the advice and consultation of the designated members of the State Board of Medical Licensure and the State Board of Pharmacy.

(2) Upon the successful completion of all specified educational requirements, any optometrist or any applicant for a license to practice optometry who desires certification to use diagnostic pharmaceutical agents as authorized in Section [73-19-103](#) shall satisfactorily pass an examination administered by the State Board of Optometry. Such examination shall be prepared by the State Board of Optometry with the advice and consultation of the designated members of the State Board of Medical Licensure and the State Board of Pharmacy. No credit for such examination may be given unless the applicant for certification has achieved a score equal to or greater than a score which is generally accepted in medical schools as a passing score for the same subject areas of the examination, as determined by the State Board of Optometry. All examinations and scores shall be made available for inspection to the State Board of Medical Licensure and the State Board of Pharmacy through their designated members.

(3) The additional educational requirements necessary to become certified to use diagnostic pharmaceutical agents may be completed simultaneously with the educational requirements necessary to become licensed to practice optometry or may be completed after the person is licensed to practice optometry. Any applicant for a license to practice optometry who has met the additional educational requirements for certification to use diagnostic pharmaceutical agents may take the examination to become licensed to practice optometry and the examination to become certified to use diagnostic pharmaceutical agents at the same time.

History: Laws, 1982, ch. 353, § 3, reenacted, Laws, 1985, ch. 374, § 4; eff from and after July 1, 1985.

§ 73-19-111. § 73-19-111. Penalty for violating provisions regulating use of pharmaceutical agents.

(1) Any optometrist violating any provision of Sections 73-19-101 through 73-19-109 shall, upon conviction for a first offense, be guilty of a misdemeanor and shall be fined not more than Five Hundred Dollars (\$500.00) at the discretion of the court, and upon conviction for a second or later offense shall be fined not less than Five Hundred Dollars (\$500.00) nor more than One Thousand Dollars (\$1,000.00), or imprisoned not less than six (6) months nor more than one (1) year at the discretion of the court. Such actions shall be brought by the State Board of Optometry. However, this shall not be construed to prohibit the State Board of Medical Licensure, the

State Board of Pharmacy, or any affected individual from bringing actions against any optometrist violating any provision of Sections 73-19-101 through 73-19-109.

(2) In addition to the penalties prescribed in subsection (1), the State Board of Optometry is authorized to suspend or revoke the optometrist's license to practice optometry for violating any provision of Sections 73-19-101 through 73-19-109. Any optometrist may appeal any such suspension or revocation of his license by the State Board of Optometry to the chancery court of the county of his residence in the manner prescribed by law.

History: Laws, 1982, ch. 353, § 6, reenacted, Laws, 1985, ch. 374, § 7; eff. from and after July 1, 1985.

§ 73-19-151. Use of therapeutic pharmaceutical agents in practice of optometry.

(1) Persons lawfully engaged in the practice of optometry in the State of Mississippi may prescribe and use therapeutic pharmaceutical agents in the practice of optometry after being authorized to use such agents under the provisions of Section [73-19-153](#).

(2) The designated members of the State Board of Medical Licensure and the State Board of Pharmacy provided for in Section [73-19-103](#) shall advise and consult with the State Board of Optometry on matters specified in Sections 73-19-153 through 73-19-165.

History: Laws, 1994, ch. 573, § 2, eff. from and after July 1, 1994.

§ 73-19-153. Educational and clinical training requirements for certification; examination.

(1) Any optometrist certified to use diagnostic pharmaceutical agents as provided in Section [73-19-105](#) also may be certified to use therapeutic pharmaceutical agents when he has satisfactorily completed the following:

- (a) A course consisting of a minimum of sixty-four (64) hours of didactic education as defined by rule or regulation of the State Board of Optometry with the advice and consultation of the designated members of the State Board of Medical Licensure and the State Board of Pharmacy, with particular emphasis on the examination, diagnosis and treatment of conditions of the eye and adnexa. Such course shall be provided by an institution accredited by a regional or professional accreditation organization that is recognized or approved by the Council on Postsecondary Accreditation of the United States Department of Education, or its successor, and approved by the State Board of Optometry with the advice and consultation of the designated members of the State Board of Medical Licensure and the State Board of Pharmacy; and (b) A minimum of eighty (80) hours of supervised clinical training as it applies to optometry with particular emphasis on the examination, diagnosis and treatment of conditions of the human eye and adnexa, by an institution accredited by a regional or professional accreditation organization that is recognized or approved by the Council on Postsecondary Accreditation of the United States Department of Education, or its successor, and approved by the State Board of Optometry with the advice and consultation of the designated members of the State Board of Medical Licensure and the State Board of Pharmacy; and (c) Such other requirements as may be determined by the board.

(2) Upon the successful completion of all specified educational and clinical requirements provided by an institution accredited by a regional or professional accreditation organization that is recognized or approved by the Council on Postsecondary Accreditation of the United States Department of Education, or its successor, and approved by the State Board of Optometry with the advice and consultation of the designated members of the State Board of Medical Licensure and the State Board of Pharmacy, any optometrist who desires certification to prescribe and use therapeutic pharmaceutical agents shall satisfactorily pass a written examination approved by the State Board of Optometry, with the advice and consultation of the designated members of the State Board of Medical Licensure and the State Board of Pharmacy. The applicant for certification must achieve a score equal to or greater than a score that is generally accepted in medical schools as a passing score for the same subject areas of examination, as determined by the State Board of Optometry. All examinations and

scores shall be made available for inspection to the State Board of Medical Licensure and the State Board of Pharmacy through their designated members.

History: Laws, 1994, ch. 573, § 3, eff from and after July 1, 1994.

§ 73-19-155. Rules and regulations requiring satisfactory completion of educational and clinical training.

(1) Within thirty (30) days after July 1, 1994, and annually thereafter, the State Board of Optometry with the advice and consultation of the designated members of the State Board of Medical Licensure and the State Board of Pharmacy, shall develop rules and regulations requiring the satisfactory completion of the educational requirements, clinical training, and examinations required under the provisions of Sections [73-19-153](#) through 73-19-165, regarding those optometrists seeking to become certified to prescribe and use therapeutic pharmaceutical agents.

(2) Any optometrist using therapeutic pharmaceutical agents shall maintain accurate and current medical records concerning the procurement and use of such agents in the same form and manner as required for medical doctors, in addition to any records required to be kept or otherwise necessary to keep in the practice of optometry. All of these medical records shall be available for inspection at any time by representatives of the State Board of Optometry, and all such records shall be made available for inspection to the State Board of Medical Licensure and the State Board of Pharmacy through their designated members.

History: Laws, 1994, ch. 573, § 4, eff from and after July 1, 1994.

Nursing: physician member of the Nursing Board

§ 73-15-5. Definitions.

(1) “Board” means the Mississippi Board of Nursing.

(2) The “practice of nursing” by a registered nurse means the performance for compensation of services which requires substantial knowledge of the biological, physical, behavioral, psychological and sociological sciences and of nursing theory as the basis for assessment, diagnosis, planning, intervention and evaluation in the promotion and maintenance of health; management of individuals’ responses to illness, injury or infirmity; the restoration of optimum function; or the achievement of a dignified death. “Nursing practice” includes, but is not limited to, administration, teaching, counseling, delegation and supervision of nursing, and execution of the medical regimen, including the administration of medications and treatments prescribed by any licensed or legally authorized physician or dentist. The foregoing shall not be deemed to include acts of medical diagnosis or prescriptions of medical, therapeutic or corrective measures, except as may be set forth by rules and regulations promulgated and implemented by the Mississippi Board of Nursing.

(3) “Clinical nurse specialist practice” by a certified clinical nurse specialist means the delivery of advanced practice nursing care to individuals or groups using advanced diagnostic and assessment skills to manage and improve the health status of individuals and families; diagnose human responses to actual or potential health problems; plan for health promotion, disease prevention, and therapeutic intervention in collaboration with the patient or client; implement therapeutic interventions based on the nurse specialist’s area of expertise and within the scope of advanced nursing practice, including, but not limited to, direct patient care, counseling, teaching, collaboration with other licensed health care providers; and, coordination of health care as necessary and appropriate and evaluation of the effectiveness of care.

(4) “Advanced nursing practice” means, in addition to the practice of professional nursing, the performance of advanced-level nursing approved by the board which, by virtue of graduate education and experience are appropriately performed by an advanced practice registered nurse. The advanced practice registered nurse may diagnose, treat and manage medical conditions. This may include prescriptive authority as identified by the board. Advanced practice registered nurses must practice in a collaborative/consultative relationship with a

physician or dentist with an unrestricted license to practice in the State of Mississippi and advanced nursing must be performed within the framework of a standing protocol or practice guidelines, as appropriate.

(5) The “practice of nursing” by a licensed practical nurse means the performance for compensation of services requiring basic knowledge of the biological, physical, behavioral, psychological and sociological sciences and of nursing procedures which do not require the substantial skill, judgment and knowledge required of a registered nurse. These services are performed under the direction of a registered nurse or a licensed physician or licensed dentist and utilize standardized procedures in the observation and care of the ill, injured and infirm; in the maintenance of health; in action to safeguard life and health; and in the administration of medications and treatments prescribed by any licensed physician or licensed dentist authorized by state law to prescribe. On a selected basis, and within safe limits, the role of the licensed practical nurse shall be expanded by the board under its rule-making authority to more complex procedures and settings commensurate with additional preparation and experience.

(6) A “license” means an authorization to practice nursing as a registered nurse or a licensed practical nurse designated herein.

(7) A “registered nurse” is a person who is licensed or holds the privilege to practice under the provisions of this article and who practices nursing as defined herein. “RN” is the abbreviation for the title of Registered Nurse.

(8) A “licensed practical nurse” is a person who is licensed or holds the privilege to practice under this article and who practices practical nursing as defined herein. “LPN” is the abbreviation for the title of Licensed Practical Nurse.

(9) A “registered nurse in clinical practice” is one who functions in any health care delivery system which provides nursing services.

(10) A “clinical nurse specialist” is a person who is licensed or holds the privilege to practice under this article in this state to practice professional nursing and who in this state practices advanced nursing as defined herein. “CNS” is the abbreviation for the title of Clinical Nurse Specialist.

(11) An “advanced practice registered nurse” is a person who is licensed or holds the privilege to practice under this article and who is certified in advanced practice registered nurse or specialized nursing practice and includes certified registered nurse midwives, certified registered nurse anesthetists and certified nurse practitioners. “CNM” is the abbreviation for the title of Certified Nurse Midwife, “CRNA” is the abbreviation for the title of Certified Registered Nurse Anesthetist. “CNP” is the abbreviation for the title of Certified Nurse Practitioner.

(12) A “nurse educator” is a registered nurse who meets the criteria for faculty as set forth in a state-accredited program of nursing for registered nurses, or a state-approved program of nursing for licensed practical nurses, and who functions as a faculty member.

(13) A “consumer representative” is a person representing the interests of the general public, who may use services of a health agency or health professional organization or its members but who is neither a provider of health services, nor employed in the health services field, nor holds a vested interest in the provision of health services at any level, nor has an immediate family member who holds vested interests in the provision of health services at any level.

(14) “Privilege to practice” means the multistate licensure privilege to practice nursing in the state as described in the Nurse Licensure Compact provided for in Section 73-15-201.

(15) “Licensee” is a person who has been issued a license to practice nursing in the state or who holds the privilege to practice nursing in the state.

History: Codes, 1942, § 8806-03; Laws, 1970, ch. 420, § 3; Laws, 1974, ch. 354; Laws, 1976, ch. 356, § 1; Laws, 1977, ch. 349; Laws, 1981, ch. 449, § 2; reenacted, Laws, 1983, ch. 485, § 3; reenacted, Laws, 1991, ch. 465, § 3; Laws, 2000, ch. 482, § 4; Laws, 2009, ch. 474, § 1; Laws, 2010, ch. 315, § 1; Laws, 2017, ch. 359, § 3, eff from and after July 20, 2017.

§ 73-15-9. Composition of board; appointment; term of office; vacancies and

how filled; removal from office.

(1) There is hereby created a board to be known as the Mississippi Board of Nursing, composed of thirteen (13) members, two (2) of whom shall be nurse educators; three (3) of whom shall be registered nurses in clinical practice, two (2) to have as basic nursing preparation an associate degree or diploma and one (1) to have as basic nursing preparation a baccalaureate degree; one (1) of whom shall be a registered nurse at large; one (1) of whom shall be a registered nurse practitioner; four (4) of whom shall be licensed practical nurses; one (1) of whom shall be a licensed physician who shall always be a member of the State Board of Medical Licensure; and one (1) of whom shall represent consumers of health services. There shall be at least one (1) board member from each congressional district in the state; provided, however, that the physician member, the consumer representative member and one (1) registered nurse member shall be at large always.

(2) Members of the Mississippi Board of Nursing, excepting the member of the State Board of Medical Licensure, shall be appointed by the Governor, with the advice and consent of the Senate, from lists of nominees submitted by any Mississippi registered nurse organization and/or association chartered by the State of Mississippi whose board of directors is elected by the membership and whose membership includes registered nurses statewide, for the nomination of registered nurses, and by the Mississippi Federation of Licensed Practical Nurses and the Mississippi Licensed Practical Nurses' Association for the nomination of a licensed practical nurse. Nominations submitted by any such registered nurse organization or association to fill vacancies on the board shall be made and voted on by registered nurses only. Each list of nominees shall contain a minimum of three (3) names for each vacancy to be filled. The list of names shall be submitted at least thirty (30) days before the expiration of the term for each position. If such list is not submitted, the Governor is authorized to make an appointment from the group affected and without nominations. Appointments made to fill vacancies for unexpired terms shall be for the duration of such terms and until a successor is duly appointed.

(3) Members of the board shall be appointed in staggered terms for four (4) years or until a successor shall be duly qualified. No member may serve more than two (2) consecutive full terms. Members of the board serving on July 1, 1988, shall continue to serve for their appointed terms.

(4) Vacancies occurring by reason of resignation, death or otherwise shall be filled by appointment of the Governor upon nominations from a list of nominees from the affected group to be submitted within not more than thirty (30) days after such a vacancy occurs. In the absence of such list, the Governor is authorized to fill such vacancy in accordance with the provisions for making full-term appointments. All vacancy appointments shall be for the unexpired terms.

(5) Any member may be removed from the board by the Governor after a hearing by the board and provided such removal is recommended by the executive committee of the affected group.

History: Codes, 1942, § 8806-05; Laws, 1970, ch. 420, § 5; Laws, 1976, ch. 356, § 2; Laws, 1981, ch. 449, § 4; § 73-15-9. Composition of board; appointment; term of office; vacancies and how filled; removal from office. reenacted, Laws, 1983, ch. 485, § 5; Laws, 1988, ch. 469, § 1; reenacted, Laws, 1991, ch. 465, § 5, eff from and after July 1, 1991.

§ 73-15-15. Qualifications of board members.

(1) Each board member shall be a citizen of the United States, a resident of the State of Mississippi, and shall before entering upon duties of said office take the oath prescribed by Section 268 of the Constitution of the State of Mississippi and file same with the office of the secretary of state who shall thereupon issue such person so appointed a certificate of appointment.

(2) Each registered nurse board member shall possess these additional qualifications:

- (a) Education-graduation from an approved educational program for the preparation of registered nurses;
- (b) Experience-have at least five (5) years of nursing experience since graduation;
- (c) Employment-have been employed for at least the past three (3) years as a registered nurse in Mississippi;

- (d) Licensure-be currently registered to practice as a registered nurse in the State of Mississippi.
- (3) Each licensed practical nurse board member shall possess these additional qualifications:
 - (a) Education-graduation from an approved educational program for the preparation of licensed practical nurses;
 - (b) Experience-have at least five (5) years of nursing experience since graduation;
 - (c) Employment-have been employed for at least the past three (3) years as a licensed practical nurse in Mississippi;
 - (d) Licensure-be currently registered to practice as a licensed practical nurse in the State of Mississippi.
- (4) The physician member shall be a physician licensed to practice in the State of Mississippi and a member of the state board of medical licensure.

History: Codes, 1942, § 8806-08; Laws, 1970, ch. 420, § 8; Laws, 1981, ch. 449, § 7; reenacted, Laws, 1983, ch. 485, § 8; reenacted, Laws, 1991, ch. 465, § 8, eff from and after July 1, 1991.

Athletic Trainers

§ 73-55-3. Definitions.

The following words and phrases shall have the meanings ascribed herein unless the context clearly indicates otherwise:

- (a) “Advisory council” means the Mississippi Council of Advisors in Athletic Training established in this chapter.
- (b) “Athletic training” means the treatment of an athlete for risk management and athletic injury prevention, the clinical evaluation and assessment of an athlete for an injury or illness, or both, the immediate care and treatment for an injury or illness, or both, and the rehabilitation and reconditioning of an athlete’s injury or illness, or both, as long as those activities are performed under the direction of a licensed physician, nurse practitioner or physician assistant. The practice of athletic training does not include the practice of physical therapy, the practice of medicine, the practice of osteopathic medicine and surgery, the practice of nursing or the practice of chiropractic.
- (c) “Athletic trainer” means a person licensed by the State Department of Health as an athletic trainer after meeting the requirements of this chapter and rules and regulations promulgated pursuant to this chapter, who, upon the advice, consent and oral or written prescriptions or referrals of a licensed physician, nurse practitioner or physician assistant, carries out the practice of athletic training, and in carrying out these functions the athletic trainer is authorized to use physical modalities, such as heat, light, sound, cold, electricity or mechanical devices related to prevention, recognition, evaluation, management, disposition, rehabilitation and treatment. An athletic trainer shall practice only in those areas in which the athletic trainer is competent by reason of training or experience that can be substantiated by records or other evidence found acceptable by the board in the exercise of the board’s considered discretion.
- (d) “Athletic injury” means any injury sustained by a person as a result of the person’s participation in sports, games or recreational activities requiring physical strength, flexibility, range of motion, speed or stamina, or comparable injury.
- (e) “Athlete” means an individual who participates in exercises, sports, or games requiring physical strength, agility, flexibility, range of motion, speed or stamina; or an individual with an athletic injury that a licensed physician, nurse practitioner or physician assistant deems would benefit from athletic training services.
- (f) “Department” means the State Department of Health.
- (g) “Clinical setting” means a hospital, department, outpatient facility or clinic whose primary purpose is sports medicine, rehabilitation or wellness.
- (h) “Nonclinical setting” means a location where school, professional, recreational or sanctioned amateur athletic activities are being held.

- (i) “Board” means the State Board of Health.
- (j) “Physician” means a physician licensed by the State Board of Medical Licensure.
- (k) “BOC, Inc.,” means the Board of Certification, Incorporated, or its successor agency, the National Credentialing Agency of Athletic Trainers; formerly referred to as the National Athletic Trainers’ Association Board of Certification, Inc.

History: § 73-55-3. Definitions. Laws, 1991, ch. 374, § 2; Laws, 2009, ch. 425, § 1, eff from and after July 1, 2009.

§ 73-55-15. Construction and effect of chapter.

- (1) Nothing in this chapter shall be construed to authorize the practice of medicine or nursing by any person not licensed by the State Board of Medical Licensure or the Mississippi Board of Nursing.
- (2) Nothing in this chapter shall be construed as preventing or restricting any of the following persons from engaging in the profession or occupation for which they are licensed:
 - (a) Physicians and surgeons licensed by the State Board of Medical Licensure.
 - (b) Dentists licensed by the State Board of Dental Examiners.
 - (c) Optometrists licensed by the State Board of Optometry.
 - (d) Nurses licensed by the Mississippi Board of Nursing.
 - (e) Chiropractors licensed by the State Board of Chiropractic Examiners.
 - (f) Podiatrists licensed by the State Board of Medical Licensure.
 - (g) Physical therapists licensed by the State Board of Physical Therapy.
 - (h) Occupational therapists licensed by the State Department of Health.
 - (i) Massage therapists licensed by the State Board of Massage Therapy.
- (3) The provisions of this chapter shall not restrict any of the following persons:
 - (a) Coaches and physical education instructors in the performance of their duties.
 - (b) Athletic trainers from other nations, states or territories performing their duties for their respective teams or organizations and only during the course of their team or organization’s stay in this state.

History: Laws, 1991, ch. 374, § 8; Laws, 2009, ch. 425, § 6, eff from and after July 1, 2009.

PART 8: Mississippi Uniform Controlled Substances Law

ABOUT THIS SECTION

This chapter is administered mainly by the Mississippi Bureau of Narcotics and the State Board of Pharmacy. The Board’s role is limited to the practitioners it licenses: it registers them to handle controlled substances, may inspect their records and premises, may set additional record-keeping rules for them, and enforces controlled-substance prescribing standards against them. The sections below are included because they define or involve that role.

§ 41-29-105. Definitions.

The following words and phrases, as used in this article, shall have the following meanings, unless the context otherwise requires:

- (a) “Administer” means the direct application of a controlled substance, whether by injection, inhalation, ingestion or any other means, to the body of a patient or research subject by:
 - (i) A practitioner (or, in his presence, by his authorized agent); or
 - (ii) The patient or research subject at the direction and in the presence of the practitioner.

(b) “Agent” means an authorized person who acts on behalf of or at the direction of a manufacturer, distributor or dispenser. Such word does not include a common or contract carrier, public warehouseman or employee of the carrier or warehouseman. This definition shall not be applied to the term “agent” when such term clearly designates a member or officer of the Bureau of Narcotics or other law enforcement organization.

(c) “Board” means the Mississippi State Board of Medical Licensure.

(d) “Bureau” means the Mississippi Bureau of Narcotics. However, where the title “Bureau of Drug Enforcement” occurs, that term shall also refer to the Mississippi Bureau of Narcotics.

(e) “Commissioner” means the Commissioner of the Department of Public Safety.

(f) “Controlled substance” means a drug, substance or immediate precursor in Schedules I through V of Sections 41-29- 113 through 41-29-121.

(g) “Counterfeit substance” means a controlled substance which, or the container or labeling of which, without authorization, bears the trademark, trade name, or other identifying mark, imprint, number or device, or any likeness thereof, of a manufacturer, distributor or dispenser other than the person who in fact manufactured, distributed or dispensed the substance.

(h) “Deliver” or “delivery” means the actual, constructive, or attempted transfer from one person to another of a controlled substance, whether or not there is an agency relationship.

(i) “Director” means the Director of the Bureau of Narcotics.

(j) “Dispense” means to deliver a controlled substance to an ultimate user or research subject by or pursuant to the lawful order of a practitioner, including the prescribing, administering, packaging, labeling or compounding necessary to prepare the substance for that delivery.

(k) “Dispenser” means a practitioner who dispenses.

(l) “Distribute” means to deliver other than by administering or dispensing a controlled substance.

(m) “Distributor” means a person who distributes.

(n) “Drug” means (i) a substance recognized as a drug in the official United States Pharmacopoeia, official Homeopathic Pharmacopoeia of the United States, or official National Formulary, or any supplement to any of them;

(ii) a substance intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or animals;

(iii) a substance (other than food) intended to affect the structure or any function of the body of man or animals; and (iv) a substance intended for use as a component of any article specified in this paragraph. Such word does not include devices or their components, parts, or accessories.

(o) “Hashish” means the resin extracted from any part of the plants of the genus Cannabis and all species thereof or any preparation, mixture or derivative made from or with that resin.

(p) “Immediate precursor” means a substance which the board has found to be and by rule designates as being the principal compound commonly used or produced primarily for use, and which is an immediate chemical intermediary used or likely to be used in the manufacture of a controlled substance, the control of which is necessary to prevent, curtail, or limit manufacture.

(q) “Manufacture” means the production, preparation, propagation, compounding, conversion or processing of a controlled substance, either directly or indirectly, by extraction from substances of natural origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis, and includes any packaging or repackaging of the substance or labeling or relabeling of its container. The term “manufacture” does not include the preparation, compounding, packaging or labeling of a controlled substance in conformity with applicable state and local law:

(i) By a practitioner as an incident to his administering or dispensing of a controlled substance in the course of his professional practice; or (ii) By a practitioner, or by his authorized agent under his

supervision, for the purpose of, or as an incident to, research, teaching or chemical analysis and not for sale.

(r) “Marijuana” means all parts of the plant of the genus *Cannabis* and all species thereof, whether growing or not, the seeds thereof, and every compound, manufacture, salt, derivative, mixture or preparation of the plant or its seeds, excluding hashish. The term “marijuana” does not include “hemp” as defined in and regulated by Sections 69-25-201 through 69-25-221.

(s) “Narcotic drug” means any of the following, whether produced directly or indirectly by extraction from substances of vegetable origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis:

(i) Opium and opiate, and any salt, compound, derivative or preparation of opium or opiate;

(ii) Any salt, compound, isomer, derivative or preparation thereof which is chemically equivalent or identical with any of the substances referred to in subparagraph (i), but not including the isoquinoline alkaloids of opium;

(iii) Opium poppy and poppy straw; and (iv) Cocaine, coca leaves and any salt, compound, derivative or preparation of cocaine, coca leaves, and any salt, compound, isomer, derivative or preparation thereof which is chemically equivalent or identical with any of these substances, but not including decocainized coca leaves or extractions of coca leaves which do not contain cocaine or ecgonine.

(t) “Opiate” means any substance having an addiction-forming or addiction-sustaining liability similar to morphine or being capable of conversion into a drug having addiction-forming or addiction-sustaining liability. It does not include, unless specifically designated as controlled under Section 41-29-111, the dextrorotatory isomer of 3-methoxy-n-methylmorphinan and its salts (dextromethorphan). Such word does include its racemic and levorotatory forms.

(u) “Opium poppy” means the plant of the species *Papaver somniferum* L., except its seeds.

(v) (i) “Paraphernalia” means all equipment, products and materials of any kind which are used, intended for use, or designed for use, in planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, processing, preparing, testing, analyzing, packaging, repackaging, storing, containing, concealing, injecting, ingesting, inhaling or otherwise introducing into the human body a controlled substance in violation of the Uniform Controlled Substances Law. It includes, but is not limited to: 1. Kits used, intended for use, or designed for use in planting, propagating, cultivating, growing or harvesting of any species of plant which is a controlled substance or from which a controlled substance can be derived; 2. Kits used, intended for use, or designed for use in manufacturing, compounding, converting, producing, processing or preparing controlled substances; 3. Isomerization devices used, intended for use or designed for use in increasing the potency of any species of plant which is a controlled substance; 4. Testing equipment used, intended for use, or designed for use in identifying or in analyzing the strength, effectiveness or purity of controlled substances; 5. Scales and balances used, intended for use or designed for use in weighing or measuring controlled substances; 6. Diluents and adulterants, such as quinine hydrochloride, mannitol, mannite, dextrose and lactose, used, intended for use or designed for use in cutting controlled substances; 7. Separation gins and sifters used, intended for use or designed for use in removing twigs and seeds from, or in otherwise cleaning or refining, marijuana; 8. Blenders, bowls, containers, spoons and mixing devices used, intended for use or designed for use in compounding controlled substances; 9. Capsules, balloons, envelopes and other containers used, intended for use or designed for use in packaging small quantities of controlled substances; 10. Containers and other objects used, intended for use or designed for use in storing or concealing controlled substances; 11. Hypodermic syringes, needles and other objects used, intended for use or designed for use in parenterally injecting controlled substances into the human body; 12. Objects used, intended for use or designed for use in ingesting, inhaling or otherwise introducing marijuana, cocaine, hashish or hashish oil into the human body, such as: a. Metal, wooden, acrylic, glass, stone, plastic or ceramic pipes with or without screens, permanent screens, hashish heads or punctured metal bowls; b.

Water pipes; c. Carburetion tubes and devices; d. Smoking and carburetion masks; e. Roach clips, meaning objects used to hold burning material, such as a marijuana cigarette, that has become too small or too short to be held in the hand; f. Miniature cocaine spoons and cocaine vials; g. Chamber pipes; h. Carburetor pipes; i. Electric pipes; j. Air-driven pipes; k. Chillums; l. Bongs; and m. Ice pipes or chillers.

(ii) In determining whether an object is paraphernalia, a court or other authority should consider, in addition to all other logically relevant factors, the following: 1. Statements by an owner or by anyone in control of the object concerning its use; 2. Prior convictions, if any, of an owner, or of anyone in control of the object, under any state or federal law relating to any controlled substance; 3. The proximity of the object, in time and space, to a direct violation of the Uniform Controlled Substances Law; 4. The proximity of the object to controlled substances; 5. The existence of any residue of controlled substances on the object; 6. Direct or circumstantial evidence of the intent of an owner, or of anyone in control of the object, to deliver it to persons whom he knows, or should reasonably know, intend to use the object to facilitate a violation of the Uniform Controlled Substances Law; the innocence of an owner, or of anyone in control of the object, as to a direct violation of the Uniform Controlled Substances Law shall not prevent a finding that the object is intended for use, or designed for use as paraphernalia; 7. Instructions, oral or written, provided with the object concerning its use; 8. Descriptive materials accompanying the object which explain or depict its use; 9. National and local advertising concerning its use; 10. The manner in which the object is displayed for sale; 11. Whether the owner or anyone in control of the object is a legitimate supplier of like or related items to the community, such as a licensed distributor or dealer of tobacco products; 12. Direct or circumstantial evidence of the ratio of sales of the object(s) to the total sales of the business enterprise; 13. The existence and scope of legitimate uses for the object in the community; 14. Expert testimony concerning its use.

(iii) "Paraphernalia" does not include any materials used or intended for use in testing for the presence of fentanyl or a fentanyl analog in a substance.

(w) "Person" means individual, corporation, government or governmental subdivision or agency, business trust, estate, trust, partnership or association, or any other legal entity.

(x) "Poppy straw" means all parts, except the seeds, of the opium poppy, after mowing.

(y) "Practitioner" means:

(i) A physician, dentist, veterinarian, scientific investigator, optometrist certified to prescribe and use therapeutic pharmaceutical agents under Sections 73-19-153 through 73-19-165, or other person licensed, registered or otherwise permitted to distribute, dispense, conduct research with respect to or to administer a controlled substance in the course of professional practice or research in this state; and (ii) A pharmacy, hospital or other institution licensed, registered, or otherwise permitted to distribute, dispense, conduct research with respect to or to administer a controlled substance in the course of professional practice or research in this state.

(z) "Production" includes the manufacture, planting, cultivation, growing or harvesting of a controlled substance.

(aa) "Sale," "sell" or "selling" means the actual, constructive or attempted transfer or delivery of a controlled substance for remuneration, whether in money or other consideration.

(bb) "State," when applied to a part of the United States, includes any state, district, commonwealth, territory, insular possession thereof, and any area subject to the legal authority of the United States of America.

(cc) "Ultimate user" means a person who lawfully possesses a controlled substance for his own use or for the use of a member of his household or for administering to an animal owned by him or by a member of his household.

History: Codes, 1942, § 6831-56; Laws, 1971, ch. 521, § 6; Laws, 1972, ch. 520, § 5; Laws, 1974, ch. 415, § 1; Laws, 1981, ch. 502, § 1; Laws, 1982, ch. 323, § 1; Laws, 2005, ch. 404, § 4, eff from and after July 1, 2005; Laws, 2020, ch. 413, § 14, eff from and after passage (approved June 29, 2020); Laws, 2023, ch. 346, § 1, eff from and after July 1, 2023.

§ 41-29-109. Cooperation with bureau of narcotics.

The Mississippi Bureau of Narcotics shall have the full cooperation and use of facilities and personnel of the State Board of Pharmacy, the State Board of Medical Licensure, the State Board of Dental Examiners, the Mississippi Board of Nursing, the State Board of Optometry, the district and county attorneys, and of the Attorney General's office. It shall be the duty of all duly sworn peace officers of the State of Mississippi to enforce the provisions of this article with reference to illicit narcotic and drug traffic. The provisions of this article may likewise be enforced by agents of the United States Drug Enforcement Administration.

History: Codes, 1942, § 6831-54; Laws, 1971, ch. 521, § 4; Laws, 1972, ch. 520, § 3; Laws, 1981, ch. 502, § 13; Laws, 1983, ch. 488, § 35; Laws, 2001, ch. 470, § 1; Laws, 2005, ch. 404, § 6, eff from and after July 1, 2005.

§ 41-29-125. Rules and regulations relative to registration and control of manufacture, distribution and dispensing of controlled substances; delivery of Schedule II controlled substance by mail or other shipment to be made only to persons eighteen or older.

(1) The State Board of Pharmacy may promulgate rules and regulations relating to the registration and control of the manufacture, distribution and dispensing of controlled substances within this state and the distribution and dispensing of controlled substances into this state from an out-of-state location.

(a) Every person who manufactures, distributes or dispenses any controlled substance within this state or who distributes or dispenses any controlled substance into this state from an out-of-state location, or who proposes to engage in the manufacture, distribution or dispensing of any controlled substance within this state or the distribution or dispensing of any controlled substance into this state from an out-of-state location, must obtain a registration issued by the State Board of Pharmacy, the State Board of Medical Licensure, the State Board of Dental Examiners, the Mississippi Board of Nursing or the Mississippi Board of Veterinary Medicine, as appropriate, in accordance with its rules and the law of this state. Such registration shall be obtained annually or biennially, as specified by the issuing board, and a reasonable fee may be charged by the issuing board for such registration.

(b) Persons registered by the State Board of Pharmacy, with the consent of the United States Drug Enforcement Administration and the State Board of Medical Licensure, the State Board of Dental Examiners, the Mississippi Board of Nursing or the Mississippi Board of Veterinary Medicine to manufacture, distribute, dispense or conduct research with controlled substances may possess, manufacture, distribute, dispense or conduct research with those substances to the extent authorized by their registration and in conformity with the other provisions of this article.

(c) The following persons need not register and may lawfully possess controlled substances under this article:

(1) An agent or employee of any registered manufacturer, distributor or dispenser of any controlled substance if he is acting in the usual course of his business or employment;

(2) A common or contract carrier or warehouse, or an employee thereof, whose possession of any controlled substance is in the usual course of business or employment;

(3) An ultimate user or a person in possession of any controlled substance pursuant to a valid prescription or in lawful possession of a Schedule V substance as defined in Section 41-29- 121.

(d) The State Board of Pharmacy may waive by rule the requirement for registration of certain manufacturers, distributors or dispensers if it finds it consistent with the public health and safety.

(e) A separate registration is required at each principal place of business or professional practice where an applicant within the state manufactures, distributes or dispenses controlled substances and for each principal place of business or professional practice located out-of-state from which controlled substances are distributed or dispensed into the state.

(f) The State Board of Pharmacy, the Mississippi Bureau of Narcotics, the State Board of Medical Licensure, the State Board of Dental Examiners, the Mississippi Board of Nursing and the Mississippi Board of Veterinary Medicine may inspect the establishment of a registrant or applicant for registration in accordance with the regulations of these agencies as approved by the board.

(2) Whenever a pharmacy ships, mails or delivers any Schedule II controlled substance listed in Section 41-29-115 to a private residence in this state, the pharmacy shall arrange with the entity that will actually deliver the controlled substance to a recipient in this state that the entity will:

(a) deliver the controlled substance only to a person who is eighteen (18) years of age or older; and (b) obtain the signature of that person before delivering the controlled substance. The requirements of this subsection shall not apply to a pharmacy serving a nursing facility or to a pharmacy owned and/or operated by a hospital, nursing facility or clinic to which the general public does not have access to purchase pharmaceuticals on a retail basis.

(3) This section does not apply to any of the actions that are lawful under the Mississippi Medical Cannabis Act and in compliance with rules and regulations adopted thereunder.

History: Codes, 1942, § 6831-63; Laws, 1971, ch. 521, § 13; Laws, 1983, ch. 488, § 36, ch. 522, § 14; Laws, 1984, ch. 354, § 2; Laws, 2001, ch. 470, § 2; Laws, 2009, ch. 469, § 4; Laws, 2011, ch. 466, § 1; Laws, 2011, ch. 546, § 34, eff from and after passage (approved Apr. 26, 2011); Laws, 2022, ch. 303, § 55, eff from and after passage (approved February 2, 2022).

§ 41-29-133. Records and inventories.

Persons registered to manufacture, distribute or dispense controlled substances under this article shall keep records and maintain inventories in conformance with the record-keeping and inventory requirements of federal law and with any additional rules the Mississippi Bureau of Narcotics, the State Board of Pharmacy, the State Board of Medical Licensure, the State Board of Dental Examiners, the Mississippi Board of Nursing, the State Board of Optometry or the Mississippi Board of Veterinary Medicine may issue.

History: Codes, 1942, § 6831-67; Laws, 1971, ch. 521, § 17; Laws, 1983, ch. 488, § 37; Laws, 1983, ch. 522, § 15; Laws, 2001, ch. 470, § 3; Laws, 2005, ch. 404, § 7; Laws, 2009, ch. 469, § 7, eff from and after July 1, 2009.

§ 41-29-137. Prescriptions.

(a) (1) Except when dispensed directly by a practitioner, other than a pharmacy, to an ultimate user, no controlled substance in Schedule II, as set out in Section 41-29-115, may be dispensed without the written valid prescription of a practitioner. A practitioner shall keep a record of all controlled substances in Schedule I, II and III administered, dispensed or professionally used by him otherwise than by prescription.

(2) In emergency situations, as defined by rule of the State Board of Pharmacy, Schedule II drugs may be dispensed upon the oral valid prescription of a practitioner, reduced promptly to writing and filed by the pharmacy. Prescriptions shall be retained in conformity with the requirements of Section [41-29-133](#). No prescription for a Schedule II substance may be refilled unless renewed by prescription issued by a licensed medical doctor.

(b) Except when dispensed directly by a practitioner, other than a pharmacy, to an ultimate user, a controlled substance included in Schedule III or IV, as set out in Sections 41-29-117 and 41-29-119, shall not be dispensed without a written or oral valid prescription of a practitioner. The prescription shall not be filled or refilled more than six (6) months after the date thereof or be refilled more than five (5) times, unless renewed by the practitioner.

(c) A controlled substance included in Schedule V, as set out in Section 41-29-121, shall not be distributed or dispensed other than for a medical purpose.

(d) An optometrist certified to prescribe and use therapeutic pharmaceutical agents under Sections 73-19-153 through 73-19-165 shall have the prescriptive authority granted in Section 73-19-157.

(e) Administration by injection of any pharmaceutical product authorized in this section is expressly prohibited except when dispensed directly by a practitioner other than a pharmacy.

(f) (1) For the purposes of this article, Title 73, Chapter 21, and Title 73, Chapter 25, Mississippi Code of 1972, as it pertains to prescriptions for controlled substances, a “valid prescription” means a prescription that is issued for a legitimate medical purpose in the usual course of professional practice by:

(A) A practitioner who has conducted at least one (1) in-person medical evaluation of the patient, except as otherwise authorized by Section [41-29-137.1](#); or (B) A covering practitioner.

(2) (A) “In-person medical evaluation” means a medical evaluation that is conducted with the patient in the physical presence of the practitioner, without regard to whether portions of the evaluation are conducted by other health professionals.

(B) “Covering practitioner” means a practitioner who conducts a medical evaluation other than an in-person medical evaluation at the request of a practitioner who has conducted at least one (1) in-person medical evaluation of the patient or an evaluation of the patient through the practice of telemedicine within the previous twenty-four (24) months and who is temporarily unavailable to conduct the evaluation of the patient.

(3) A prescription for a controlled substance based solely on a consumer’s completion of an online medical questionnaire is not a valid prescription.

(4) Nothing in this subsection (f) shall apply to:

(A) A prescription issued by a practitioner engaged in the practice of telemedicine as authorized under state or federal law; or (B) The dispensing or selling of a controlled substance pursuant to practices as determined by the United States Attorney General by regulation.

(g) This section does not apply to any of the actions that are lawful under the Mississippi Medical Cannabis Act and in compliance with rules and regulations adopted thereunder.

History: Codes, 1942, § 6831-69; Laws, 1971, ch. 521, § 19; Laws, 2005, ch. 404, § 5; Laws, 2009, ch. 469, § 8; Laws, 2011, ch. 449, § 5, eff from and after July 1, 2011; Laws, 2020, ch. 363, § 2, eff from and after passage (approved June 25, 2020); Laws, 2021, ch. 386, § 2, eff from and after passage (approved March 22, 2021); Laws, 2022, ch. 303, § 58, eff from and after passage (approved February 2, 2022); Laws, 2022, ch. 329, § 5, eff from and after passage (approved March 14, 2022).

§ 41-29-139. Prohibited acts; penalties [Effective until July 1, 2026].

This version is in effect until July 1, 2026.

(a) Transfer and possession with intent to transfer. Except as authorized by this article, it is unlawful for any person knowingly or intentionally:

(1) To sell, barter, transfer, manufacture, distribute, dispense or possess with intent to sell, barter, transfer, manufacture, distribute or dispense, a controlled substance; or (2) To create, sell, barter, transfer, distribute, dispense or possess with intent to create, sell, barter, transfer, distribute or dispense, a counterfeit substance.

(b) Punishment for transfer and possession with intent to transfer. Except as otherwise provided in Section 41-29-142, any person who violates subsection (a) of this section shall be, if convicted, sentenced as follows:

(1) For controlled substances classified in Schedule I or II, as set out in Sections 41-29-113 and 41-29-115, other than marijuana or synthetic cannabinoids:

(A) If less than two (2) grams or ten (10) dosage units, by imprisonment for not more than eight (8) years or a fine of not more than Fifty Thousand Dollars (\$50,000.00), or both.

(B) If two (2) or more grams or ten (10) or more dosage units, but less than ten (10) grams or twenty (20) dosage units, by imprisonment for not less than three (3) years nor more than twenty (20) years or a fine of not more than Two Hundred Fifty Thousand Dollars (\$250,000.00), or both.

(C) If ten (10) or more grams or twenty (20) or more dosage units, but less than thirty (30) grams or forty (40) dosage units, by imprisonment for not less than five (5) years nor more than thirty (30) years or a fine of not more than Five Hundred Thousand Dollars (\$500,000.00), or both.

(2) (A) For marijuana: 1. If thirty (30) grams or less, by imprisonment for not more than three (3) years or a fine of not more than Three Thousand Dollars (\$3,000.00), or both; 2. If more than thirty (30) grams but less than two hundred fifty (250) grams, by imprisonment for not more than five (5) years or a fine of not more than Five Thousand Dollars (\$5,000.00), or both; 3. If two hundred fifty (250) or more grams but less than five hundred (500) grams, by imprisonment for not less than three (3) years nor more than ten (10) years or a fine of not more than Fifteen Thousand Dollars (\$15,000.00), or both; 4. If five hundred (500) or more grams but less than one (1) kilogram, by imprisonment for not less than five (5) years nor more than twenty (20) years or a fine of not more than Twenty Thousand Dollars (\$20,000.00), or both.

(B) For synthetic cannabinoids: 1. If ten (10) grams or less, by imprisonment for not more than three (3) years or a fine of not more than Three Thousand Dollars (\$3,000.00), or both; 2. If more than ten (10) grams but less than twenty (20) grams, by imprisonment for not more than five (5) years or a fine of not more than Five Thousand Dollars (\$5,000.00), or both; 3. If twenty (20) or more grams but less than forty (40) grams, by imprisonment for not less than three (3) years nor more than ten (10) years or a fine of not more than Fifteen Thousand Dollars (\$15,000.00), or both; 4. If forty (40) or more grams but less than two hundred (200) grams, by imprisonment for not less than five (5) years nor more than twenty (20) years or a fine of not more than Twenty Thousand Dollars (\$20,000.00), or both.

(3) For controlled substances classified in Schedules III and IV, as set out in Sections 41-29-117 and 41-29-119:

(A) If less than two (2) grams or ten (10) dosage units, by imprisonment for not more than five (5) years or a fine of not more than Five Thousand Dollars (\$5,000.00), or both;

(B) If two (2) or more grams or ten (10) or more dosage units, but less than ten (10) grams or twenty (20) dosage units, by imprisonment for not more than eight (8) years or a fine of not more than Fifty Thousand Dollars (\$50,000.00), or both;

(C) If ten (10) or more grams or twenty (20) or more dosage units, but less than thirty (30) grams or forty (40) dosage units, by imprisonment for not more than fifteen (15) years or a fine of not more than One Hundred Thousand Dollars (\$100,000.00), or both;

(D) If thirty (30) or more grams or forty (40) or more dosage units, but less than five hundred (500) grams or two thousand five hundred (2,500) dosage units, by imprisonment for not more than twenty (20) years or a fine of not more than Two Hundred Fifty Thousand Dollars (\$250,000.00), or both.

(4) For controlled substances classified in Schedule V, as set out in Section 41-29-121:

(A) If less than two (2) grams or ten (10) dosage units, by imprisonment for not more than one (1) year or a fine of not more than Five Thousand Dollars (\$5,000.00), or both;

(B) If two (2) or more grams or ten (10) or more dosage units, but less than ten (10) grams or twenty (20) dosage units, by imprisonment for not more than five (5) years or a fine of not more than Ten Thousand Dollars (\$10,000.00), or both;

(C) If ten (10) or more grams or twenty (20) or more dosage units, but less than thirty (30) grams or forty (40) dosage units, by imprisonment for not more than ten (10) years or a fine of not more than Twenty Thousand Dollars (\$20,000.00), or both;

(D) For thirty (30) or more grams or forty (40) or more dosage units, but less than five hundred (500) grams or two thousand five hundred (2,500) dosage units, by imprisonment for not more than fifteen (15) years or a fine of not more than Fifty Thousand Dollars (\$50,000.00), or both.

(c) Simple possession. Except as otherwise provided under subsection (i) of this section for actions that are lawful under the Mississippi Medical Cannabis Act and in compliance with rules and regulations adopted thereunder, it is unlawful for any person knowingly or intentionally to possess any controlled substance unless the substance was obtained directly from, or pursuant to, a valid prescription or order of a practitioner while acting in the course of his professional practice, or except as otherwise authorized by this article. The penalties for any violation of this subsection (c) with respect to a controlled substance classified in Schedules I, II, III, IV or V, as set out in Section 41-29-113, 41-29-115, 41-29-117, 41-29-119 or 41-29-121, including marijuana or synthetic cannabinoids, shall be based on dosage unit as defined herein or the weight of the controlled substance as set forth herein as appropriate: "Dosage unit (d.u.)" means a tablet or capsule, or in the case of a liquid solution, one (1) milliliter. In the case of lysergic acid diethylamide (LSD) the term, "dosage unit" means a stamp, square, dot, microdot, tablet or capsule of a controlled substance. For any controlled substance that does not fall within the definition of the term "dosage unit," the penalties shall be based upon the weight of the controlled substance. The weight set forth refers to the entire weight of any mixture or substance containing a detectable amount of the controlled substance. If a mixture or substance contains more than one (1) controlled substance, the weight of the mixture or substance is assigned to the controlled substance that results in the greater punishment. A person shall be charged and sentenced as follows for a violation of this subsection with respect to:

(1) A controlled substance classified in Schedule I or II, except marijuana and synthetic cannabinoids:

(A) If less than one-tenth (0.1) gram or two (2) dosage units, the violation is a misdemeanor and punishable by imprisonment for not more than one (1) year or a fine of not more than One Thousand Dollars (\$1,000.00), or both.

(B) If one-tenth (0.1) gram or more or two (2) or more dosage units, but less than two (2) grams or ten (10) dosage units, by imprisonment for not more than three (3) years or a fine of not more than Fifty Thousand Dollars (\$50,000.00), or both.

(C) If two (2) or more grams or ten (10) or more dosage units, but less than ten (10) grams or twenty (20) dosage units, by imprisonment for not more than eight (8) years or a fine of not more than Two Hundred Fifty Thousand Dollars (\$250,000.00), or both.

(D) If ten (10) or more grams or twenty (20) or more dosage units, but less than thirty (30) grams or forty (40) dosage units, by imprisonment for not less than three (3) years nor more than twenty (20) years or a fine of not more than Five Hundred Thousand Dollars (\$500,000.00), or both.

(2) (A) Marijuana and synthetic cannabinoids: 1. If thirty (30) grams or less of marijuana or ten (10) grams or less of synthetic cannabinoids, by a fine of not less than One Hundred Dollars (\$100.00) nor more than Two Hundred Fifty Dollars (\$250.00). The provisions of this paragraph (2)(A) may be enforceable by summons if the offender provides proof of identity satisfactory to the arresting officer and gives written promise to appear in court satisfactory to the arresting officer, as directed by the summons. A second conviction under this section within two (2) years is a misdemeanor punishable by a fine of Two Hundred Fifty Dollars (\$250.00), not more than sixty (60) days in the county jail, and mandatory participation in a drug education program approved by the Division of Alcohol and Drug Abuse of the State Department of Mental Health, unless the court enters a written finding that a drug education program is inappropriate. A third or subsequent conviction under this paragraph (2)(A) within two (2) years is a misdemeanor punishable by a fine of not less than Two Hundred Fifty Dollars (\$250.00) nor more than One Thousand Dollars (\$1,000.00) and confinement for not more than six (6) months in the county jail. Upon a first or second conviction under this paragraph (2)(A), the courts shall forward a report of the conviction to the Mississippi Bureau of Narcotics which shall make and maintain a private, nonpublic record for a period not to exceed two (2) years from the date of conviction. The private, nonpublic record shall be solely for the use of the courts in determining the penalties which attach upon conviction under this paragraph (2)(A) and shall not constitute a criminal record for the purpose of private or

administrative inquiry and the record of each conviction shall be expunged at the end of the period of two (2) years following the date of such conviction; 2. Additionally, a person who is the operator of a motor vehicle, who possesses on his person or knowingly keeps or allows to be kept in a motor vehicle within the area of the vehicle normally occupied by the driver or passengers, more than one (1) gram, but not more than thirty (30) grams of marijuana or not more than ten (10) grams of synthetic cannabinoids is guilty of a misdemeanor and, upon conviction, may be fined not more than One Thousand Dollars (\$1,000.00) or confined for not more than ninety (90) days in the county jail, or both. For the purposes of this subsection, such area of the vehicle shall not include the trunk of the motor vehicle or the areas not normally occupied by the driver or passengers if the vehicle is not equipped with a trunk. A utility or glove compartment shall be deemed to be within the area occupied by the driver and passengers.

(B) Marijuana: 1. If more than thirty (30) grams but less than two hundred fifty (250) grams, by a fine of not more than One Thousand Dollars (\$1,000.00), or confinement in the county jail for not more than one (1) year, or both; or by a fine of not more than Three Thousand Dollars (\$3,000.00), or imprisonment in the custody of the Department of Corrections for not more than three (3) years, or both; 2. If two hundred fifty (250) or more grams but less than five hundred (500) grams, by imprisonment for not less than two (2) years nor more than eight (8) years or by a fine of not more than Fifty Thousand Dollars (\$50,000.00), or both; 3. If five hundred (500) or more grams but less than one (1) kilogram, by imprisonment for not less than four (4) years nor more than sixteen (16) years or a fine of not more than Two Hundred Fifty Thousand Dollars (\$250,000.00), or both; 4. If one (1) kilogram or more but less than five (5) kilograms, by imprisonment for not less than six (6) years nor more than twenty-four (24) years or a fine of not more than Five Hundred Thousand Dollars (\$500,000.00), or both; 5. If five (5) kilograms or more, by imprisonment for not less than ten (10) years nor more than thirty (30) years or a fine of not more than One Million Dollars (\$1,000,000.00), or both.

(C) Synthetic cannabinoids: 1. If more than ten (10) grams but less than twenty (20) grams, by a fine of not more than One Thousand Dollars (\$1,000.00), or confinement in the county jail for not more than one (1) year, or both; or by a fine of not more than Three Thousand Dollars (\$3,000.00), or imprisonment in the custody of the Department of Corrections for not more than three (3) years, or both; 2. If twenty (20) or more grams but less than forty (40) grams, by imprisonment for not less than two (2) years nor more than eight (8) years or by a fine of not more than Fifty Thousand Dollars (\$50,000.00), or both; 3. If forty (40) or more grams but less than two hundred (200) grams, by imprisonment for not less than four (4) years nor more than sixteen (16) years or a fine of not more than Two Hundred Fifty Thousand Dollars (\$250,000.00), or both; 4. If two hundred (200) or more grams, by imprisonment for not less than six (6) years nor more than twenty-four (24) years or a fine of not more than Five Hundred Thousand Dollars (\$500,000.00), or both.

(3) A controlled substance classified in Schedule III, IV or V as set out in Sections 41-29-117 through 41-29-121, upon conviction, may be punished as follows:

(A) If less than fifty (50) grams or less than one hundred (100) dosage units, the offense is a misdemeanor and punishable by not more than one (1) year or a fine of not more than One Thousand Dollars (\$1,000.00), or both.

(B) If fifty (50) or more grams or one hundred (100) or more dosage units, but less than one hundred fifty (150) grams or five hundred (500) dosage units, by imprisonment for not less than one (1) year nor more than four (4) years or a fine of not more than Ten Thousand Dollars (\$10,000.00), or both.

(C) If one hundred fifty (150) or more grams or five hundred (500) or more dosage units, but less than three hundred (300) grams or one thousand (1,000) dosage units, by imprisonment

for not less than two (2) years nor more than eight (8) years or a fine of not more than Fifty Thousand Dollars (\$50,000.00), or both.

(D) If three hundred (300) or more grams or one thousand (1,000) or more dosage units, but less than five hundred (500) grams or two thousand five hundred (2,500) dosage units, by imprisonment for not less than four (4) years nor more than sixteen (16) years or a fine of not more than Two Hundred Fifty Thousand Dollars (\$250,000.00), or both.

(d) Paraphernalia. (1) Except as otherwise provided under subsection (i) of this section for actions that are lawful under the Mississippi Medical Cannabis Act and in compliance with rules and regulations adopted thereunder, it is unlawful for a person who is not authorized by the State Board of Medical Licensure, State Board of Pharmacy, or other lawful authority to use, or to possess with intent to use, paraphernalia to plant, propagate, cultivate, grow, harvest, manufacture, compound, convert, produce, process, prepare, test, analyze, pack, repack, store, contain, conceal, inject, ingest, inhale or otherwise introduce into the human body a controlled substance in violation of the Uniform Controlled Substances Law. Any person who violates this subsection (d)(1) is guilty of a misdemeanor and, upon conviction, may be confined in the county jail for not more than six (6) months, or fined not more than Five Hundred Dollars (\$500.00), or both; however, no person shall be charged with a violation of this subsection when such person is also charged with the possession of thirty (30) grams or less of marijuana under subsection (c)(2)(A) of this section.

(2) It is unlawful for any person to deliver, sell, possess with intent to deliver or sell, or manufacture with intent to deliver or sell, paraphernalia, knowing, or under circumstances where one reasonably should know, that it will be used to plant, propagate, cultivate, grow, harvest, manufacture, compound, convert, produce, process, prepare, test, analyze, pack, repack, store, contain, conceal, inject, ingest, inhale, or otherwise introduce into the human body a controlled substance in violation of the Uniform Controlled Substances Law. Except as provided in subsection (d)(3), a person who violates this subsection (d)(2) is guilty of a misdemeanor and, upon conviction, may be confined in the county jail for not more than six (6) months, or fined not more than Five Hundred Dollars (\$500.00), or both.

(3) Any person eighteen (18) years of age or over who violates subsection (d)(2) of this section by delivering or selling paraphernalia to a person under eighteen (18) years of age who is at least three (3) years his junior is guilty of a misdemeanor and, upon conviction, may be confined in the county jail for not more than one (1) year, or fined not more than One Thousand Dollars (\$1,000.00), or both.

(4) It is unlawful for any person to place in any newspaper, magazine, handbill, or other publication any advertisement, knowing, or under circumstances where one reasonably should know, that the purpose of the advertisement, in whole or in part, is to promote the sale of objects designed or intended for use as paraphernalia. Any person who violates this subsection is guilty of a misdemeanor and, upon conviction, may be confined in the county jail for not more than six (6) months, or fined not more than Five Hundred Dollars (\$500.00), or both.

(e) It shall be unlawful for any physician practicing medicine in this state to prescribe, dispense or administer any amphetamine or amphetamine-like anorectics and/or central nervous system stimulants classified in Schedule II, pursuant to Section 41-29-115, for the exclusive treatment of obesity, weight control or weight loss. Any person who violates this subsection, upon conviction, is guilty of a misdemeanor and may be confined for a period not to exceed six (6) months, or fined not more than One Thousand Dollars (\$1,000.00), or both.

(f) Trafficking. (1) Any person trafficking in controlled substances shall be guilty of a felony and, upon conviction, shall be imprisoned for a term of not less than ten (10) years nor more than forty (40) years and shall be fined not less than Five Thousand Dollars (\$5,000.00) nor more than One Million Dollars (\$1,000,000.00). The ten-year mandatory sentence shall not be reduced or suspended. The person shall not be eligible for probation or parole, the provisions of Sections 41-29-149, 47-5-139, 47-7-3 and 47-7-33, to the contrary notwithstanding.

(2) “Trafficking in controlled substances” as used herein means:

(A) A violation of subsection (a) of this section involving thirty (30) or more grams or forty (40) or more dosage units of a Schedule I or II controlled substance except marijuana and synthetic cannabinoids;

(B) A violation of subsection (a) of this section involving five hundred (500) or more grams or two thousand five hundred (2,500) or more dosage units of a Schedule III, IV or V controlled substance;

(C) A violation of subsection (c) of this section involving thirty (30) or more grams or forty (40) or more dosage units of a Schedule I or II controlled substance except marijuana and synthetic cannabinoids;

(D) A violation of subsection (c) of this section involving five hundred (500) or more grams or two thousand five hundred (2,500) or more dosage units of a Schedule III, IV or V controlled substance; or (E) A violation of subsection (a) of this section involving one (1) kilogram or more of marijuana or two hundred (200) grams or more of synthetic cannabinoids.

(g) Aggravated trafficking. Any person trafficking in Schedule I or II controlled substances, except marijuana and synthetic cannabinoids, of two hundred (200) grams or more shall be guilty of aggravated trafficking and, upon conviction, shall be sentenced to a term of not less than twenty-five (25) years nor more than life in prison and shall be fined not less than Five Thousand Dollars (\$5,000.00) nor more than One Million Dollars (\$1,000,000.00). The twenty-five-year sentence shall be a mandatory sentence and shall not be reduced or suspended. The person shall not be eligible for probation or parole, the provisions of Sections 41-29-149, 47-5-139, 47-7-3 and 47-7-33, to the contrary notwithstanding.

(h) Sentence mitigation. (1) Notwithstanding any provision of this section, a person who has been convicted of an offense under this section that requires the judge to impose a prison sentence which cannot be suspended or reduced and is ineligible for probation or parole may, at the discretion of the court, receive a sentence of imprisonment that is no less than twenty-five percent (25%) of the sentence prescribed by the applicable statute. In considering whether to apply the departure from the sentence prescribed, the court shall conclude that:

(A) The offender was not a leader of the criminal enterprise;

(B) The offender did not use violence or a weapon during the crime;

(C) The offense did not result in a death or serious bodily injury of a person not a party to the criminal enterprise; and (D) The interests of justice are not served by the imposition of the prescribed mandatory sentence. The court may also consider whether information and assistance were furnished to a law enforcement agency, or its designee, which, in the opinion of the trial judge, objectively should or would have aided in the arrest or prosecution of others who violate this subsection. The accused shall have adequate opportunity to develop and make a record of all information and assistance so furnished.

(2) If the court reduces the prescribed sentence pursuant to this subsection, it must specify on the record the circumstances warranting the departure.

(i) This section does not apply to any of the actions that are lawful under the Mississippi Medical Cannabis Act and in compliance with rules and regulations adopted thereunder.

History: Codes, 1942, § 6831-70; Laws, 1971, ch. 521, § 20; Laws, 1972, ch. 520, § 7; Laws, 1977, ch. 482, § 1; Laws, 1981, ch. 502, § 5; Laws, 1982, chs. 323, § 2, 501, § 1; Laws, 1986, ch. 417; Laws, 1989, ch. 569, § 2; Laws, 1995, ch. 368, § 1; Laws, 1998, ch. 506, § 1; Laws, 1999, ch. 341, § 1; Laws, 2004, ch. 437, § 1; Laws, 2005, ch. 463, § 2; Laws, 2011, ch. 363, § 2; Laws, 2014, ch. 457, § 37; Laws, 2016, ch. 482, § 1, eff from and after July 1, 2016; Laws, 2022, ch. 303, § 59, eff from and after passage (approved February 2, 2022); Laws, 2026, hb1613, § 1, eff from and after July 1, 2026.

§ 41-29-139. Prohibited acts; penalties [Effective July 1, 2026].

This version takes effect July 1, 2026.

(a) Transfer and possession with intent to transfer. Except as authorized by this article, it is unlawful for any person knowingly or intentionally:

(1) To sell, barter, transfer, manufacture, distribute, dispense or possess with intent to sell, barter, transfer, manufacture, distribute or dispense, a controlled substance; or (2) To create, sell, barter, transfer, distribute, dispense or possess with intent to create, sell, barter, transfer, distribute or dispense, a counterfeit substance.

(b) Punishment for transfer and possession with intent to transfer. Except as otherwise provided in Section 41-29-142, any person who violates subsection (a) of this section shall be, if convicted, sentenced as follows:

(1) For controlled substances classified in Schedule I or II, as set out in Sections 41-29-113 and 41-29-115, other than marijuana or synthetic cannabinoids:

(A) If less than two (2) grams or ten (10) dosage units, by imprisonment for not more than eight (8) years or a fine of not more than Fifty Thousand Dollars (\$50,000.00), or both.

(B) If two (2) or more grams or ten (10) or more dosage units, but less than ten (10) grams or twenty (20) dosage units, by imprisonment for not less than three (3) years nor more than twenty (20) years or a fine of not more than Two Hundred Fifty Thousand Dollars (\$250,000.00), or both.

(C) If ten (10) or more grams or twenty (20) or more dosage units, but less than thirty (30) grams or forty (40) dosage units, by imprisonment for not less than five (5) years nor more than thirty (30) years or a fine of not more than Five Hundred Thousand Dollars (\$500,000.00), or both.

(2) (A) For marijuana: 1. If thirty (30) grams or less, by imprisonment for not more than three (3) years or a fine of not more than Three Thousand Dollars (\$3,000.00), or both; 2. If more than thirty (30) grams but less than two hundred fifty (250) grams, by imprisonment for not more than five (5) years or a fine of not more than Five Thousand Dollars (\$5,000.00), or both; 3. If two hundred fifty (250) or more grams but less than five hundred (500) grams, by imprisonment for not less than three (3) years nor more than ten (10) years or a fine of not more than Fifteen Thousand Dollars (\$15,000.00), or both; 4. If five hundred (500) or more grams but less than one (1) kilogram, by imprisonment for not less than five (5) years nor more than twenty (20) years or a fine of not more than Twenty Thousand Dollars (\$20,000.00), or both. (B) For synthetic cannabinoids: 1. If ten (10) grams or less, by imprisonment for not more than three (3) years or a fine of not more than Three Thousand Dollars (\$3,000.00), or both; 2. If more than ten (10) grams but less than twenty (20) grams, by imprisonment for not more than five (5) years or a fine of not more than Five Thousand Dollars (\$5,000.00), or both; 3. If twenty (20) or more grams but less than forty (40) grams, by imprisonment for not less than three (3) years nor more than ten (10) years or a fine of not more than Fifteen Thousand Dollars (\$15,000.00), or both; 4. If forty (40) or more grams but less than two hundred (200) grams, by imprisonment for not less than five (5) years nor more than twenty (20) years or a fine of not more than Twenty Thousand Dollars (\$20,000.00), or both.

(3) For controlled substances classified in Schedules III and IV, as set out in Sections 41-29-117 and 41-29-119:

(A) If less than two (2) grams or ten (10) dosage units, by imprisonment for not more than five (5) years or a fine of not more than Five Thousand Dollars (\$5,000.00), or both;

(B) If two (2) or more grams or ten (10) or more dosage units, but less than ten (10) grams or twenty (20) dosage units, by imprisonment for not more than eight (8) years or a fine of not more than Fifty Thousand Dollars (\$50,000.00), or both;

(C) If ten (10) or more grams or twenty (20) or more dosage units, but less than thirty (30) grams or forty (40) dosage units, by imprisonment for not more than fifteen (15) years or a fine of not more than One Hundred Thousand Dollars (\$100,000.00), or both;

(D) If thirty (30) or more grams or forty (40) or more dosage units, but less than five hundred (500) grams or two thousand five hundred (2,500) dosage units, by imprisonment for not

more than twenty (20) years or a fine of not more than Two Hundred Fifty Thousand Dollars (\$250,000.00), or both.

(4) For controlled substances classified in Schedule V, as set out in Section 41-29- 121:

(A) If less than two (2) grams or ten (10) dosage units, by imprisonment for not more than one (1) year or a fine of not more than Five Thousand Dollars (\$5,000.00), or both;

(B) If two (2) or more grams or ten (10) or more dosage units, but less than ten (10) grams or twenty (20) dosage units, by imprisonment for not more than five (5) years or a fine of not more than Ten Thousand Dollars (\$10,000.00), or both;

(C) If ten (10) or more grams or twenty (20) or more dosage units, but less than thirty (30) grams or forty (40) dosage units, by imprisonment for not more than ten (10) years or a fine of not more than Twenty Thousand Dollars (\$20,000.00), or both;

(D) For thirty (30) or more grams or forty (40) or more dosage units, but less than five hundred (500) grams or two thousand five hundred (2,500) dosage units, by imprisonment for not more than fifteen (15) years or a fine of not more than Fifty Thousand Dollars (\$50,000.00), or both.

(c) Simple possession. Except as otherwise provided under subsection (i) of this section for actions that are lawful under the Mississippi Medical Cannabis Act and in compliance with rules and regulations adopted thereunder, it is unlawful for any person knowingly or intentionally to possess any controlled substance unless the substance was obtained directly from, or pursuant to, a valid prescription or order of a practitioner while acting in the course of his professional practice, or except as otherwise authorized by this article. The penalties for any violation of this subsection (c) with respect to a controlled substance classified in Schedules I, II, III, IV or V, as set out in Section 41-29-113, 41-29-115, 41-29-117, 41- 29-119 or 41-29-121, including marijuana or synthetic cannabinoids, shall be based on dosage unit as defined herein or the weight of the controlled substance as set forth herein as appropriate: "Dosage unit (d.u.)" means a tablet or capsule, or in the case of a liquid solution, one (1) milliliter. In the case of lysergic acid diethylamide (LSD) the term, "dosage unit" means a stamp, square, dot, microdot, tablet or capsule of a controlled substance. For any controlled substance that does not fall within the definition of the term "dosage unit," the penalties shall be based upon the weight of the controlled substance. The weight set forth refers to the entire weight of any mixture or substance containing a detectable amount of the controlled substance. If a mixture or substance contains more than one (1) controlled substance, the weight of the mixture or substance is assigned to the controlled substance that results in the greater punishment. A person shall be charged and sentenced as follows for a violation of this subsection with respect to:

(1) A controlled substance classified in Schedule I or II, except marijuana and synthetic cannabinoids:

(A) If less than one-tenth (0.1) gram or two (2) dosage units, the violation is a misdemeanor and punishable by imprisonment for not more than one (1) year or a fine of not more than One Thousand Dollars (\$1,000.00), or both.

(B) If one-tenth (0.1) gram or more or two (2) or more dosage units, but less than two (2) grams or ten (10) dosage units, by imprisonment for not more than three (3) years or a fine of not more than Fifty Thousand Dollars (\$50,000.00), or both.

(C) If two (2) or more grams or ten (10) or more dosage units, but less than ten (10) grams or twenty (20) dosage units, by imprisonment for not more than eight (8) years or a fine of not more than Two Hundred Fifty Thousand Dollars (\$250,000.00), or both.

(D) If ten (10) or more grams or twenty (20) or more dosage units, but less than thirty (30) grams or forty (40) dosage units, by imprisonment for not less than three (3) years nor more than twenty (20) years or a fine of not more than Five Hundred Thousand Dollars (\$500,000.00), or both.

(2) (A) Marijuana and synthetic cannabinoids: 1. If thirty (30) grams or less of marijuana or ten (10) grams or less of synthetic cannabinoids, by a fine of not less than One Hundred Dollars (\$100.00) nor more than Two Hundred Fifty Dollars (\$250.00). The provisions of this paragraph (2)(A) may be enforceable by summons if the offender provides proof of identity satisfactory to the arresting officer and gives written promise to appear in court satisfactory to the arresting officer, as directed by the summons. A second conviction under this section within two (2) years is a misdemeanor punishable by a fine of Two Hundred Fifty Dollars (\$250.00), not more than sixty (60) days in the county jail, and mandatory participation in a drug education program approved by the Division of Alcohol and Drug Abuse of the State Department of Mental Health, unless the court enters a written finding that a drug education program is inappropriate. A third or subsequent conviction under this paragraph (2)(A) within two (2) years is a misdemeanor punishable by a fine of not less than Two Hundred Fifty Dollars (\$250.00) nor more than One Thousand Dollars (\$1,000.00) and confinement for not more than six (6) months in the county jail. Upon a first or second conviction under this paragraph (2)(A), the courts shall forward a report of the conviction to the Mississippi Bureau of Narcotics which shall make and maintain a private, nonpublic record for a period not to exceed two (2) years from the date of conviction. The private, nonpublic record shall be solely for the use of the courts in determining the penalties which attach upon conviction under this paragraph (2)(A) and shall not constitute a criminal record for the purpose of private or administrative inquiry and the record of each conviction shall be expunged at the end of the period of two (2) years following the date of such conviction; 2. Additionally, a person who is the operator of a motor vehicle, who possesses on his person or knowingly keeps or allows to be kept in a motor vehicle within the area of the vehicle normally occupied by the driver or passengers, more than one (1) gram, but not more than thirty (30) grams of marijuana or not more than ten (10) grams of synthetic cannabinoids is guilty of a misdemeanor and, upon conviction, may be fined not more than One Thousand Dollars (\$1,000.00) or confined for not more than ninety (90) days in the county jail, or both. For the purposes of this subsection, such area of the vehicle shall not include the trunk of the motor vehicle or the areas not normally occupied by the driver or passengers if the vehicle is not equipped with a trunk. A utility or glove compartment shall be deemed to be within the area occupied by the driver and passengers.

(B) Marijuana: 1. If more than thirty (30) grams but less than two hundred fifty (250) grams, by a fine of not more than One Thousand Dollars (\$1,000.00), or confinement in the county jail for not more than one (1) year, or both; or by a fine of not more than Three Thousand Dollars (\$3,000.00), or imprisonment in the custody of the Department of Corrections for not more than three (3) years, or both; 2. If two hundred fifty (250) or more grams but less than five hundred (500) grams, by imprisonment for not less than two (2) years nor more than eight (8) years or by a fine of not more than Fifty Thousand Dollars (\$50,000.00), or both; 3. If five hundred (500) or more grams but less than one (1) kilogram, by imprisonment for not less than four (4) years nor more than sixteen (16) years or a fine of not more than Two Hundred Fifty Thousand Dollars (\$250,000.00), or both; 4. If one (1) kilogram or more but less than five (5) kilograms, by imprisonment for not less than six (6) years nor more than twenty-four (24) years or a fine of not more than Five Hundred Thousand Dollars (\$500,000.00), or both; 5. If five (5) kilograms or more, by imprisonment for not less than ten (10) years nor more than thirty (30) years or a fine of not more than One Million Dollars (\$1,000,000.00), or both.

(C) Synthetic cannabinoids: 1. If more than ten (10) grams but less than twenty (20) grams, by a fine of not more than One Thousand Dollars (\$1,000.00), or confinement in the county jail for not more than one (1) year, or both; or by a fine of not more than Three Thousand Dollars (\$3,000.00), or imprisonment in the custody of the Department of Corrections for not more than three (3) years, or both; 2. If twenty (20) or more grams but less than forty (40) grams, by imprisonment for not less than two (2) years nor more than eight (8) years or by a fine of not more than Fifty Thousand Dollars (\$50,000.00), or both; 3. If forty (40) or more grams but less than two hundred (200) grams, by imprisonment for not less than four

(4) years nor more than sixteen (16) years or a fine of not more than Two Hundred Fifty Thousand Dollars (\$250,000.00), or both; 4. If two hundred (200) or more grams, by imprisonment for not less than six (6) years nor more than twenty-four (24) years or a fine of not more than Five Hundred Thousand Dollars (\$500,000.00), or both.

(3) A controlled substance classified in Schedule III, IV or V as set out in Sections 41-29-117 through 41-29-121, upon conviction, may be punished as follows:

(A) If less than fifty (50) grams or less than one hundred (100) dosage units, the offense is a misdemeanor and punishable by not more than one (1) year or a fine of not more than One Thousand Dollars (\$1,000.00), or both.

(B) If fifty (50) or more grams or one hundred (100) or more dosage units, but less than one hundred fifty (150) grams or five hundred (500) dosage units, by imprisonment for not less than one (1) year nor more than four (4) years or a fine of not more than Ten Thousand Dollars (\$10,000.00), or both.

(C) If one hundred fifty (150) or more grams or five hundred (500) or more dosage units, but less than three hundred (300) grams or one thousand (1,000) dosage units, by imprisonment for not less than two (2) years nor more than eight (8) years or a fine of not more than Fifty Thousand Dollars (\$50,000.00), or both.

(D) If three hundred (300) or more grams or one thousand (1,000) or more dosage units, but less than five hundred (500) grams or two thousand five hundred (2,500) dosage units, by imprisonment for not less than four (4) years nor more than sixteen (16) years or a fine of not more than Two Hundred Fifty Thousand Dollars (\$250,000.00), or both.

(d) Paraphernalia. (1) Except as otherwise provided under subsection (i) of this section for actions that are lawful under the Mississippi Medical Cannabis Act and in compliance with rules and regulations adopted thereunder, it is unlawful for a person who is not authorized by the State Board of Medical Licensure, State Board of Pharmacy, or other lawful authority to use, or to possess with intent to use, paraphernalia to plant, propagate, cultivate, grow, harvest, manufacture, compound, convert, produce, process, prepare, test, analyze, pack, repack, store, contain, conceal, inject, ingest, inhale or otherwise introduce into the human body a controlled substance in violation of the Uniform Controlled Substances Law. Any person who violates this subsection (d)(1) is guilty of a misdemeanor and, upon conviction, may be confined in the county jail for not more than six (6) months, or fined not more than Five Hundred Dollars (\$500.00), or both; however, no person shall be charged with a violation of this subsection when such person is also charged with the possession of thirty (30) grams or less of marijuana under subsection (c)(2)(A) of this section.

(2) It is unlawful for any person to deliver, sell, possess with intent to deliver or sell, or manufacture with intent to deliver or sell, paraphernalia, knowing, or under circumstances where one reasonably should know, that it will be used to plant, propagate, cultivate, grow, harvest, manufacture, compound, convert, produce, process, prepare, test, analyze, pack, repack, store, contain, conceal, inject, ingest, inhale, or otherwise introduce into the human body a controlled substance in violation of the Uniform Controlled Substances Law. Except as provided in subsection (d)(3), a person who violates this subsection (d)(2) is guilty of a misdemeanor and, upon conviction, may be confined in the county jail for not more than six (6) months, or fined not more than Five Hundred Dollars (\$500.00), or both.

(3) Any person eighteen (18) years of age or over who violates subsection (d)(2) of this section by delivering or selling paraphernalia to a person under eighteen (18) years of age who is at least three (3) years his junior is guilty of a misdemeanor and, upon conviction, may be confined in the county jail for not more than one (1) year, or fined not more than One Thousand Dollars (\$1,000.00), or both.

(4) It is unlawful for any person to place in any newspaper, magazine, handbill, or other publication any advertisement, knowing, or under circumstances where one reasonably should know, that the purpose of the advertisement, in whole or in part, is to promote the sale of objects designed or intended for use as

paraphernalia. Any person who violates this subsection is guilty of a misdemeanor and, upon conviction, may be confined in the county jail for not more than six (6) months, or fined not more than Five Hundred Dollars (\$500.00), or both.

(e) It shall be unlawful for any physician practicing medicine in this state to prescribe, dispense or administer any amphetamine or amphetamine-like anorectics and/or central nervous system stimulants classified in Schedule II, pursuant to Section 41-29-115, for the exclusive treatment of obesity, weight control or weight loss. Any person who violates this subsection, upon conviction, is guilty of a misdemeanor and may be confined for a period not to exceed six (6) months, or fined not more than One Thousand Dollars (\$1,000.00), or both.

(f) Trafficking. (1) Any person trafficking in controlled substances shall be guilty of a felony and, upon conviction, shall be imprisoned for a term of not less than ten (10) years nor more than forty (40) years and shall be fined not less than Five Thousand Dollars (\$5,000.00) nor more than One Million Dollars (\$1,000,000.00). The ten-year mandatory sentence shall not be reduced or suspended. The person shall not be eligible for probation or parole, the provisions of Sections 41-29-149, 47-5-139, 47-7-3 and 47-7-33, to the contrary notwithstanding.

(2) "Trafficking in controlled substances" as used herein means:

(A) A violation of subsection (a) of this section involving thirty (30) or more grams or forty (40) or more dosage units of a Schedule I or II controlled substance except marijuana and synthetic cannabinoids;

(B) A violation of subsection (a) of this section involving five hundred (500) or more grams or two thousand five hundred (2,500) or more dosage units of a Schedule III, IV or V controlled substance;

(C) A violation of subsection (c) of this section involving thirty (30) or more grams or forty (40) or more dosage units of a Schedule I or II controlled substance except marijuana and synthetic cannabinoids;

(D) A violation of subsection (c) of this section involving five hundred (500) or more grams or two thousand five hundred (2,500) or more dosage units of a Schedule III, IV or V controlled substance; or (E) A violation of subsection (a) of this section involving one (1) kilogram or more of marijuana or two hundred (200) grams or more of synthetic cannabinoids.

(g) Aggravated trafficking. Any person trafficking in Schedule I or II controlled substances, except marijuana and synthetic cannabinoids, of two hundred (200) grams or more or of two hundred sixty-seven (267) dosage units or more, shall be guilty of aggravated trafficking and, upon conviction, shall be sentenced to a term of not less than twenty-five (25) years nor more than life in prison and shall be fined not less than Five Thousand Dollars (\$5,000.00) nor more than One Million Dollars (\$1,000,000.00). The twenty-five-year sentence shall be a mandatory sentence and shall not be reduced or suspended. The person shall not be eligible for probation or parole, the provisions of Sections 41-29-149, 47-5-139, 47-7-3 and 47-7-33, to the contrary notwithstanding.

(h) Sentence mitigation. (1) Notwithstanding any provision of this section, a person who has been convicted of an offense under this section that requires the judge to impose a prison sentence which cannot be suspended or reduced and is ineligible for probation or parole may, at the discretion of the court, receive a sentence of imprisonment that is no less than twenty-five percent (25%) of the sentence prescribed by the applicable statute. In considering whether to apply the departure from the sentence prescribed, the court shall conclude that:

(A) The offender was not a leader of the criminal enterprise;

(B) The offender did not use violence or a weapon during the crime;

(C) The offense did not result in a death or serious bodily injury of a person not a party to the criminal enterprise; and (D) The interests of justice are not served by the imposition of the

prescribed mandatory sentence. The court may also consider whether information and assistance were furnished to a law enforcement agency, or its designee, which, in the opinion of the trial judge, objectively should or would have aided in the arrest or prosecution of others who violate this subsection. The accused shall have adequate opportunity to develop and make a record of all information and assistance so furnished.

(2) If the court reduces the prescribed sentence pursuant to this subsection, it must specify on the record the circumstances warranting the departure.

(i) This section does not apply to any of the actions that are lawful under the Mississippi Medical Cannabis Act and in compliance with rules and regulations adopted thereunder.

History: Codes, 1942, § 6831-70; Laws, 1971, ch. 521, § 20; Laws, 1972, ch. 520, § 7; Laws, 1977, ch. 482, § 1; Laws, 1981, ch. 502, § 5; Laws, 1982, chs. 323, § 2, 501, § 1; Laws, 1986, ch. 417; Laws, 1989, ch. 569, § 2; Laws, 1995, ch. 368, § 1; Laws, 1998, ch. 506, § 1; Laws, 1999, ch. 341, § 1; Laws, 2004, ch. 437, § 1; Laws, 2005, ch. 463, § 2; Laws, 2011, ch. 363, § 2; Laws, 2014, ch. 457, § 37; Laws, 2016, ch. 482, § 1, eff from and after July 1, 2016; Laws, 2022, ch. 303, § 59, eff from and after passage (approved February 2, 2022); Laws, 2026, hb1613, § 1, eff from and after July 1, 2026.

§ 41-29-157. Administrative inspection warrants and search warrants.

(a) Except as otherwise provided in Section 41- 29-107.1, issuance and execution of administrative inspection warrants and search warrants shall be as follows, except as provided in subsection (c) of this section:

(1) A judge of any state court of record, or any justice court judge within his jurisdiction, and upon proper oath or affirmation showing probable cause, may issue warrants for the purpose of conducting administrative inspections authorized by this article or rules thereunder, and seizures of property appropriate to the inspections. For purposes of the issuance of administrative inspection warrants, probable cause exists upon showing a valid public interest in the effective enforcement of this article or rules thereunder, sufficient to justify administrative inspection of the area, premises, building or conveyance in the circumstances specified in the application for the warrant. All such warrants shall be served during normal business hours;

(2) A search warrant shall issue only upon an affidavit of a person having knowledge or information of the facts alleged, sworn to before the judge or justice court judge and establishing the grounds for issuing the warrant. If the judge or justice court judge is satisfied that grounds for the application exist or that there is probable cause to believe they exist, he shall issue a warrant identifying the area, premises, building or conveyance to be searched, the purpose of the search, and, if appropriate, the type of property to be searched, if any. The warrant shall:

(A) State the grounds for its issuance and the name of each person whose affidavit has been taken in support thereof;

(B) Be directed to a person authorized by Section [41-29-159](#) to execute it;

(C) Command the person to whom it is directed to inspect the area, premises, building or conveyance identified for the purpose specified, and if appropriate, direct the seizure of the property specified;

(D) Identify the item or types of property to be seized, if any;

(E) Direct that it be served and designate the judge or magistrate to whom it shall be returned;

(3) A warrant issued pursuant to this section must be executed and returned within ten (10) days of its date unless, upon a showing of a need for additional time, the court orders otherwise. If property is seized pursuant to a warrant, a copy shall be given to the person from whom or from whose premises the property is taken, together with a receipt for the property taken. The return of the warrant shall be made promptly, accompanied by a written inventory of any property taken. The inventory shall be made in the presence of the person executing the warrant and of the person from whose possession or premises the property was taken, if present, or in the presence of at least one (1) credible person other than the person executing the warrant. A copy of the

inventory shall be delivered to the person from whom or from whose premises the property was taken and to the applicant for the warrant;

(4) The judge or justice court judge who has issued a warrant shall attach thereto a copy of the return and all papers returnable in connection therewith and file them with the clerk of the appropriate state court for the judicial district in which the inspection was made.

(b) The Mississippi Bureau of Narcotics, the State Board of Pharmacy, the State Board of Medical Licensure, the State Board of Dental Examiners, the Mississippi Board of Nursing or the State Board of Optometry may make administrative inspections of controlled premises in accordance with the following provisions:

(1) For purposes of this section only, “controlled premises” means:

(A) Places where persons registered or exempted from registration requirements under this article are required to keep records; and (B) Places including factories, warehouses, establishments and conveyances in which persons registered or exempted from registration requirements under this article are permitted to hold, manufacture, compound, process, sell, deliver, or otherwise dispose of any controlled substance.

(2) When authorized by an administrative inspection warrant issued in accordance with the conditions imposed in this section, an officer or employee designated by the Mississippi Bureau of Narcotics, the State Board of Pharmacy, the State Board of Medical Licensure, the State Board of Dental Examiners, the Mississippi Board of Nursing or the State Board of Optometry, upon presenting the warrant and appropriate credentials to the owner, operator or agent in charge, may enter controlled premises for the purpose of conducting an administrative inspection.

(3) When authorized by an administrative inspection warrant, an officer or employee designated by the Mississippi Bureau of Narcotics, the State Board of Pharmacy, the State Board of Medical Licensure, the State Board of Dental Examiners, the Mississippi Board of Nursing or the State Board of Optometry may:

(A) Inspect and copy records required by this article to be kept;

(B) Inspect, within reasonable limits and in a reasonable manner, controlled premises and all pertinent equipment, finished and unfinished material, containers and labeling found therein, and, except as provided in paragraph (5) of this subsection, all other things therein, including records, files, papers, processes, controls and facilities bearing on violation of this article; and (C) Inventory any stock of any controlled substance therein and obtain samples thereof.

(4) This section does not prevent the inspection without a warrant of books and records pursuant to an administrative subpoena, nor does it prevent entries and administrative inspections, including seizures of property, without a warrant:

(A) If the owner, operator or agent in charge of the controlled premises consents;

(B) In situations presenting imminent danger to health or safety;

(C) In situations involving inspection of conveyances if there is reasonable cause to believe that the mobility of the conveyance makes it impracticable to obtain a warrant;

(D) In any other exceptional or emergency circumstance where time or opportunity to apply for a warrant is lacking; or (E) In all other situations in which a warrant is not constitutionally required.

(5) An inspection authorized by this section shall not extend to financial data, sales data, other than shipment data, or pricing data unless the owner, operator or agent in charge of the controlled premises consents in writing.

(c) Any agent of the bureau authorized to execute a search warrant involving controlled substances, the penalty for which is imprisonment for more than one (1) year, may, without notice of his authority and

purpose, break open an outer door or inner door, or window of a building, or any part of the building, if the judge issuing the warrant:

(1) Is satisfied that there is probable cause to believe that:

(A) The property sought may, and, if such notice is given, will be easily and quickly destroyed or disposed of; or (B) The giving of such notice will immediately endanger the life or safety of the executing officer or another person; and (2) Has included in the warrant a direction that the officer executing the warrant shall not be required to give such notice. Any officer acting under such warrant shall, as soon as practical, after entering the premises, identify himself and give the reasons and authority for his entrance upon the premises. Search warrants which include the instruction that the executing officer shall not be required to give notice of authority and purpose as authorized by this subsection shall be issued only by the county court or county judge in vacation, chancery court or by the chancellor in vacation, by the circuit court or circuit judge in vacation, or by a justice of the Mississippi Supreme Court. This subsection shall expire and stand repealed from and after July 1, 1974, except that the repeal shall not affect the validity or legality of any search authorized under this subsection and conducted prior to July 1, 1974.

History: Codes, 1942, § 6831-76; Laws, 1971, ch. 521, § 26; Laws, 1972, ch. 520, § 11; Laws, 1981, ch. 502, § 14; Laws, 1992, ch. 580, § 5; Laws, 2001, ch. 470, § 4; Laws, 2005, ch. 404, § 8; Laws, 2017, ch. 329, § 4, eff from and after July 1, 2017.

§ 41-29-159. Powers of enforcement personnel; duty of certain individuals to notify Bureau of Narcotics of death caused by drug overdose.

(a) Any officer or employee of the Mississippi Bureau of Narcotics, investigative unit of the State Board of Pharmacy, investigative unit of the State Board of Medical Licensure, investigative unit of the State Board of Dental Examiners, investigative unit of the Mississippi Board of Nursing, investigative unit of the State Board of Optometry, any duly sworn peace officer of the State of Mississippi, any enforcement officer of the Mississippi Department of Transportation, or any highway patrolman, may, while engaged in the performance of his statutory duties:

(1) Carry firearms;

(2) Execute and serve search warrants, arrest warrants, subpoenas, and summonses issued under the authority of this state;

(3) Make arrests without warrant for any offense under this article committed in his presence, or if he has probable cause to believe that the person to be arrested has committed or is committing a crime; and (4) Make seizures of property pursuant to this article.

(b) As divided among the Mississippi Bureau of Narcotics, the State Board of Pharmacy, the State Board of Medical Licensure, the State Board of Dental Examiners, the Mississippi Board of Nursing and the State Board of Optometry, the primary responsibility of the illicit street traffic or other illicit traffic of drugs is delegated to agents of the Mississippi Bureau of Narcotics. The State Board of Pharmacy is delegated the responsibility of regulating and checking the legitimate drug traffic among pharmacists, pharmacies, hospitals, nursing homes, drug manufacturers, and any other related professions and facilities with the exception of the medical, dental, nursing, optometric and veterinary professions. The State Board of Medical Licensure is responsible for regulating and checking the legitimate drug traffic among physicians, podiatrists and veterinarians. The Mississippi Board of Dental Examiners is responsible for regulating and checking the legitimate drug traffic among dentists and dental hygienists. The Mississippi Board of Nursing is responsible for regulating and checking the legitimate drug traffic among nurses. The State Board of Optometry is responsible for regulating and checking the legitimate drug traffic among optometrists.

(c) The provisions of this section shall not be construed to limit or preclude the detection or arrest of persons in violation of Section 41-29- 139 by any local law enforcement officer, sheriff, deputy sheriff or

peace officer.

(d) Agents of the bureau are authorized to investigate the circumstances of deaths which are caused by drug overdose or which are believed to be caused by drug overdose, and health-care providers, coroners and law enforcement officers shall notify the bureau of any death caused by a drug overdose within twenty-four (24) hours.

(e) Any person who shall impersonate in any way the director or any agent, or who shall in any manner hold himself out as being, or represent himself as being, an officer or agent of the Mississippi Bureau of Narcotics shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than One Hundred Dollars (\$100.00) nor more than Five Hundred Dollars (\$500.00) or by imprisonment for not more than one (1) year, or by both such fine and imprisonment.

History: Codes, 1942, § 6831-75; Laws, 1971, ch. 521, § 25; Laws, 1972, ch. 520, § 10; Laws, 1981, ch. 502, § 15; Laws, 1983, ch. 488, § 38; Laws, 1999, ch. 417, § 2; Laws, 2001, ch. 470, § 5; Laws, 2005, ch. 404, § 9; Laws, 2007, ch. 311, § 1, eff from and after July 1, 2007.

§ 41-29-167. Cooperative arrangements.

(a) The State Board of Medical Licensure, the Mississippi Bureau of Narcotics, the State Board of Pharmacy, the State Board of Dental Examiners, the Mississippi Board of Nursing and the State Board of Optometry shall cooperate with federal and other state agencies in discharging their responsibilities concerning traffic in controlled substances and in suppressing the abuse of controlled substances. To this end, they may:

- (1) Arrange for the exchange of information among governmental officials concerning the use and abuse of controlled substances;
- (2) Coordinate and cooperate in training programs concerning controlled substance law enforcement at local and state levels;
- (3) Cooperate with the United States Drug Enforcement Administration by establishing a centralized unit to accept, catalogue, file and collect statistics, including records of drug dependent persons and other controlled substance law offenders within the state, and make the information available for federal, state and local law enforcement purposes; and (4) Conduct programs of eradication aimed at destroying wild or illicit growth of plant species from which controlled substances may be extracted.

(b) Results, information and evidence received from the United States Drug Enforcement Administration relating to the regulatory functions of this article, including results of inspections conducted by it may be relied and acted upon by the Mississippi Bureau of Narcotics, the State Board of Pharmacy, the State Board of Medical Licensure, the State Board of Dental Examiners, the Mississippi Board of Nursing and the State Board of Optometry in the exercise of their regulatory functions under this article.

History: Codes, 1942, § 6831-78; Laws, 1971, ch. 521, § 28; Laws, 1983, ch. 522, § 16; Laws, 2001, ch. 470, § 6; Laws, 2005, ch. 404, § 10, eff from and after July 1, 2005.

§ 41-29-171. Research programs on misuse and abuse of controlled substances.

(a) The Mississippi Bureau of Narcotics, the State Board of Pharmacy, the State Board of Medical Licensure, the State Board of Dental Examiners, the Mississippi Board of Nursing and the State Board of Optometry shall encourage research on misuse and abuse of controlled substances. In connection with the research, and in furtherance of the enforcement of this article they may:

- (1) Establish methods to assess accurately the effects of controlled substances and identify and characterize those with potential for abuse;
- (2) Make studies and undertake programs of research to:
 - (A) Develop new or improved approaches, techniques, systems, equipment and devices to strengthen the enforcement of this article;

(B) Determine patterns of misuse and abuse of controlled substances and the social effects thereof; and (C) Improve methods for preventing, predicting, understanding and dealing with the misuse and abuse of controlled substances;

(3) Enter into contracts with public agencies, institutions of higher education, and private organizations or individuals for the purpose of conducting research, demonstrations, or special projects which bear directly on misuse and abuse of controlled substances.

(b) The Mississippi Bureau of Narcotics and the State Board of Education may enter into contracts for educational and research activities without performance bonds.

(c) The board may authorize the possession and distribution of controlled substances by persons engaged in research. Persons who obtain this authorization are exempt from state prosecution for possession and distribution of controlled substances to the extent of the authorization.

History: Codes, 1942, § 6831-82; Laws, 1971, ch. 521, § 32; Laws, 1983, ch. 522, § 17; Laws, 2001, ch. 470, § 7; Laws, 2005, ch. 404, § 11, eff from and after July 1, 2005.

§ 41-29-173. Effect of Uniform Controlled Substances Law on pending proceedings.

(a) Prosecutions for any violations under prior laws shall not be affected or abated by the provisions of this article. The penalty for any such violations shall be prescribed in accordance with subsection (d) of Section 41-29-149.

(b) Civil seizures or forfeitures and injunctive proceedings commenced prior to May 19, 1972, are not affected by this article.

(c) All administrative proceedings pending under prior laws which are superseded by this article shall be continued and brought to a final determination in accord with the laws and rules in effect prior to May 19, 1972. Any substance controlled under prior law which is not listed within Schedules I through V, being Sections 41-29-113 through 41-29-121, is automatically controlled without further proceedings and shall be listed in the appropriate schedule.

(d) The state board of pharmacy and state board of medical licensure shall initially permit persons to register who own or operate any establishment engaged in the manufacture, distribution or dispensing of any controlled substance prior to May 19, 1972, and who are registered or licensed by the state.

(e) This article applies to violations of law, seizures and forfeiture, injunctive proceedings, administrative proceedings and investigations which occur following May 19, 1972.

History: Codes, 1942, § 6831-83; Laws, 1971, ch. 521, § 33; Laws, 1972, ch. 520, § 14; Laws, 1981, ch. 502, § 16, eff from and after July 1, 1981.

PART 9: Practice Standards and Patient Protection

ABOUT THIS SECTION

Most laws in this part set standards the Board enforces against the physicians it licenses; a violation is generally treated as unprofessional conduct that can lead to discipline. A few groups, noted where they appear, are administered by other agencies.

Physician Order for Sustaining Treatment (POST) Act

§ 41-41-301. Short title.

Sections 41-41-301 through 41-41-303 shall be known and may be cited as the “Mississippi Physician Order for Sustaining Treatment (POST) Act.”

History: Laws, 2014, ch. 470, § 1, eff from and after July 1, 2014.

§ 41-41-302. Physician order for sustaining treatment.

(1) A physician order for sustaining treatment (POST) directing health care in the standardized form provided by this section may be executed by the primary physician of an individual and:

(a) The individual, if an adult or emancipated minor with capacity; or (b) The agent, guardian, or surrogate having authority to make health care decisions on behalf of the individual if the individual is:

(i) An unemancipated minor; or (ii) An adult or emancipated minor who lacks capacity.

(2) The physician order for sustaining treatment shall be executed, implemented, reviewed, and revoked in accordance with the instructions on the form.

(3) The State Board of Medical Licensure shall promulgate a standardized physician order for sustaining treatment form in accordance with the provisions in this section, adhering to the sequence in those provisions and using checkboxes to indicate the various alternatives. The board shall consult with appropriate professional and advocacy organizations in developing the physician order for sustaining treatment form, including the Mississippi Hospital Association, the Mississippi State Medical Association, Mississippians for Emergency Medical Services, the Mississippi Health Care Association, the Mississippi Independent Nursing Home Association, the Louisiana-Mississippi Hospice and Palliative Care Organization, Disability Rights Mississippi, Mississippi Right to Life, the Mississippi Bar Association and the Mississippi Section of American Congress of Obstetricians and Gynecologists. The physician order for sustaining treatment form shall begin with an introductory section containing the name "POST, Physician Orders for Sustaining Treatment," the patient's name, patient's date of birth, the effective date of the form followed by the statement "Form must be reviewed at least annually.", and containing the statements "HIPAA permits disclosure of POST to other health care professionals as necessary" and "This document is based on this person's current medical condition and wishes and is to be reviewed for potential replacement in the case of a substantial change in either. Any section not completed indicates preference for full treatment for that section." (a) Section A of the form shall direct provision or withholding of cardiopulmonary resuscitation to the patient when he or she has no pulse and is not breathing by selecting one (1) of the following:

(i) Attempt Resuscitation (CPR); or (ii) Do Not Attempt Resuscitation (DNR); and include the statement "When not in cardiopulmonary arrest, follow orders in B, C, and D." (b) Section B of the form shall direct the sustaining treatment when the patient has a pulse or is breathing by selecting one (1) of the following:

(i) Full Sustaining Treatment, including the use of intubation, advanced airway interventions, mechanical ventilation, defibrillation or cardio version as indicated, medical treatment, intravenous fluids, and comfort measures. This option shall include the statement "Transfer to a hospital if indicated. Includes intensive care. Treatment Plan: Full treatment including life support measures";

(ii) Limited Interventions, including the use of medical treatment, oral and intravenous medications, intravenous fluids, cardiac monitoring as indicated, noninvasive bi-level positive airway pressure, a bag valve mask, and comfort measures. This option excludes the use of intubation or mechanical ventilation. This option shall include the statement "Transfer to a hospital if indicated. Avoid intensive care. Treatment Plan: Provide basic medical treatments"; or (iii) Comfort Measures, including keeping the patient clean, warm, and dry; use of medication by any route; positioning, wound care, and other measures to relieve pain and suffering; and the use of oxygen, suction, and manual treatment of airway obstruction as needed for comfort. This option shall include the statement "Do not transfer to a hospital unless comfort needs cannot be met in the patient's current location (e.g., hip fracture)," and include a space for other instructions.

(c) Section C of the form shall direct the use of oral and intravenous antibiotics by selecting one (1) of the following:

(i) Antibiotics if life can be sustained;

(ii) Determine use or limitation of antibiotics when infection occurs;

- (iii) Use antibiotics only to relieve pain and discomfort; and include a space for other instructions.
- (d) Section D of the form, which shall have the heading “Medically Administered Fluids and Nutrition: Administer oral fluids and nutrition if physically possible,” shall include the following options:
 - (i) Directing the administration of nutrition into blood vessels if physically feasible as determined in accordance with reasonable medical judgment by selecting one (1) of the following: 1. Total parenteral nutrition long- term if indicated; 2. Total parenteral nutrition for a defined trial period, which option shall be followed by “Goal:” and a blank line; or 3. No parenteral nutrition;
 - (ii) Directing the administration of nutrition by tube if physically feasible as determined in accordance with reasonable medical judgment by selecting one (1) of the following: 1. Long-term feeding tube if indicated; 2. Feeding tube for a defined trial period, which option shall be followed by “Goal:” and a blank line; or 3. No feeding tube; and shall include a space for other instructions;
 - or (iii) Directing the administration of hydration, if physically feasible as determined in accordance with reasonable medical judgment, by selecting one (1) of the following: 1. Long-term intravenous fluids if indicated; 2. Intravenous fluids for a defined trial period, which option shall be followed by “Goal:” and a blank line; or 3. Intravenous fluids only to relieve pain and discomfort.
- (e) Section E of the form, which shall have the heading “Patient Preferences as a Basis for this POST Form,” shall include the following:
 - (i) A direction to indicate whether or not the patient has an advance health-care directive as defined in Section 41-41- 203 and if so, the date of the advance directive’s execution, and, a certification that the physician order for sustaining treatment is in accordance with the advance directive, followed by the printed name, position, and signature of an individual so certifying;
 - (ii) If the patient is an unemancipated minor, an indication of by which one or more of the following directions were given in accordance with Section 41-41- 3: 1. Minor’s guardian or custodian; 2. Minor’s parent; 3. Adult brother or sister of the minor; 4. Minor’s grandparent; or 5. Adult who has exhibited special care and concern for minor; and (iii) If the patient is an adult or an emancipated minor, by which one or more of the following directions were given in accordance with Section 41-41- 205, 41-41-211 or 41-41-213: 1. Patient; 2. Agent authorized by patient’s power of attorney for health care; 3. Guardian of the patient; 4. Surrogate designated by patient; 5. Spouse of patient (if not legally separated); 6. Adult child of the patient; 7. Parent of the patient; 8. Adult brother or sister of the patient; or 9. Adult who has exhibited special care and concern for the patient and is familiar with the patient’s values.
- (f) A signature portion of the form, which shall include lines for the printed name, signature, and date of signing for:
 - (i) The patient’s primary physician;
 - (ii) The individual or individuals described in paragraph (e)(ii) or (iii) of this subsection; and (iii) The health care professional preparing the form, if other than the patient’s primary physician, with contact information.
- (g) A section entitled “Information for patient or representative of patient named on this form,” which shall include the following language: “The POST form is always voluntary and is usually for persons with advanced illness. POST records your wishes for medical treatment in your current state of health. Once initial medical treatment is begun and the risks and benefits of further therapy are clear, your treatment wishes may change. Your medical care and this form can be changed to reflect your new wishes at any time. However, no form can address all the medical treatment decisions that may need to be made. An advance health-care directive is recommended for all capable adults and emancipated minors, regardless of their health status. An advance directive allows you to document in detail your future health care instructions and/or name a health-care agent to speak for you if you are unable to speak for yourself. If this form is for a minor for whom you are authorized to make health-care decisions, you may not direct denial of medical treatment in a manner that would make the minor a ‘neglected child’ under Section 43-

21-105, Mississippi Code of 1972, or otherwise violate the child abuse and neglect laws of Mississippi. In particular, you may not direct the withholding of medically indicated treatment from a disabled infant with life-threatening conditions, as those terms are defined in 42 USCS Section 5106g or regulations implementing it and 42 USCS Section 5106a.

(h) A section entitled “Directions for Completing and Implementing Form,” which shall include the following four (4) subdivisions:

(i) The first subdivision, entitled “Completing POST,” shall have the following language: POST must be reviewed and prepared in consultation with the patient or the patient’s representative. POST must be reviewed and signed by a physician to be valid. Be sure to document the basis for concluding the patient had or lacked capacity at the time of execution of the form in the patient’s medical record. The signature of the patient or the patient’s representative is required; however, if the patient’s representative is not reasonably available to sign the original form, a copy of the completed form with the signature of the patient’s representative must be placed in the medical record as soon as practicable and “on file” must be written on the appropriate signature on this form. Use of original form is required. Be sure to send the original form with the patient. There is no requirement that a patient have a POST.

(ii) The second subdivision, entitled “Implementing POST,” shall have the following language: If a health care provider or facility is unwilling to comply with the orders due to policy or personal objections, the provider or facility must not impede transfer of the patient to another provider or facility willing to implement the orders and must provide at least requested care in the meantime unless, in reasonable medical judgment, denial of requested care would not result in or hasten the patient’s death. If a minor protests a directive to deny the minor life-preserving medical treatment, the denial of treatment may not be implemented pending issuance of a judicial order resolving the conflict.

(iii) The third subdivision, entitled “Reviewing POST,” shall have the following language: This POST must be reviewed at least annually or earlier if; The patient is admitted or discharged from a health care facility; There is a substantial change in the patient’s health status; or The patient’s treatment preferences change. If POST is revised or becomes invalid, draw a line through Sections A-E and write “VOID” in large letters.

(iv) The fourth subdivision, entitled “Revocation of POST,” shall have the following language: This POST may be revoked by the patient or the patient’s representative.

(i) A section entitled “Review of POST,” which shall include the following columns and a number of rows determined by the State Board of Medical Licensure:

(i) Review Date;

(ii) Reviewer and Location of Review;

(iii) MD/DO Signature (Required); and (iv) Signature of Patient or Representative (Required).

(j) A section entitled “Outcome of Review,” which shall include descriptions of the outcome in each row by selecting one (1) of the following:

(i) No Change;

(ii) FORM VOIDED, new form completed; or (iii) FORM VOIDED, no new form.

History: Laws, 2014, ch. 470, § 2, eff from and after July 1, 2014.

§ 41-41-303. Immunity, liability, penalties and equitable relief.

(1) A physician or health-care provider acting in good faith and in accordance with generally accepted health-care standards applicable to the physician or health-care provider is not subject to civil or criminal liability or to discipline for unprofessional conduct for:

(a) Executing a physician order for sustaining treatment in compliance with a health-care decision of a person apparently having authority to make a health-care decision for a patient, including a decision to provide, withhold or withdraw health care;

(b) Declining to execute a physician order for sustaining treatment in compliance with a health-care decision of a person based on a belief that the person then lacked authority; or (c) Complying with an apparently valid physician order for sustaining treatment on the assumption that the order was valid when made and has not been revoked or terminated.

(2) A health-care provider or institution that intentionally violates Section [41-41-302](#) is subject to liability to the aggrieved individual for damages of Five Hundred Dollars (\$500.00) or actual damages resulting from the violation, whichever is greater, plus reasonable attorney's fees.

(3) A person who intentionally falsifies, forges, conceals, defaces, or obliterates an individual's physician order for sustaining treatment or a revocation of a physician order for sustaining treatment without the individual's consent, or who coerces or fraudulently induces an individual to give, revoke, or not to give a physician order for sustaining treatment, is subject to liability to that individual for damages of Twenty-five Hundred Dollars (\$2,500.00) or actual damages resulting from the action, whichever is greater, plus reasonable attorney's fees.

(4) On petition of a patient, the patient's agent, guardian, or surrogate, a health-care provider or institution involved with the patient's care, or surrogate for the patient as described in Section [41-41-211\(2\)](#) or (3), any court of competent jurisdiction may enjoin or direct a health-care decision related to a physician order for scope of treatment, or order other equitable relief. A proceeding under this section shall be governed by the Mississippi Rules of Civil Procedure.

History: Laws, 2014, ch. 470, § 3, eff from and after July 1, 2014.

Hepatitis B and HIV

§ 41-34-1. Definitions applicable to Sections 41-34-1 through 41-34-7.

For the purposes of Sections [41-34-1](#) through [41-34-7](#) the following terms shall have the following meanings:

(a) "Health-care provider" shall mean a person licensed by this state to provide health care or professional services as a physician, podiatrist, registered nurse, licensed practical nurse, nurse practitioner, dentist, chiropractor or optometrist.

(b) "Board" means the State Board of Medical Licensure, State Board of Dental Examiners, the Mississippi Board of Nursing, the State Board of Chiropractic Examiners or the State Board of Optometry.

History: Laws, 1992, ch. 381, § 1, eff from and after July 1, 1992.

§ 41-34-3. Licensing boards to establish practice requirements to protect public from transmission of Hepatitis B and HIV from health-care providers.

Each board licensing health-care providers may establish by rule and regulation practice requirements based, in part, on applicable guidelines from the Federal Centers for Disease Control which will protect the public from the transmission of the Hepatitis B Virus and Human Immunodeficiency Virus in the practice of a profession regulated by the appropriate board.

History: Laws, 1992, ch. 381, § 2, eff from and after July 1, 1992.

§ 41-34-5. Licensing boards to establish procedure for licensees and applicants for license to report status as carrier of Hepatitis B and HIV.

The boards may establish by rule and regulation requirements and procedures for a licensee and a licensure applicant to report his/her status as a carrier of the Hepatitis B Virus and Human Immunodeficiency Virus to the board and shall enforce such requirements and procedures.

History: Laws, 1992, ch. 381, § 3, eff from and after July 1, 1992.

§ 41-34-7. Confidentiality of reports of Hepatitis B or HIV carrier status.

Each report of Hepatitis B Virus carrier status or Human Immunodeficiency Virus carrier status filed in compliance with this section and each record maintained and meetings held by the boards in the course of monitoring a licensee for compliance with the practice requirements established by this section, are confidential and exempt from the provisions of the Mississippi Public Records Law, Sections 25-61-1, et seq.

History: Laws, 1992, ch. 381, § 4, eff from and after July 1, 1992.

Reproductive laws: the Board's disciplinary role

ABOUT THIS SECTION

The Board does not set or enforce the substantive limits on these subjects. Those limits are fixed by statute and enforced by prosecutors and the Attorney General. The sections here are the points at which a violation becomes a matter of professional discipline for a licensee. The substantive limits themselves are not reproduced on this page.

§ 41-41-59. Violation of provisions as prima facie evidence of physician's unprofessional conduct.

If a physician performs an abortion in violation of the provisions of Sections 41-41-51 through 41-41-63 or fails to conform to any requirement of Sections 41-41-51 through 41-41-63, then his action shall be prima facie evidence of unprofessional conduct, subjecting him to action by the State Board of Medical Licensure.

History: Laws, 1986, ch. 448, § 5, eff from and after July 1, 1986.

§ 41-41-413. Professional sanction and civil penalties.

(1) A physician who intentionally or knowingly violates the prohibitions in Section 41-41-407(1) and/or (2) commits an act of unprofessional conduct and his or her license to practice medicine in the State of Mississippi shall be suspended or revoked pursuant to action by the Mississippi State Board of Medical Licensure.

(2) A physician who knowingly or intentionally delivers to the Department any report required by Section 41-41-407 and known by him or her to be false shall be subject to a civil penalty or fine up to Five Hundred Dollars (\$500.00) per violation imposed by the department.

History: Laws, 2020, ch. 434, § 7, eff from and after July 1, 2020.

Regulate Experimental Adolescent Procedures (REAP) Act

§ 41-141-1. Short title.

This chapter shall be known and may be cited as the Regulate Experimental Adolescent Procedures (REAP) Act.

History: Laws, 2023, ch. 303, § 1, eff from and after passage (approved February 28, 2023).

§ 41-141-3. Definitions.

For purposes of this chapter, the following terms shall have the meanings ascribed herein:

(a) "Sex" means the biological indication of male and female in the context of reproductive potential or capacity, such as sex chromosomes, naturally occurring sex hormones, gonads, and nonambiguous internal and external genitalia present at birth, without regard to an individual's psychological, chosen, or subjective experience of gender;

(b) "Cross-sex hormones" means:

- (i) Testosterone or other androgens given to females in amounts that are larger or more potent than would normally occur naturally in healthy sex females; and (ii) Estrogen given to males in amounts that are larger or more potent than would normally occur naturally in healthy sex males;
- (c) “Gender” means the psychological, behavioral, social, and cultural aspects of being male or female;
- (d) “Gender reassignment surgery” means any medical or surgical service that seeks to surgically alter or remove healthy physical or anatomical characteristics or features, except for a male circumcision that are typical for the individual’s sex, in order to instill or create physiological or anatomical characteristics that resemble a sex different from the individual’s sex, including, without limitation:
- (i) Surgical procedures such as penectomy, castration, orchiectomy, vaginoplasty, clitoroplasty, or vulvoplasty for male patients;
 - (ii) Surgical procedures such as hysterectomy, oophorectomy, reconstruction of the urethra, metoidioplasty, phalloplasty, vaginectomy, scrotoplasty, or implantation of erection or testicular prostheses for female patients;
 - (iii) Surgical procedures such as augmentation mammoplasty, facial feminization surgery, liposuction, lipofilling, voice surgery, thyroid cartilage reduction, gluteal augmentation, hair reconstruction, or various aesthetic procedures for male patients; or (iv) Surgical procedures such as subcutaneous mastectomy, voice surgery, liposuction, lipofilling, pectoral implants, or various aesthetic procedures for female patients;
- (e) “Gender transition” means the process in which a person goes from identifying with and living as a gender that corresponds to his or her sex to identifying with and living as a gender different from his or her sex, and may involve social, legal, or physical changes;
- (f) (i) “Gender transition procedures” means any of the following medical or surgical services performed for the purpose of assisting an individual with a gender transition: 1. Prescribing or administering puberty-blocking drugs; 2. Prescribing or administering cross-sex hormones; or 3. Performing gender reassignment surgeries.
- (ii) “Gender transition procedures” do not include: 1. Services to persons born with a medically verifiable disorder of sex development, including a person with external sex characteristics that are irresolvably ambiguous, such as those born with forty-six (46) XX chromosomes with virilization, forty-six (46) XY chromosomes with undervirilization, or having both ovarian and testicular tissue; 2. Services provided when a physician has otherwise diagnosed a disorder of sexual development that the physician has determined through genetic or biochemical testing that the person does not have normal sex chromosome structure, sex steroid hormone production, or sex steroid hormone action; 3. The treatment of any infection, injury, disease, or disorder that has been caused by or exacerbated by the performance of gender transition procedures, whether or not the gender transition procedure was performed in accordance with state and federal law or whether or not the funding for the gender transition procedure is permissible under this chapter; or 4. Any procedure for a male circumcision;
- (g) “Health care professional” means a person who is licensed, certified, or otherwise authorized by the laws of this state to administer health care in the ordinary course of the practice of his or her profession;
- (h) “Physician” means a person who is licensed to practice medicine in this state as provided in Sections [73-25-1](#) etc.;
- (i) “Puberty-blocking drugs” means gonadotropin-releasing hormone analogues or other synthetic drugs used in males to stop luteinizing hormone secretion and therefore testosterone secretion, or synthetic drugs used in females which stop the production of estrogens and progesterone, when used to delay or suppress pubertal development in children for the purpose of assisting an individual with a gender transition; and (j) “Public funds” means federal, state, county, or local government monies, in addition to any department, agency, or instrumentality authorized or appropriated under state law or derived from any fund in which such monies are deposited.

History: Laws, 2023, ch. 303, § 2, eff from and after passage (approved February 28, 2023).

§ 41-141-5. Providing or aiding or abetting in the performance of gender transition procedures to persons under the age of eighteen prohibited.

(1) A person shall not knowingly provide gender transition procedures to any person under eighteen (18) years of age.

(2) A person shall not knowingly engage in conduct that aids or abets the performance or inducement of gender transition procedures to any person under eighteen (18) years of age. This subsection may not be construed to impose liability on any speech protected by federal or state law.

History: Laws, 2023, ch. 303, § 3, eff from and after passage (approved February 28, 2023).

§ 41-141-7. Prohibition on use of public funds or tax deduction for gender transition procedures.

(1) Public funds, resources, facilities, personnel or any other thing of value that is provided by the United States or the State of Mississippi shall not be directly or indirectly used, granted, paid, or distributed to any entity, organization, or individual that provides gender transition procedures to a person under eighteen (18) years of age in violation of this chapter.

(2) Health care services furnished in the following situations shall not include gender transition procedures for a person under eighteen (18) years of age:

(a) By or in a health care facility owned by the state or a county or local government; or (b) By a physician or other health care professional employed by the state or a county or local government.

(3) Any amount paid by an individual or an entity during a taxable year for provision of gender transition procedures or as premiums for health care coverage that includes coverage for gender transition procedures is not deductible under the state income tax laws.

History: Laws, 2023, ch. 303, § 4, eff from and after passage (approved February 28, 2023).

§ 41-141-9. Enforcement.

(1) Any violation of Section [41-141-5](#) by a physician or other health care professional shall be considered outside the applicable standard of care and is unprofessional conduct. A physician who violates Section [41-141-5](#) shall have his or her license to practice medicine in the State of Mississippi revoked pursuant to action taken by the Mississippi State Board of Medical Licensure. A nonphysician healthcare professional who violates Section [41-141-5](#) shall have his or her license to practice their healthcare profession in the State of Mississippi revoked pursuant to action taken by the applicable licensing entity.

(2) A person may assert an actual or threatened violation of this chapter as a claim or defense in a judicial or administrative proceeding and obtain compensatory damages, punitive damages, injunctive relief, declaratory relief, or any other appropriate relief. Such claim may be brought against any facility, individual or entity causing or contributing to a violation of this chapter.

(3) (a) A person must bring a claim for a violation of this chapter no later than thirty (30) years after the day the cause of action accrues.

(b) A person under eighteen (18) years of age may bring an action throughout their minority through a parent or next friend, and may bring an action in their own name upon reaching majority at any time from that point until thirty (30) years after reaching the age of majority.

(4) Notwithstanding any other provision of law, an action under this chapter may be commenced, and relief may be granted, in a judicial proceeding without regard to whether the person commencing the action has sought or exhausted available administrative remedies.

(5) In any action or proceeding to enforce a provision of this chapter, a prevailing party who establishes a violation of this chapter shall recover reasonable attorney's fees.

(6) (a) The Attorney General shall bring an action to enforce compliance with this chapter.

(b) This chapter does not deny, impair, or otherwise affect any right or authority of the Attorney General, the State of Mississippi, or any agency, officer, or employee of the state, acting under any law other than this chapter, to institute or intervene in any proceeding.

History: Laws, 2023, ch. 303, § 5, eff from and after passage (approved February 28, 2023).

Medical Cannabis Act

ABOUT THIS SECTION

The Mississippi Medical Cannabis Act is administered by the State Department of Health and the Department of Revenue. The Board's role is limited to the physicians and other practitioners it licenses who issue cannabis certifications, and it may act when one of its licensees issues a certification improperly. These sections are included for that reason.

§ 41-137-1. Title.

This chapter shall be known and may be cited as the “Mississippi Medical Cannabis Act.”

History: Laws, 2022, ch. 303, § 1, eff from and after passage (approved February 2, 2022).

§ 41-137-3. Definitions.

For purposes of this chapter, unless the context requires otherwise, the following terms shall have the meanings ascribed herein:

(a) “Artificially derived cannabinoid” means a chemical substance that is created by a chemical reaction that changes the molecular structure of any chemical substance derived from the plant Cannabis family Cannabaceae. Such term shall not include:

- (i) A naturally occurring chemical substance that is separated from the plant Cannabis family Cannabaceae by a chemical or mechanical extraction process;
- (ii) Cannabinoids that are produced by decarboxylation from a naturally occurring cannabinoid acid without the use of a chemical catalyst; or (iii) Any other chemical substance identified by MDOH.

(b) “Allowable amount of medical cannabis” means an amount not to exceed the maximum amount of Mississippi Medical Cannabis Equivalency Units (“MMCEU”).

(c) “Bona fide practitioner-patient relationship” means:

- (i) A practitioner and patient have a treatment or consulting relationship, during the course of which the practitioner, within his or her scope of practice, has completed an in-person assessment of the patient's medical history and current mental health and medical condition and has documented their certification in the patient's medical file;
- (ii) The practitioner has consulted in person with the patient with respect to the patient's debilitating medical condition; and (iii) The practitioner is available to or offers to provide follow-up care and treatment to the patient.

(d) “Cannabis” means all parts of the plant of the genus cannabis, the flower, the seeds thereof, the resin extracted from any part of the plant and every compound, manufacture, salt, derivative, mixture or preparation of the plant, its seeds or its resin, including whole plant extracts. Such term shall not mean cannabis-derived drug products approved by the federal Food and Drug Administration under Section 505 of the Federal Food, Drug, and Cosmetic Act.

(e) “Cannabis cultivation facility” means a business entity licensed and registered by the Mississippi Department of Health that acquires, grows, cultivates and harvests medical cannabis in an indoor, enclosed, locked and secure area.

(f) “Cannabis disposal entity” means a business licensed and registered by the Mississippi Department of Health that is involved in the commercial disposal or destruction of medical cannabis.

(g) “Cannabis processing facility” means a business entity that is licensed and registered by the Mississippi Department of Health that:

- (i) Acquires or intends to acquire cannabis from a cannabis cultivation facility;
- (ii) Possesses cannabis with the intent to manufacture a cannabis product;
- (iii) Manufactures or intends to manufacture a cannabis product from unprocessed cannabis or a cannabis extract; and (iv) Sells or intends to sell a cannabis product to a medical cannabis dispensary, cannabis testing facility or cannabis research facility.

(h) “Cannabis products” means cannabis flower, concentrated cannabis, cannabis extracts and products that are infused with cannabis or an extract thereof and are intended for use or consumption by humans. The term includes, without limitation, edible cannabis products, beverages, topical products, ointments, oils, tinctures and suppositories that contain tetrahydrocannabinol (THC) and/or cannabidiol (CBD) except those products excluded from control under Sections 41-29-113 and 41-29-136.

(i) “Cannabis research facility” or “research facility” means a research facility at any university or college in this state or an independent entity licensed and registered by the Mississippi Department of Health pursuant to this chapter that acquires cannabis from cannabis cultivation facilities and cannabis processing facilities in order to research cannabis, develop best practices for specific medical conditions, develop medicines and provide commercial access for medical use.

(j) “Cannabis testing facility” or “testing facility” means an independent entity licensed and registered by the Mississippi Department of Health that analyzes the safety and potency of cannabis.

(k) “Cannabis transportation entity” means an independent entity licensed and registered by the Mississippi Department of Health that is involved in the commercial transportation of medical cannabis.

(l) “Cannabis waste” means plant debris of the plant of the genus cannabis, including dead plants and all unused plant parts. This term shall not include seeds, roots, stems and stalks.

(m) “Cannabinoid” means any of the chemical compounds that are the active constituents derived from THC.

(n) “Canopy” means the total surface area within a cultivation area that is dedicated to the cultivation of flowering cannabis plants. The surface area of the plant canopy must be calculated in square feet and measured and must include all of the area within the boundaries where the cultivation of the flowering cannabis plants occurs. If the surface area of the plant canopy consists of noncontiguous areas, each component area must be separated by identifiable boundaries. If a tiered or shelving system is used in the cultivation area the surface area of each tier or shelf must be included in calculating the area of the plant canopy. Calculation of the area of the plant canopy may not include the areas within the cultivation area that are used to cultivate immature cannabis plants and seedlings, prior to flowering, and that are not used at any time to cultivate mature cannabis plants.

(o) “Cardholder” means a registered qualifying patient or a registered designated caregiver who has been issued and possesses a valid registry identification card.

(p) “Chronic pain” means a pain state in which the cause of the pain cannot be removed or otherwise treated, and which in the generally accepted course of medical practice, no relief or cure of the cause of the pain is possible, or none has been found after reasonable efforts by a practitioner.

(q) “Concentrate” means a substance obtained by separating cannabinoids from cannabis by:

- (i) A mechanical extraction process;
- (ii) A chemical extraction process using a nonhydrocarbon-based or other solvent, such as water, vegetable glycerin, vegetable oils, animal fats, food-grade ethanol or steam distillation; or (iii) A chemical extraction process using the hydrocarbon-based solvent carbon dioxide, provided that the process does not involve the use of high heat or pressure.

(r) “Debilitating medical condition” means:

- (i) Cancer, Parkinson’s disease, Huntington’s disease, muscular dystrophy, glaucoma, spastic quadriplegia, positive status for human immunodeficiency virus (HIV), acquired immune deficiency

syndrome (AIDS), hepatitis, amyotrophic lateral sclerosis (ALS), Crohn's disease, ulcerative colitis, sickle-cell anemia, Alzheimer's disease, agitation of dementia, post-traumatic stress disorder (PTSD), autism, pain refractory to appropriate opioid management, diabetic/peripheral neuropathy, spinal cord disease or severe injury, or the treatment of these conditions;

(ii) A chronic, terminal or debilitating disease or medical condition, or its treatment, that produces one or more of the following: cachexia or wasting syndrome, chronic pain, severe or intractable nausea, seizures, or severe and persistent muscle spasms, including, but not limited to, those characteristic of multiple sclerosis; or (iii) Any other serious medical condition or its treatment added by the Mississippi Department of Health, as provided for in Section 41-137-17.

(s) "Designated caregiver" means a person who:

(i) Has agreed to assist with a registered qualifying patient's medical use of medical cannabis;

(ii) Assists no more than five (5) registered qualifying patients with their medical use of medical cannabis, unless the designated caregiver's registered qualifying patients each reside in or are admitted to a health care facility or facility providing residential care services or day care services where the designated caregiver is employed;

(iii) Is at least twenty-one (21) years of age unless the person is the parent or legal guardian of each qualifying patient the person assists; and (iv) Has not been convicted of a disqualifying felony offense.

(t) "Disqualifying felony offense" means:

(i) A conviction for a crime of violence, as defined in Section 97-3-2;

(ii) A conviction for a crime that was defined as a violent crime in the law of the jurisdiction in which the offense was committed, and that was classified as a felony in the jurisdiction where the person was convicted; or (iii) A conviction for a violation of a state or federal controlled substances law that was classified as a felony in the jurisdiction where the person was convicted, including the service of any term of probation, incarceration or supervised release within the previous five (5) years and the offender has not committed another similar offense since the conviction. Under this subparagraph (iii), a disqualifying felony offense shall not include a conviction that consisted of conduct for which this chapter would likely have prevented the conviction but for the fact that the conduct occurred before February 2, 2022.

(u) "Edible cannabis products" means products that:

(i) Contain or are infused with cannabis or an extract thereof;

(ii) Are intended for human consumption by oral ingestion; and (iii) Are presented in the form of foodstuffs, beverages, extracts, oils, tinctures, lozenges and other similar products.

(v) "Entity" means a corporation, general partnership, limited partnership or limited liability company that has been registered with the Secretary of State as applicable.

(w) "MMCEU" means Mississippi Medical Cannabis Equivalency Unit. One unit of MMCEU shall be considered equal to:

(i) Three and one-half (3.5) grams of medical cannabis flower;

(ii) One (1) gram of total THC in a medical cannabis concentrate; or (iii) One (1) gram of total THC in an infused product.

(x) "MDOH" means the Mississippi Department of Health.

(y) "MDOR" means the Mississippi Department of Revenue.

(z) "Medical cannabis" means cannabis, cannabis products and edible cannabis that are intended to be used by registered qualifying patients as provided in this chapter.

(aa) "Medical cannabis dispensary" or "dispensary" means an entity licensed and registered with the MDOR that acquires, possesses, stores, transfers, sells, supplies or dispenses medical cannabis, equipment used for medical cannabis, or related supplies and educational materials to cardholders.

(bb) “Medical cannabis establishment” means a cannabis cultivation facility, cannabis processing facility, cannabis testing facility, cannabis dispensary, cannabis transportation entity, cannabis disposal entity or cannabis research facility licensed and registered by the appropriate agency.

(cc) “Medical cannabis establishment agent” means an owner, officer, board member, employee, volunteer or agent of a medical cannabis establishment.

(dd) “Medical use” includes the acquisition, administration, cultivation, processing, delivery, harvest, possession, preparation, transfer, transportation, or use of medical cannabis or equipment relating to the administration of medical cannabis to treat or alleviate a registered qualifying patient’s debilitating medical condition or symptoms associated with the patient’s debilitating medical condition. The term “medical use” does not include:

(i) The cultivation of cannabis unless the cultivation is done by a cannabis cultivation facility; or (ii) The extraction of resin from cannabis by mechanical or chemical extraction unless the extraction is done by a cannabis processing facility.

(ee) “Nonresident cardholder” means a person who:

(i) Has been diagnosed with a debilitating medical condition by a practitioner in his or her respective state or territory, or is the parent, guardian, conservator or other person with authority to consent to the medical use of medical cannabis by a person who has been diagnosed with a debilitating medical condition;

(ii) Is not a resident of Mississippi or who has been a resident of Mississippi for less than forty-five (45) days; and (iii) Has submitted any documentation required by MDOH rules and regulations and has received confirmation of registration.

(ff) “Practitioner” means a physician, certified nurse practitioner, physician assistant or optometrist who is licensed to prescribe medicine under the licensing requirements of their respective occupational boards and the laws of this state. In relation to a nonresident cardholder, the term means a physician, certified nurse practitioner, physician assistant or optometrist who is licensed to prescribe medicine under the licensing requirements of their respective occupational boards and under the laws of the state or territory in which the nonresident patient resides. For registered qualifying patients who are minors, “practitioner” shall mean a physician or doctor of osteopathic medicine who is licensed to prescribe medicine under the licensing requirements of their respective occupational boards and the laws of this state.

(gg) “Public place” means a church or any area to which the general public is invited or in which the general public is permitted, regardless of the ownership of the area, and any area owned or controlled by a municipality, county, state or federal government, including, but not limited to, streets, sidewalks or other forms of public transportation. Such term shall not mean a private residential dwelling.

(hh) “Qualifying patient” means a person who has been diagnosed by a practitioner as having a debilitating medical condition and has been issued a written certification.

(ii) “Registry identification card” means a document issued by the MDOH that identifies a person as a registered qualifying patient, nonresident registered qualifying patient or registered designated caregiver.

(jj) “School” means an institution for the teaching of children, consisting of a physical location, whether owned or leased, including instructional staff members and students, and which is in session each school year. This definition shall include, but not be limited to, public, private, church and parochial programs for kindergarten, elementary, junior high and high schools. Such term shall not mean a home instruction program.

(kk) “Scope of practice” means the defined parameters of various duties, services or activities that may be provided or performed by a certified nurse practitioner as authorized under Sections [73-15-5](#) and [73-15-20](#), by an optometrist as authorized under Section [73-19-1](#), by a physician as authorized under Section [73-25-33](#), or by a physician assistant under Section [73-26-5](#), and rules and regulations adopted by the respective licensing boards for those practitioners.

(ll) “THC” or “Tetrahydrocannabinol” means any and all forms of tetrahydrocannabinol that are contained naturally in the cannabis plant, as well as synthesized forms of THC and derived variations, derivatives, isomers and allotropes that have similar molecular and physiological characteristics of tetrahydrocannabinol, including, but not limited to, THCA, THC Delta 9, THC Delta 8, THC Delta 10 and THC Delta 6.

(mm) “Written certification” means a form approved by the MDOH, signed and dated by a practitioner, certifying that a person has a debilitating medical condition. A written certification shall include the following:

- (i) The date of issue and the effective date of the recommendation;
- (ii) The patient’s name, date of birth and address;
- (iii) The practitioner’s name, address, and federal Drug Enforcement Agency number; and (iv) The practitioner’s signature.

History: Laws, 2022, ch. 303, § 2, eff from and after passage (approved February 2, 2022); Laws, 2023, ch. 436, § 15, eff from and after passage (approved March 27, 2023); Laws, 2025, ch. 425, § 1, eff from and after July 1, 2025.

§ 41-137-5. Authorization to use medical cannabis; requirements.

(1) No person shall be authorized to use medical cannabis in this state unless the person (a) has been diagnosed by a practitioner, with whom the person has a bona fide practitioner-patient relationship within his or her scope of practice, as having a debilitating medical condition for which the practitioner believes, in his or her professional opinion, that the person would likely receive medical or palliative benefit from the medical use of medical cannabis to treat or alleviate the person’s debilitating medical condition or symptoms associated with the person’s debilitating medical condition, (b) has received a written certification of that diagnosis from the practitioner, and (c) has been issued a registry identification card from the MDOH under Section [41-137-23](#). A person who has been diagnosed by a practitioner as specified in paragraph (a) of this subsection shall be a qualifying patient, and the practitioner who has diagnosed the patient shall document that diagnosis with a written certification. However, nothing herein shall require a practitioner to issue a written certification.

(2) A written certification shall:

- (a) Affirm that it is made in the course of a bona fide practitioner-patient relationship;
- (b) Remain current for twelve (12) months, unless the practitioner specifies a shorter period of time;
- (c) Be issued after an in-person assessment of the patient by a practitioner, or after a telemedicine evaluation for patients who are homebound or bedbound as certified by a practitioner with whom the patient has a bona fide practitioner-patient relationship within his or her scope of practice other than the practitioner making the written certification. For purposes of this paragraph (c), an individual is homebound or bedbound if such individual is physically unable to leave his or her residence without another person’s aid because the individual has lost the capacity of independent transportation due to a medical, physical, or mental health condition or infirmity as documented in writing by a practitioner who has a bona fide practitioner-patient relationship with the patient;
- (d) Only be issued on behalf of a minor when the minor’s parent or guardian is present and provides signed consent; and (e) Be limited to the allowable amount of cannabis in a thirty-day period..

(3) No state agency, department, political subdivision or board shall require a practitioner to require a patient to submit to a drug test as a condition to receiving a certification for a registry identification card. However, a practitioner may require a drug test from a patient that is within his or her scope of practice.

(4) After a practitioner has issued a written certification to a qualifying patient, a practitioner may assist the patient in registering for a registry identification card with the Department of Health, in a manner provided by regulations of the Department of Health.

(5) After a qualifying patient receives a written certification from a practitioner, the patient shall be required to make a follow-up visit with the practitioner not less than six (6) months after the date of issuance of the certification for the practitioner to evaluate and determine the effectiveness of the patient’s medical use of medical cannabis to treat or alleviate the patient’s debilitating medical condition or symptoms associated with

the patient's debilitating medical condition. Qualifying patients may make a follow-up visit with a different practitioner than the practitioner who originally issued their written certification, provided that such practitioner is otherwise registered and acting within their scope of practice and the provisions of this chapter.

(6) Before dispensing medical cannabis to a cardholder, the dispensary from which the cardholder is obtaining medical cannabis shall verify the identity of the cardholder and the authority of the cardholder to use medical cannabis as provided in Section 41-137-39 and shall determine the maximum amount of medical cannabis that a cardholder is eligible to receive and the amount of medical cannabis that the cardholder has received from all dispensaries during a specified period of time using the statewide seed-to-sale tracking system under Section 41-137-11.

(7) (a) A practitioner shall be registered to issue written certifications to qualifying patients by completing the required application process as set forth by the MDOH. The MDOH shall require a practitioner to complete a minimum of eight (8) hours of continuing education in medical cannabis in order to issue written certifications. After the first year of registration, these practitioners shall complete five (5) hours of continuing education in medical cannabis annually to maintain this registration.

(b) A practitioner shall not be required to have any additional qualifications to be authorized to certify a qualifying patient for a registry identification card, other than such requirements for practitioners as provided under the Mississippi Medical Cannabis Act.

(c) A practitioner shall not be required to be registered to certify patients with any state agency or board other than the MDOH.

(8) Only physicians and doctors of osteopathic medicine may issue written certifications to registered qualifying patients who are minors.

(9) The requirements of this section shall not apply to a person who is authorized to purchase topical cannabis provided under Section 41-137-39(22), and such persons may possess and use such products without being in violation of this chapter.

History: Laws, 2022, ch. 303, § 3, eff from and after passage (approved February 2, 2022); Laws, 2023, ch. 436, § 1, eff from and after passage (approved March 27, 2023); Laws, 2025, ch. 425, § 2, eff from and after July 1, 2025.

§ 41-137-9. Protections for the medical use of cannabis.

(1) There is a presumption that a registered qualifying patient is engaged in the medical use of medical cannabis under this chapter if the person is in possession of a registry identification card and an amount of medical cannabis that does not exceed the allowable amount of medical cannabis. There is a presumption that a registered designated caregiver is assisting in the medical use of medical cannabis under this chapter if the person is in possession of a registry identification card and an amount of medical cannabis that does not exceed the allowable amount of medical cannabis. These presumptions may be rebutted by evidence that conduct related to medical cannabis was not for the purpose of treating or alleviating a registered qualifying patient's debilitating medical condition or symptoms associated with the registered qualifying patient's debilitating medical condition under this chapter.

(2) Subject to the conditions, limitations, requirements and exceptions set forth in this chapter, the following activities related to medical cannabis shall be considered lawful:

(a) The purchase, transportation or possession of up to the allowable amount or medical use of medical cannabis;

(b) Financial reimbursement by a registered qualifying patient to the patient's registered designated caregiver for direct costs incurred by the registered designated caregiver for assisting with the registered qualifying patient's medical use of medical cannabis;

(c) Compensating a dispensary for goods or services provided;

(d) The provision, by a professional or occupational licensee, of advice or services related to medical cannabis activities allowed under this chapter, to the extent such advice or services meet or exceed the

applicable professional or occupational standard of care;

(e) Providing or selling equipment used to ingest medical cannabis to a cardholder, nonresident cardholder or to a medical cannabis establishment;

(f) Acting as a designated caregiver to assist a registered qualifying patient with the act of using or administering medical cannabis;

(g) Activities by a medical cannabis establishment or a medical cannabis establishment agent that are allowed by its license and registration;

(h) Activities by a dispensary or a dispensary agent to possess, store or sell medical cannabis products, educational materials and products used to ingest medical cannabis to cardholders, nonresident cardholders and other dispensaries, or to purchase or otherwise acquire medical cannabis products from cannabis cultivation facilities, cannabis processing facilities, cannabis research facilities or other dispensaries;

(i) Activities by a cannabis cultivation facility, cannabis processing facility or agents of these facilities to:

(i) Possess, plant, propagate, cultivate, grow, harvest, produce, process, manufacture, compound, convert, prepare, pack, repack or store medical cannabis;

(ii) Purchase or otherwise acquire medical cannabis and cannabis products from medical cannabis establishments; or (iii) Sell, supply or transfer medical cannabis products, equipment used to ingest medical cannabis, and related supplies and educational materials to other cannabis cultivation facilities, cannabis processing facilities or dispensaries.

(j) Activities by a cannabis research facility, a cannabis testing facility or agents of these facilities to:

(i) Purchase or otherwise acquire medical cannabis from medical cannabis establishments;

(ii) Possess, produce, process, compound, convert, prepare, pack, test, repack and store medical cannabis and cannabis products obtained from medical cannabis establishments; or (iii) Sell, supply or transfer medical cannabis, educational materials and equipment used to ingest medical cannabis to cannabis cultivation facilities, cannabis processing facilities, cannabis testing facilities and cannabis research facilities.

(k) Activities by a cannabis transportation entity or a cannabis disposal entity to transport, supply, deliver, dispose of or destroy cannabis, as applicable.

(3) Any medical cannabis, cannabis product, equipment used to ingest medical cannabis, or other interest in or right to property that is possessed, owned or used in connection with the medical use of medical cannabis as authorized by this chapter, or acts incidental to such use, shall not be seized or forfeited. This chapter shall not prevent the seizure or forfeiture of medical cannabis exceeding the allowable amounts of medical cannabis, nor shall it prevent seizure or forfeiture if the basis for the action is unrelated to the medical cannabis that is possessed, processed, transferred or used pursuant to this chapter.

(4) Possession of, or application for, a registry identification card shall not:

(a) Constitute probable cause or reasonable suspicion;

(b) Be used to support a search of the person or property of the person possessing or applying for the registry identification card; or (c) Subject the person or property of the person to inspection by any governmental agency.

(5) It is the public policy of the State of Mississippi that contracts related to medical cannabis that are entered into by cardholders, medical cannabis establishments, medical cannabis establishment agents and those who allow property to be used by those persons, should be enforceable to the extent that those activities comply with the other provisions of this chapter. It is the public policy of the State of Mississippi that no contract entered into by a cardholder, a medical cannabis establishment, or a medical cannabis establishment agent, or by a person who allows property to be used for activities that are authorized under this chapter, shall be unenforceable on the basis that activities related to cannabis are prohibited by federal law.

(6) An applicant for a professional or occupational license shall not be denied a license based on previous employment related to medical cannabis activities that are allowed under this chapter.

History: Laws, 2022, ch. 303, § 5, eff from and after passage (approved February 2, 2022).

§ 41-137-23. Issuance and denial of registry identification cards.

(1) No later than one hundred twenty (120) days after February 2, 2022, the MDOH shall begin issuing registry identification cards to qualifying patients who submit the following:

- (a) A written certification issued by a practitioner within six (6) months immediately preceding the date of the application;
- (b) The application or renewal fee;
- (c) The name, address, social security number, and date of birth of the qualifying patient;
- (d) The name, address, and telephone number of the qualifying patient's practitioner issuing the written certification;
- (e) The name, address, social security number, and date of birth of the designated caregiver, or designated caregivers, chosen by the qualifying patient; and (f) If more than one (1) designated caregiver is designated at any given time, documentation demonstrating that a greater number of designated caregivers is needed due to the patient's age or medical condition.

(2) If the qualifying patient is unable to submit the information required by subsection (1) of this section due to the person's age or medical condition, the person responsible for making medical decisions for the qualifying patient may do so on behalf of the qualifying patient.

(3) Except as provided in subsection (5) of this section, the MDOH shall:

- (a) Verify the information contained in an application or renewal submitted under this section and approve or deny an application or renewal within ten (10) days of receiving a completed application or renewal application; and (b) Issue registry identification cards to a qualifying patient and his or her designated caregiver(s), if any, within five (5) days of approving the application or renewal. A designated caregiver must have a registry identification card for each of his or her qualifying patients.

(4) (a) The MDOH shall require criminal background checks in order to carry out this section.

(b) The MDOH shall require that the prospective designated caregiver or caregiver's applicant apply for or authorize the division to obtain state and national criminal background checks to be conducted by the Mississippi Justice Information Center of the Department of Public Safety and the Federal Bureau of Investigation.

(c) Such criminal background checks shall conform to the applicable federal standards, and shall include the taking of fingerprints.

(d) The applicant shall authorize the release of such criminal background checks to the MDOH, and shall be responsible for the payment of any fee associated with the criminal background checks.

(e) Upon completion of such criminal background checks, the Mississippi Justice Information Center of the Department of Public Safety shall forward to the MDOH all information obtained concerning the applicant.

(5) The MDOH shall not issue a registry identification card to a qualifying patient who is younger than eighteen (18) years of age, unless:

(a) The qualifying patient's practitioner has explained the potential risks and benefits of the medical use of medical cannabis to the custodial parent or legal guardian with responsibility for health care decisions for the qualifying patient; and (b) The custodial parent or legal guardian with responsibility for health care decisions for the qualifying patient consents in writing to:

- (i) Acknowledge the potential harms related to the use of medical cannabis;
- (ii) Allow the qualifying patient's medical use of medical cannabis;

- (iii) Serve as the qualifying patient's designated caregiver; and (iv) Control the acquisition of the medical cannabis, the dosage and the frequency of the use of medical cannabis by the qualifying patient.
- (6) If a designated caregiver is an entity licensed to provide health care services, residential care services or day care services, then:
 - (a) The MDOH may provide a single registry identification card to the entity, regardless of the number of registered qualifying patients the entity serves; and (b) The MDOH may issue individual registry identification cards for employees of the entity that may transport medical cannabis.
- (7) The MDOH shall provide an electronic or physical list of registered qualifying patients who have designated the entity as their caregiver. This list shall be updated with each additional designation.
- (8) The MDOH may deny an application or renewal of a qualifying patient's registry identification card only if the applicant:
 - (a) Did not provide the required information or materials;
 - (b) Previously had a registry identification card revoked;
 - (c) Provided false information; or (d) Failed to meet the other requirements of this chapter.
- (9) The MDOH may deny an application or renewal for a designated caregiver chosen by a qualifying patient whose registry identification card was granted only if the applicant:
 - (a) Does not meet the definition of "designated caregiver" under Section [41-137-3](#);
 - (b) Did not provide the information required;
 - (c) Previously had a registry identification card revoked;
 - (d) Provided false information;
 - (e) Is younger than twenty-one (21) years of age and is not the parent or legal guardian of the qualifying patient who the designated caregiver would assist; or (f) Failed to meet the other requirements of this chapter.
- (10) The MDOH shall give written notice to the qualifying patient of the reason for denying a registry identification card to the qualifying patient or to the qualifying patient's designated caregiver.
- (11) Denial of an application or renewal is considered a final MDOH action, subject to judicial review in accordance with Section 41-137-59.

History: Laws, 2022, ch. 303, § 12, eff from and after passage (approved February 2, 2022); Laws, 2023, ch. 436, § 2, eff from and after passage (approved March 27, 2023).

§ 41-137-49. Confidentiality.

- (1) Data in license and registration applications and supporting data submitted by registered qualifying patients, registered designated caregivers, medical cannabis establishments and nonresident cardholders, including data on registered designated caregivers and practitioners, shall be considered private data on individuals that is confidential and exempt from disclosure under the Mississippi Public Records Act of 1983, Sections 25-61-1 through 25-61-17.
- (2) Data kept or maintained by an agency shall not be used for any purpose not provided for in this chapter and shall not be combined or linked in any manner with any other list or database.
- (3) Data kept or maintained by an agency may be disclosed as necessary for:
 - (a) The verification of registration certificates and registry identification cards under this chapter;
 - (b) Submission of the annual report required by this chapter;
 - (c) Notification of state or local law enforcement of apparent criminal violations of this chapter;
 - (d) Notification of state and local law enforcement about falsified or fraudulent information submitted for purposes of obtaining or renewing a registry identification card; or (e) Notification of the State Board of Medical Licensure or other occupational or professional licensing board or entity if there is reason to

believe that a practitioner provided a written certification in violation of this chapter, or if the MDOH has reason to believe the practitioner otherwise violated the standard of care for evaluating medical conditions.

(4) Any information kept or maintained by medical cannabis establishments must identify cardholders by their registry identification numbers and must not contain names or other personally identifying information.

(5) At a cardholder's request, the MDOH may confirm the cardholder's status as a registered qualifying patient or a registered designated caregiver to a third party, such as a landlord, school, medical professional, or court.

(6) Any agency hard drives or other data- recording media that are no longer in use and that contain cardholder information shall be destroyed.

(7) The addresses of prospective and licensed medical cannabis establishments, except for medical cannabis dispensaries, shall be considered confidential and exempt from disclosure under the Mississippi Public Records Act of 1983, Sections 25-61-1 through 25-61- 17.

History: Laws, 2022, ch. 303, § 25, eff from and after passage (approved February 2, 2022); Laws, 2023, ch. 436, § 7, eff from and after passage (approved March 27, 2023).

Other practice and patient-protection laws

§ 41-37-5. Who may perform autopsy.

Only a physician duly licensed by the Mississippi State Board of Health may perform an autopsy.

Editor's note: Authority to license and discipline physicians in Mississippi was transferred from the state board of health to the state board of medical licensure by Laws of 1980, ch. 458. See §§ 73-25-1 et seq. and §§ 73-43-1 et seq.

History: Codes, 1942, § 7158-03; Laws, 1960, ch. 258, § 4, eff from and after passage (approved May 11, 1960).

§ 41-63-9. Discoverability and admissibility into evidence of proceedings and records of review committees.

(1) Notwithstanding any conflicting statute, court rule or other law, in order to encourage medical and dental review activity, the proceedings and records of any medical or dental review committee shall be confidential and shall not be subject to discovery or introduction into evidence in any civil action arising out of the matters which are the subject of evaluation and review by such committee. No person who was in attendance at a meeting of such committee shall be permitted or required to testify in any civil action regarding any evidence or other matters produced or presented during the proceedings of the committee or as to any findings, recommendations, evaluations, opinions or other actions of the committee or its members. However, information, documents or records otherwise discoverable or admissible from original sources are not to be construed as immune from discovery or use in any civil action merely because they were presented during the proceedings of such committee, nor should any person who testifies before such committee or who is a member of such committee be prevented from testifying as to other matters within his knowledge. Provided, however, a witness shall not be questioned concerning his participation on or testimony before such committee or opinions formed by him as a result of such committee hearings or proceedings.

(2) The provisions of subsection (1) of this section which limit the discovery of medical or dental review committee records and proceedings shall not apply in any legal action brought by a medical or dental review committee to restrict or revoke a physician's license to practice medicine or hospital staff privileges, or in any legal action brought by an aggrieved physician against any member of the committee or the legal entity which formed such committee for actions alleged to have been malicious.

(3) The provisions of this statute, including the confidentiality provided in this subsection, shall be deemed part of the substantive law of this state enacted for the expressed legislative purpose of promoting quality patient care through medical and dental peer review activities.

History: Laws, 1977, ch. 346, § 5; Laws, 1984, ch. 464, § 4; Laws, 1994, ch. 524, § 4, eff from and after July 1, 1994.

§ 41-10-1. Willful or reckless placement of inaccurate information in patient's record; intentional alteration or destruction of patient's records; penalties.

(1) Except as otherwise provided in subsection (3), a person, knowing that the information is misleading or inaccurate, shall not intentionally, willfully or recklessly place or direct another to place in a patient's medical record or chart misleading or inaccurate information regarding the diagnosis, care, treatment or cause of a patient's condition. A violation of this subsection is punishable as follows: a person who intentionally or willfully or recklessly violates this subsection is guilty of a misdemeanor, punishable by imprisonment for not more than one (1) year, or a fine of not more than One Thousand Dollars (\$1,000.00), or both.

(2) Except as otherwise provided in subsection (3), a person shall not intentionally or willfully alter or destroy or direct another to alter or destroy a patient's medical records or charts for the purpose of concealing his or her responsibility for the patient's injury, sickness or death. A person who violates this subsection is guilty of a misdemeanor punishable by imprisonment for not more than one (1) year, or a fine of not more than One Thousand Dollars (\$1,000.00), or both.

(3) Subsections (1) and (2) do not apply to either of the following:

(a) Destruction of a patient's original medical record or chart if all of the information contained in or on the medical record or chart is otherwise retained by means of mechanical or electronic recording, chemical reproduction, or other equivalent techniques that accurately reproduce all of the information contained in or on the original.

(b) Supplementation of information or correction of an error in a patient's medical record or chart in a manner that reasonably discloses that the supplementation or correction was performed and that does not conceal or alter prior entries.

History: Laws, 2001, ch. 603, § 12, eff from and after July 1, 2001.

§ 11-1-52. Limitations on charges permitted for photocopying patients' records by medical provider; physicians to make reasonable charges for depositions; limitations on charges permitted for execution of patient-requested medical record affidavit by medical provider; medical providers to comply with HIPAA.

(1) Any medical provider or hospital or nursing home or other medical facility shall charge no more than the following amounts to patients or their representatives for photocopying any patient's records: Twenty Dollars (\$20.00) for pages one (1) through twenty (20); One Dollar (\$1.00) per page for the next eighty (80) pages; Fifty Cents (50¢) per page for all pages thereafter. Ten percent (10%) of the total charge may be added for postage and handling. Fifteen Dollars (\$15.00) may be recovered by the medical provider or hospital or nursing home or other medical facility for retrieving medical records in archives at a location off the premises where the facility/office is located.

(2) A physician shall only charge normal, reasonable and customary charges for a deposition related to a patient that the physician is treating or has treated.

(3) Any medical provider, hospital, nursing home or other medical facility shall charge no more than Twenty-five Dollars (\$25.00) for executing a medical record affidavit, when the affidavit is requested by the patient or the patient's representative.

(4) In charging the fees authorized under subsection (1) of this section, the medical provider, hospital, nursing home or other medical facility shall comply with the federal Health Insurance Portability and Accountability Act (HIPAA).

History: Laws, 2004, 1st Ex. Sess., ch. 2, § 1; Laws, 2006, ch. 588, § 1, eff from and after passage (approved Apr. 21, 2006.).

§ 41-83-31. Adverse determination to patient or health-care provider; discussion of reasons; denial of third party reimbursement or precertification; evaluation by trained specialist.

Any program of utilization review with regard to hospital, medical or other health care services provided in this state, including, but not limited to, any prior authorization as defined in Section 83-5-907, shall comply with the following:

(a) No determination adverse to a patient or to any affected health care provider shall be made on any question relating to the necessity or justification for any form of hospital, medical or other health care services without prior evaluation and concurrence in the adverse determination by a physician licensed to practice in Mississippi. The physician who made the adverse determination shall discuss the reasons for any adverse determination with the affected health care provider, if the provider so requests. The physician shall comply with this request within seven (7) calendar days of being notified of a request. Adverse determination by a physician shall not be grounds for any disciplinary action against the physician by the State Board of Medical Licensure.

(b) Any determination regarding hospital, medical or other health care services rendered or to be rendered to a patient which may result in a denial of third-party reimbursement or a denial of precertification for that service shall include the evaluation, findings and concurrence of a physician trained in the relevant specialty or subspecialty, if requested by the patient's physician, to make a final determination that care rendered or to be rendered was, is, or may be medically inappropriate.

(c) The requirement in this section that the physician who makes the evaluation and concurrence in the adverse determination must be licensed to practice in Mississippi shall not apply to the Comprehensive Health Insurance Risk Pool Association or its policyholders and shall not apply to any utilization review company which reviews fewer than ten (10) persons residing in the State of Mississippi.

History: Laws, 1990, ch. 347, § 16; Laws, 1998, ch. 508, § 1; Laws, 2000, ch. 443, § 1, eff from and after July 1, 2000; Laws, 2024, ch. 302, § 24, eff from and after July 1, 2024.

§ 41-21-131. Definitions.

As used in Sections [41-21-131](#) through 41-21-143, the following terms shall have the meanings as defined in this section:

(a) "Crisis Intervention Team" means a community partnership among a law enforcement agency, a community mental health center, a hospital, other mental health providers, consumers and family members of consumers.

(b) "Participating partner" means a law enforcement agency, a community mental health center or a hospital that has each entered into collaborative agreements needed to implement a Crisis Intervention Team.

(c) "Catchment area" means a geographical area in which a Crisis Intervention Team operates and is defined by the jurisdictional boundaries of the law enforcement agency that is the participating partner.

(d) "Crisis Intervention Team officer" or "CIT officer" means a law enforcement officer who is authorized to make arrests under Section 99-3-1 and who is trained and certified in crisis intervention and who is working for a law enforcement agency that is a participating partner in a Crisis Intervention Team.

(e) "Substantial likelihood of bodily harm" means that:

(i) The person has threatened or attempted suicide or to inflict serious bodily harm to himself; or (ii) The person has threatened or attempted homicide or other violent behavior; or (iii) The person has placed others in reasonable fear of violent behavior and serious physical harm to them; or (iv) The person is unable to avoid severe impairment or injury from specific risks; and (v) There is substantial likelihood that serious harm will occur unless the person is placed under emergency treatment.

(f) "Single point of entry" means a specific hospital that is the participating partner in a Crisis Intervention Team and that has agreed to provide psychiatric emergency services and triage and referral services.

(g) “Psychiatric emergency services” means services designed to reduce the acute psychiatric symptoms of a person who is mentally ill or a person who has an impairment caused by drugs or alcohol and, when possible, to stabilize that person so that continuing treatment can be provided in the local community.

(h) “Triage and referral services” means services designed to provide evaluation of a person with mental illness or a person who has an impairment caused by drugs or alcohol in order to direct that person to a mental health facility or other mental health provider that can provide appropriate treatment.

(i) “Comprehensive psychiatric emergency service” means a specialized psychiatric service operated by the single point of entry and located in or near the hospital emergency department that can provide psychiatric emergency services for a period of time greater than can be provided in the hospital emergency department.

(j) “Extended observation bed” means a hospital bed that is used by a comprehensive psychiatric emergency service and is licensed by the State Department of Health for that purpose.

(k) “Psychiatric nurse practitioner” means a registered nurse who has completed the educational requirements specified by the State Board of Nursing, has successfully passed either the adult or family psychiatric nurse practitioner examination and is licensed by the State Board of Nursing to work under the supervision of a physician at a single point of entry following protocols approved by the State Board of Nursing.

(l) “Psychiatric physician assistant” means a physician assistant who has completed the educational requirements and passed the certification examination as specified in Section [73-26-3](#), is licensed by the State Board of Medical Licensure, has had at least one (1) year of practice as a physician assistant employed by a community mental health center, and is working under the supervision of a physician at a single point of entry.

History: Laws, 2010, ch. 548, § 4, eff from and after July 1, 2010.

§ 41-75-1. Definitions.

For the purpose of this chapter:

(a) “Ambulatory surgical facility” means a publicly or privately owned institution that is primarily organized, constructed, renovated or otherwise established for the purpose of providing elective surgical treatment of “outpatients” whose recovery, under normal and routine circumstances, will not require “inpatient” care. The facility defined in this paragraph does not include the offices of private physicians or dentists, whether practicing individually or in groups, but does include organizations or facilities primarily engaged in that outpatient surgery, whether using the name “ambulatory surgical facility” or a similar or different name. That organization or facility, if in any manner considered to be operated or owned by a hospital or a hospital holding, leasing or management company, either for profit or not for profit, is required to comply with all licensing agency ambulatory surgical licensure standards governing a “hospital affiliated” facility as adopted under Section 41-9-1 et seq., provided that the organization or facility does not intend to seek federal certification as an ambulatory surgical facility as provided for at 42 CFR, Parts 405 and 416. If the organization or facility is to be operated or owned by a hospital or a hospital holding, leasing or management company and intends to seek federal certification as an ambulatory facility, then the facility is considered to be “freestanding” and must comply with all licensing agency ambulatory surgical licensure standards governing a “freestanding” facility. If the organization or facility is to be owned or operated by an entity or person other than a hospital or hospital holding, leasing or management company, then the organization or facility must comply with all licensing agency ambulatory surgical facility standards governing a “freestanding” facility.

(b) “Hospital affiliated” ambulatory surgical facility means a separate and distinct organized unit of a hospital or a building owned, leased, rented or utilized by a hospital and located in the same county in which the hospital is located, for the primary purpose of performing ambulatory surgery procedures. The facility is not required to be separately licensed under this chapter and may operate under the hospital’s license in compliance with all applicable requirements of Section 41-9-1 et seq.

(c) “Freestanding” ambulatory surgical facility means a separate and distinct facility or a separate and distinct organized unit of a hospital owned, leased, rented or utilized by a hospital or other persons for the primary purpose of performing ambulatory surgery procedures. The facility must be separately licensed as defined in this section and must comply with all licensing standards promulgated by the licensing agency under this chapter regarding a “freestanding” ambulatory surgical facility. Further, the facility must be a separate, identifiable entity and must be physically, administratively and financially independent and distinct from other operations of any other health facility, and shall maintain a separate organized medical and administrative staff. Furthermore, once licensed as a “freestanding” ambulatory surgical facility, the facility shall not become a component of any other health facility without securing a certificate of need to do that.

(d) “Ambulatory surgery” means surgical procedures that are more complex than office procedures performed under local anesthesia, but less complex than major procedures requiring prolonged postoperative monitoring and hospital care to ensure safe recovery and desirable results. General anesthesia is used in most cases. The patient must arrive at the facility and expect to be discharged on the same day. Ambulatory surgery shall only be performed by physicians or dentists licensed to practice in the State of Mississippi.

(e) “Abortion” means the use or prescription of any instrument, medicine, drug or any other substances or device to terminate the pregnancy of a woman known to be pregnant with an intention other than to increase the probability of a live birth, to preserve the life or health of the child after live birth or to remove a dead fetus. Abortion procedures after the first trimester shall only be performed at a Level I abortion facility or an ambulatory surgical facility or hospital licensed to perform that service.

(f) “Abortion facility” means a facility operating substantially for the purpose of performing abortions and is a separate identifiable legal entity from any other health care facility. Abortions shall only be performed by physicians licensed to practice in the State of Mississippi. All physicians associated with the abortion facility must have admitting privileges at a local hospital and staff privileges to replace local hospital on-staff physicians. All physicians associated with an abortion facility must be board certified or eligible in obstetrics and gynecology, and a staff member trained in CPR shall always be present at the abortion facility when it is open. The term “abortion facility” includes physicians’ offices that are used substantially for the purpose of performing abortions. An abortion facility operates substantially for the purpose of performing abortions if any of the following conditions are met:

(i) The abortion facility is a provider for performing ten (10) or more abortion procedures per calendar month during any month of a calendar year, or one hundred (100) or more in a calendar year.

(ii) The abortion facility, if operating less than twenty (20) days per calendar month, is a provider for performing ten (10) or more abortion procedures, or performing a number of abortion procedures that would be equivalent to ten (10) procedures per month, if the facility were operating twenty (20) or more days per calendar month, in any month of a calendar year.

(iii) The abortion facility holds itself out to the public as an abortion provider by advertising by any public means, such as newspaper, telephone directory, magazine or electronic media, that it performs abortions.

(iv) The facility applies to the licensing agency for licensure as an abortion facility.

(g) “Licensing agency” means the State Department of Health.

(h) “Operating” an abortion facility means that the facility is open for any period of time during a day and has on site at the facility or on call a physician licensed to practice in the State of Mississippi available to provide abortions. An abortion facility may apply to be licensed as a Level I facility or a Level II facility by the licensing agency. Level II abortion facilities shall be required to meet minimum standards for abortion facilities as established by the licensing agency. Level I abortion facilities shall be required to meet minimum standards for abortion facilities and minimum standards for ambulatory surgical facilities as established by the licensing agency. Any abortion facility that begins operation after June 30, 1996, shall not be located within one thousand five hundred (1,500) feet from the property on which any church, school or kindergarten is located. An abortion facility shall not be in violation of this paragraph if it is in compliance with this paragraph on the

date it begins operation and the property on which a church, school or kindergarten is located within one thousand five hundred (1,500) feet from the facility.

(i) “Freestanding emergency room” is a facility open twenty-four (24) hours a day for the treatment of urgent and emergent medical conditions which is not located on a hospital campus. In order to be eligible for licensure under this chapter, the freestanding emergency room shall be located at least fifteen (15) miles from the nearest hospital-based emergency room in any rural community where the federal CMMS had previously designated a rural hospital as a critical access hospital and that designation has been revoked.

(j) “Post-acute residential brain injury rehabilitation facility” is a facility containing no more than twelve (12) beds providing medically directed long-term but nonacute rehabilitation to patients who have acquired brain injury. In order to be eligible for licensure under this chapter, the post-acute residential brain injury rehabilitation facility shall be located at least twenty-five (25) miles from the nearest acute care rehabilitation hospital and at least five (5) miles from the boundaries of any municipality having a population of ten thousand (10,000) or more, according to the most recent federal decennial census, at the time that facility is established.

(k) “Pilot freestanding emergency room” is a facility open twenty-four (24) hours a day for the treatment of urgent and emergent medical conditions that is not located on a hospital campus. In order to be eligible for licensure under this chapter, the pilot freestanding emergency room shall be located at least fifteen (15) miles from the nearest hospital-based emergency room in a county without emergency hospital care that is open twenty-four (24) hours a day.

History: Laws, 1983, ch. 433, § 1; Laws, 1984, ch. 430; Laws, 1986, ch. 437, § 24; Laws, 1991, ch. 301, § 1; Laws, 1996, ch. 442, § 3; Laws, 2004, ch. 584, § 1; Laws, 2005, ch. 478, § 1; Laws, 2006, ch. 506, § 1; Laws, 2012, ch. 331, § 1; Laws, 2016, ch. 309, § 1; Laws, 2017, ch. 327, § 1, eff from and after July 1, 2017; Laws, 2022, ch. 436, § 1, eff from and after July 1, 2022.

§ 41-123-3. Mississippi Physician Workforce Advisory Board; composition, appointments, meetings.

(1) The Office of Mississippi Physician Workforce shall be administered by the State Department of Health. An advisory board shall be created to assist the department in achieving the purpose of this chapter to be known as the “Mississippi Physician Workforce Advisory Board.” The advisory board shall be composed of the following members:

(a) The Chairman of the State Board of Health or his or her designee.

(b) Two (2) physicians appointed by and from the membership of the Mississippi State Medical Association for a term of three (3) years. Any member appointed under this paragraph may be reappointed for two (2) additional terms.

(c) Two (2) physicians appointed by and from the membership of the Mississippi Academy of Family Physicians for a term of three (3) years. Any member appointed under this paragraph may be reappointed for two (2) additional terms.

(d) One (1) physician appointed by and from the membership of each of the following organizations, whose terms shall be for three (3) years and who may be reappointed for two (2) additional terms:

(i) Mississippi Osteopathic Medical Association;

(ii) Mississippi Chapter, American College of Physicians;

(iii) Mississippi Chapter, American Academy of Pediatrics;

(iv) Mississippi Chapter, American College of OB-GYN; and (v) Mississippi Medical and Surgical Association.

(e) Two (2) physician designees of the Dean of the University of Mississippi School of Medicine, who will serve at the will and pleasure of the dean. One (1) of the members appointed under this paragraph must be responsible for Graduate Medical Education at the University of Mississippi School of Medicine.

(f) The Chair of the Department of Family Medicine at the University of Mississippi School of Medicine.

(g) A member of the State Board of Medical Licensure, who will serve at the will and pleasure of that board.

(h) Two (2) designees of the Dean of the William Carey University College of Osteopathic Medicine, who will serve at the will and pleasure of the dean. One (1) of the designees shall be responsible for GME.

(i) One (1) representative of the Mississippi Economic Council appointed by the president of the council, and who will serve at the will and pleasure of the president.

(j) One (1) representative of the Mississippi Development Authority appointed by the executive director of the authority, who will serve at the will and pleasure of the executive director.

(k) One (1) representative of the Mississippi Hospital Association, who will serve at the will and pleasure of the association.

(l) Two (2) representatives of the Community Health Center Association of Mississippi (CHCAM), who will serve at the will and pleasure of the association.

(2) Vacancies on the advisory board must be filled in a manner consistent with the original appointments.

(3) The advisory board shall establish rules for transacting its business. A majority of the members of the advisory board shall constitute a quorum at all advisory board meetings. An affirmative vote of a majority of the members present and voting shall be required in the making of recommendations by the advisory board. The advisory board shall elect a chair and vice chair from among its members. The chair shall serve for a term of two (2) years, upon the expiration of which the vice chair shall assume the office of chair.

(4) The advisory board shall hold no less than two (2) meetings annually.

(5) The advisory board may form an executive committee for the purpose of transacting business that must be conducted before the next regularly scheduled meeting of the advisory board. All actions taken by the executive committee must be ratified by the advisory board at its next regularly scheduled meeting.

(6) Members of the advisory board shall serve without compensation, but may be reimbursed, subject to the availability of funding, for mileage and actual and necessary expenses incurred in attending meetings of the advisory board, as provided in Section 25-3-41.

(7) The advisory board shall be housed at the State Department of Health.

History: Laws, 2012, ch. 472, § 2, eff from and after passage (approved Apr. 24, 2012); Laws, 2024, ch. 361, § 2, eff from and after July 1, 2024.

Patient's Right to Informed Health Care Choices Act

§ 41-121-1. Title.

This chapter shall be known and may be cited as “The Patient’s Right to Informed Health Care Choices Act.”

History: Laws, 2012, ch. 409, § 1; reenacted without change, Laws, 2016, ch. 419, § 1, eff from and after July 1, 2016; reenacted without change, Laws, 2020, ch. 393, § 1, eff from and after July 1, 2020; reenacted without change, Laws, 2025, ch. 447, § 2, eff from and after passage (approved March 28, 2025).

§ 41-121-3. Purpose.

The Legislature finds and declares that:

(a) There are a multitude of professional degrees using the term “doctor,” including Medical Doctor (M.D.); Doctor of Osteopathic Medicine (D.O.); Doctor of Dental Surgery (D.D.S.); Doctor of Podiatric Medicine (D.P.M.); Doctor of Optometry (O.D.); Doctor of Chiropractic (D.C.); Doctor of Nursing Practice (D.N.P.); Doctor of Pharmacy (Pharm.D.); and other designations which may be used by health care practitioners.

(b) Choosing a health care provider is one of the most important decisions a patient makes, which should be supported by full disclosure from their health care provider. There are differences regarding the training and qualifications required to earn the professional degrees described in and subject to this chapter. These

differences often concern the training and skills necessary to correctly detect, diagnose, prevent and treat serious health care conditions.

(c) There is a compelling state interest in patients being promptly and clearly informed of the actual training and qualifications of their health care practitioners who provide health care services. This chapter aims to provide public protection against potentially misleading and deceptive health care advertising that causes patients to have undue expectations regarding their medical treatments and outcomes.

History: Laws, 2012, ch. 409, § 2; reenacted without change, Laws, 2016, ch. 419, § 2, eff from and after July 1, 2016; reenacted without change, Laws, 2020, ch. 393, § 2, eff from and after July 1, 2020; reenacted and amended, Laws, 2025, ch. 447, § 3, eff from and after passage (approved March 28, 2025).

§ 41-121-5. Definitions.

For the purposes of this chapter:

(a) “Advertisement” means any communication or statement, whether printed, electronic or oral, that names the health care practitioner in relation to his or her practice, profession, or institution in which the individual is employed, volunteers or otherwise provides health care services. This includes business cards, letterhead, patient brochures, email, Internet, audio and video, and any other communication or statement used in the course of business or any other definition provided by regulations of the licensing board of proper jurisdiction.

(b) “Deceptive” or “misleading” includes, but is not limited to, any advertisement or affirmative communication or representation that misstates, falsely describes, holds out or falsely details the health care practitioner’s profession, skills, training, expertise, education, board certification or licensure as determined by each respective licensing board.

(c) “Health care practitioner” means any person who engages in acts that are the subject of licensure or regulation. Categories of health care practitioner include:

(i) Practitioners of allopathic medicine, signified by the letters “M.D.” or the words surgeon, medical doctor, or doctor of medicine by a person licensed to practice medicine and surgery.

(ii) Practitioners of osteopathic medicine, signified by the letters “D.O.” or the words surgeon, osteopathic surgeon, osteopath, doctor of osteopathy, or doctor of osteopathic medicine.

(iii) Practitioners of nursing, signified by the letters “D.N.P.,” “N.P.,” “R.N.,” “L.P.N.,” “C.R.N.A.,” or any other commonly used signifier to denote a doctorate of nursing practice, nurse practitioner, registered nurse, licensed practical nurse, or certified registered nurse anesthetist, respectively, as appropriate to signify the appropriate degree of licensure and degree earned from a regionally accredited institution of higher education in the appropriate field of learning.

(iv) Practitioners of podiatry, signified by the letters “D.P.M.” or the words podiatrist, doctor of podiatry, podiatric surgeon, or doctor of podiatric medicine.

(v) Practitioners of chiropractic, signified by the letters “D.C.” or the words chiropractor, doctor of chiropractic or chiropractic physician.

(vi) Practitioners of dentistry, signified by the letters “D.D.S.” or “D.M.D.,” as appropriate, or the words dentist, doctor of dental surgery, or doctor of dental medicine, as appropriate.

(vii) Practitioners of optometry, signified by the letters “O.D.” or the words optometrist or doctor of optometry.

(viii) Practitioners of pharmacy, signified by the letters “BSc.Pharm” or “Pharm.D.” or the words pharmacists or doctor of pharmacy.

(ix) Physician assistants, signified by the letters “P.A.” or the words physician assistant.

(x) Medical assistants, signified by the letters “M.A.” or the words medical assistant.

(xi) Practitioners of audiology, signified by the letters “Au.D.,” “Sc.D.” or “Ph.D.,” or the words audiologist or doctor of audiology.

(xii) Psychologists, therapists, speech- language pathologists, counselors, or any other health care practitioner not covered under this section, including, but not limited to, those signified by the letters “Ph.D.,” “Ed.D.,” “P.T.,” “M.P.T.” or “Psy.D.,” or “Sc.D.,” as appropriate to signify the appropriate degree of licensure and degree earned from a regionally accredited institution of higher education in the appropriate field of learning.

(d) “Licensee” means a health care practitioner who holds an active license with the licensing board governing his or her practice in this state.

History: Laws, 2012, ch. 409, § 3; reenacted without change, Laws, 2016, ch. 419, § 3, eff from and after July 1, 2016; reenacted without change, Laws, 2020, ch. 393, § 3, eff from and after July 1, 2020.; reenacted without change, Laws, 2025, ch. 447, § 4, eff from and after passage (approved March 28, 2025).

§ 41-121-7. Requirements.

(1) An advertisement for health care services that names a health care practitioner must identify the type of license held according to the definitions under this chapter. The advertisement shall be free from any and all deceptive or misleading information.

(2) A health care practitioner providing health care services in this state must conspicuously post in their office and affirmatively communicate the practitioner’s specific licensure as defined under this chapter. This shall consist of the following: The health care practitioner shall display in his or her office a writing that clearly identifies the type of license held by the health care practitioner. The writing must be of sufficient size so as to be visible and apparent to all current and prospective patients.

(3) A health care practitioner who practices in more than one (1) office shall be required to comply with these requirements in each practice setting.

(4) Health care practitioners working in nonpatient care settings, and who do not have any direct patient care interactions, are not subject to the provisions of this chapter.

History: Laws, 2012, ch. 409, § 4; reenacted without change, Laws, 2016, ch. 419, § 4, eff from and after July 1, 2016; reenacted without change, Laws, 2020, ch. 393, § 4, eff from and after July 1, 2020; reenacted without change, Laws, 2025, ch. 447, § 5, eff from and after passage (approved March 28, 2025).

§ 41-121-9. Violations and enforcement.

(1) Failure to comply with any provision under this section shall constitute a violation under this chapter.

(2) Knowingly aiding, assisting, procuring, employing or advising any unlicensed person or entity to practice or engage in acts contrary to the health care practitioner’s degree of licensure shall constitute a violation under this chapter.

(3) Delegating or contracting for the performance of health care services by a health care practitioner when the licensee delegating or contracting for performance knows, or has reason to know, the person does not have the required authority under the person’s licensure, shall constitute a violation under this chapter.

(4) Violations of this chapter relating to practitioners of pharmacy shall be regulated in accordance with the restrictions on the use of business name for pharmacists in Section 73- 21-109.

(5) Each day that this chapter is violated shall constitute a separate offense and shall be punishable as such.

(6) Any health care practitioner who violates any provision under this chapter is guilty of unprofessional conduct and subject to disciplinary action under the appropriate licensure provisions governing the respective health care practitioner.

(7) Any and all fees and other amounts billed to and paid by the patient may be effectively rescinded and refunded. This includes third parties contracted to collect fees on behalf of the health care practitioner, the health care practitioner’s employer, or other entity contracting with the health care practitioner as determined by each respective licensing board.

(8) The imposition of professional sanctions, administrative fees or other disciplinary actions shall be publicly reported by the governmental administrative body of proper jurisdiction at its discretion.

(9) Notwithstanding the imposition of any penalty, a professional licensing board or other administrative agency with jurisdiction may seek an injunction or other legal means as appropriate against a person or entity violating this chapter as determined by each respective licensing board.

(10) A licensing board may only enforce violations of this chapter with licensees that are subject to its jurisdiction.

History: Laws, 2012, ch. 409, § 5; reenacted without change, Laws, 2016, ch. 419, § 5, eff from and after July 1, 2016; reenacted without change, Laws, 2020, ch. 393, § 5, eff from and after July 1, 2020; reenacted without change, Laws, 2025, ch. 447, § 6, eff from and after passage (approved March 28, 2025).

REPEALED · § 41-121-11. Repealed.

Repealed by Laws, 2025, ch. 447, § 1, eff from and after passage (approved March 28, 2025).

PART 10: Other Related Laws

ABOUT THIS SECTION

These statutes are not administered by the Board. They are general laws that apply to the professionals the Board licenses in specific situations, or that the Board's licensing actions reference. They are included so the full legal context is in one place.

§ 33-1-39. Extension of professional license issued active duty military personnel; qualification for extension; fees.

A professional license issued pursuant to any provision of Title 73 to any member of the Mississippi National Guard or the United States Armed Forces Reserves shall not expire while the member is serving on federal active duty and shall be extended for a period not to exceed ninety (90) days after his return from federal active duty. If the license is renewed during the ninety-day period after his return from federal active duty, the member shall only be responsible for normal fees and activities relating to renewal of the license and shall not be charged any additional costs such as, but not limited to, late fees or delinquency fees. The member shall present to the authority issuing the professional license a copy of his official military orders or a written verification from the member's commanding officer before the end of the ninety-day period in order to qualify for the extension.

History: Laws, 2007, ch. 309, § 1, eff from and after passage (approved Mar. 8, 2007).

§ 43-21-353. Duty to inform state agencies and officials; duty to inform individual about whom report has been made of specific allegations.

(1) Any attorney, physician, dentist, intern, resident, nurse, psychologist, social worker, family protection worker, family protection specialist, child caregiver, minister, law enforcement officer, public or private school employee or any other person having reasonable cause to suspect that a child is a neglected child, an abused child, or a victim of commercial sexual exploitation or human trafficking shall cause an oral report to be made immediately by telephone or otherwise and followed as soon thereafter as possible by a report in writing to the Department of Child Protection Services, and immediately a referral shall be made by the Department of Child Protection Services to the youth court intake unit, which unit shall promptly comply with Section 43-21-357. In the course of an investigation, at the initial time of contact with the individual(s) about whom a report has been made under this Youth Court Act or with the individual(s) responsible for the health or welfare of a child about whom a report has been made under this chapter, the Department of Child Protection Services shall inform the individual of the specific complaints or allegations made against the individual. Consistent with subsection (4), the identity of the person who reported his or her suspicion shall not be disclosed at that point. Where appropriate, the Department of Child Protection Services shall additionally make a referral to the youth court

prosecutor. Upon receiving a report that a child has been sexually abused, is a victim of commercial sexual exploitation or human trafficking or has been burned, tortured, mutilated or otherwise physically abused in such a manner as to cause serious bodily harm, or upon receiving any report of abuse that would be a felony under state or federal law, the Department of Child Protection Services shall immediately notify the law enforcement agency in whose jurisdiction the abuse occurred. Within forty-eight (48) hours, the department must notify the appropriate prosecutor and the Statewide Human Trafficking Coordinator. The department shall have the duty to provide the law enforcement agency all the names and facts known at the time of the report; this duty shall be of a continuing nature. The law enforcement agency and the department shall investigate the reported abuse immediately and shall file a preliminary report with the appropriate prosecutor's office within twenty-four (24) hours and shall make additional reports as new or additional information or evidence becomes available. The department shall advise the clerk of the youth court and the youth court prosecutor of all cases of abuse reported to the department within seventy-two (72) hours and shall update such report as information becomes available. In addition, if the Department of Child Protection Services determines that a parent or other person responsible for the care or welfare of an abused or neglected child maintains active duty status within the military, the department shall notify the applicable military installation family advocacy program that there is an allegation of abuse or neglect that relates to that child.

(2) Any report shall contain the names and addresses of the child and his parents or other persons responsible for his care, if known, the child's age, the nature and extent of the child's injuries, including any evidence of previous injuries, any other information that might be helpful in establishing the cause of the injury, and the identity of the perpetrator.

(3) The Department of Child Protection Services shall maintain a statewide incoming wide-area telephone service or similar service for the purpose of receiving reports of suspected cases of child abuse, commercial sexual exploitation or human trafficking; provided that any attorney, physician, dentist, intern, resident, nurse, psychologist, social worker, family protection worker, family protection specialist, child caregiver, minister, law enforcement officer or public or private school employee who is required to report under subsection (1) of this section shall report in the manner required in subsection (1).

(4) Reports of abuse, neglect and commercial sexual exploitation or human trafficking made under this chapter and the identity of the reporter are confidential except when the court in which the investigation report is filed, in its discretion, determines the testimony of the person reporting to be material to a judicial proceeding or when the identity of the reporter is released to law enforcement agencies and the appropriate prosecutor pursuant to subsection (1). Reports made under this section to any law enforcement agency or prosecutorial officer are for the purpose of criminal investigation and prosecution only and no information from these reports may be released to the public except as provided by Section 43-21-261. Disclosure of any information by the prosecutor shall be according to the Mississippi Uniform Rules of Circuit and County Court Procedure. The identity of the reporting party shall not be disclosed to anyone other than law enforcement officers or prosecutors without an order from the appropriate youth court. Any person disclosing any reports made under this section in a manner not expressly provided for in this section or Section 43-21-261 shall be guilty of a misdemeanor and subject to the penalties prescribed by Section 43-21-267. Notwithstanding the confidentiality of the reporter's identity under this section, the Department of Child Protection Services may disclose a reporter's identity to the appropriate law enforcement agency or prosecutor if the department has reason to suspect the reporter has made a fraudulent report, and the Department of Child Protection Services must provide to the subject of the alleged fraudulent report written notification of the disclosure.

(5) All final dispositions of law enforcement investigations described in subsection (1) of this section shall be determined only by the appropriate prosecutor or court. All final dispositions of investigations by the Department of Child Protection Services as described in subsection (1) of this section shall be determined only by the youth court. Reports made under subsection (1) of this section by the Department of Child Protection Services to the law enforcement agency and to the district attorney's office shall include the following, if known to the department:

- (a) The name and address of the child;
- (b) The names and addresses of the parents;
- (c) The name and address of the suspected perpetrator;
- (d) The names and addresses of all witnesses, including the reporting party if a material witness to the abuse;
- (e) A brief statement of the facts indicating that the child has been abused, including whether the child experienced commercial sexual exploitation or human trafficking, and any other information from the agency files or known to the family protection worker or family protection specialist making the investigation, including medical records or other records, which may assist law enforcement or the district attorney in investigating and/or prosecuting the case; and (f) What, if any, action is being taken by the Department of Child Protection Services.

(6) In any investigation of a report made under this chapter of the abuse or neglect of a child as defined in Section 43-21-105(l) or (m), the Department of Child Protection Services may request the appropriate law enforcement officer with jurisdiction to accompany the department in its investigation, and in such cases the law enforcement officer shall comply with such request.

(7) Anyone who willfully violates any provision of this section shall be, upon being found guilty, punished by a fine not to exceed Five Thousand Dollars (\$5,000.00), or by imprisonment in jail not to exceed one (1) year, or both.

(8) If a report is made directly to the Department of Child Protection Services that a child has been abused or neglected or experienced commercial sexual exploitation or human trafficking in an out-of-home setting, a referral shall be made immediately to the law enforcement agency in whose jurisdiction the abuse occurred and the department shall notify the district attorney's office and the Statewide Human Trafficking Coordinator within forty-eight (48) hours of such report. The Department of Child Protection Services shall investigate the out-of-home setting report of abuse or neglect to determine whether the child who is the subject of the report, or other children in the same environment, comes within the jurisdiction of the youth court and shall report to the youth court the department's findings and recommendation as to whether the child who is the subject of the report or other children in the same environment require the protection of the youth court. The law enforcement agency shall investigate the reported abuse immediately and shall file a preliminary report with the district attorney's office within forty-eight (48) hours and shall make additional reports as new information or evidence becomes available. If the out-of-home setting is a licensed facility, an additional referral shall be made by the Department of Child Protection Services to the licensing agency. The licensing agency shall investigate the report and shall provide the Department of Child Protection Services, the law enforcement agency and the district attorney's office with their written findings from such investigation as well as that licensing agency's recommendations and actions taken.

(9) If a child protective investigation does not result in an out-of-home placement, a child protective investigator must provide information to the parent or guardians about community service programs that provide respite care, counseling and support for children who have experienced commercial sexual exploitation or human trafficking, voluntary guardianship or other support services for families in crisis.

History: Laws, 1979, ch. 506, § 41; Laws, 1980, ch. 550, § 17; Laws, 1984, ch. 342; Laws, 1985, ch. 360; Laws, 1993, ch. 522, § 1; Laws, 1994, ch. 387, § 1; Laws, 1994, ch. 591, § 3; Laws, 1995, ch. 335, § 1; Laws, 1996, ch. 323, § 2; Laws, 1997, ch. 440, § 10; Laws, 1998, ch. 340, § 1; Laws, 1998, ch. 557, § 1; Laws, 2004, ch. 489, § 3; Laws, 2006, ch. 600, § 4; Laws, 2007, ch. 337, § 3; Laws, 2016, ch. 501, § 7, eff from and after July 1, 2016; Laws, 2019, ch. 350, § 1, eff from and after July 1, 2019; Laws, 2019, ch. 420, § 5, eff from and after July 1, 2019; Laws, 2019, ch. 464, § 3, eff from and after July 1, 2019; Laws, 2019, ch. 473, § 4, eff from and after July 1, 2019.

§ 73-21-127. Board of Pharmacy to develop and implement computerized program to track certain prescriptions; report of suspected abuse and misuse of controlled substances; access to collected data; confidentiality;

penalties for knowingly failing to submit or submitting incorrect dispensing information [Repealed effective July 1, 2029].

(1) The Board of Pharmacy shall develop and implement a computerized program to track prescriptions for controlled substances and to report suspected abuse and misuse of controlled substances in compliance with the federal regulations promulgated under authority of the National All Schedules Prescription Electronic Reporting Act of 2005 and in compliance with the federal HIPAA law, under the following conditions:

(a) Submission or reporting of dispensing information shall be mandatory and required by the State Board of Pharmacy for any entity dispensing controlled substances in or into the State of Mississippi, except for the dispensing of controlled substance drugs by a veterinarian residing in the State of Mississippi.

(b) The prescriptions tracked shall be prescriptions for controlled substances listed in Schedule II, III, IV or V and specified noncontrolled substances identified by the State Board of Pharmacy that are dispensed to residents in the State of Mississippi by licensed pharmacies, nonresident pharmacies, institutions and dispensing practitioners, regardless of dispenser location.

(c) The Board of Pharmacy shall report any activity it reasonably suspects may be fraudulent or illegal to the appropriate law enforcement agency or occupational licensing board and provide them with the relevant information obtained for further investigation.

(d) The specific purposes of the program shall be to: be proactive in safeguarding public health and safety; support the legitimate use of controlled substances; facilitate and encourage the identification, intervention with and treatment of individuals addicted to controlled substances and specified noncontrolled drugs; identify and prevent drug diversion; provide assistance to those state and federal law enforcement and regulatory agencies investigating cases of drug diversion or other misuse; inform the public and health care professionals of the use and abuse trends related to controlled substance and specified noncontrolled drugs; and prevent the inappropriate or illegal use of these controlled substances.

(e) (i) Access to collected data shall be confidential and not subject to the provisions of the federal Freedom of Information Act or the Mississippi Public Records Act. Upon request, the State Board of Pharmacy shall provide collected information to: pharmacists or practitioners who are properly registered with the State Board of Pharmacy and are authorized to prescribe or dispense controlled substances for the purpose of providing medical and pharmaceutical care for their patients; local, state and federal law enforcement officials engaged in the administration, investigation or enforcement of the laws governing illicit drug use; regulatory and licensing boards in this state; Division of Medicaid regarding Medicaid and Medicare Program recipients; judicial authorities under grand jury subpoena; an individual who requests the individual's own prescription monitoring information; and prescription monitoring programs in other states through mutual agreement adhering to State Board of Pharmacy policies.

(ii) The Director of the Mississippi Bureau of Narcotics, or his designee, shall have access to the Prescription Monitoring Program (PMP) database for the purpose of investigating the potential illegal acquisition, distribution, dispensing, prescribing or administering of the controlled and noncontrolled substances monitored by the program, subject to all legal restrictions on further dissemination of the information obtained.

(iii) The State Board of Pharmacy may also provide statistical data for research or educational purposes if the board determines the use of the data to be of significant benefit to public health and safety. The board maintains the right to refuse any request for PMP data.

(iv) A pharmacist licensed by the Mississippi Board of Pharmacy must be a registered user of the PMP. Failure of a pharmacist licensed by the Mississippi Board of Pharmacy to register as a user of the PMP is grounds for disciplinary action by the board.

(v) All licensed practitioners as defined under Section 73-21-73 holding an active DEA number shall register as users of the PMP.

(f) The Prescription Monitoring Program through the Board of Pharmacy may:

(i) Establish the cost of administration, maintenance, and operation of the program and charge to like agencies a fee based on a formula to be determined by the board with collaboration and input from participating agencies; and (ii) Assess charges for information and/or statistical data provided to agencies, institutions and individuals. The amounts of those fees shall be set by the Executive Director of the Board of Pharmacy based on the recommendation of the Director of the PMP. All such fees collected shall be deposited into the special fund of the State Board of Pharmacy and used to support the operations of the PMP.

(g) A dispenser pharmacist or practitioner licensed to dispense controlled substances and specified noncontrolled substance drugs who knowingly fails to submit drug-monitoring information or knowingly submits incorrect dispensing information shall be subject to actions against the pharmacist's or practitioner's license, registrations or permit and/or an administrative penalty as provided in Sections 73-21-97 and 73-21-103. Any misuse of the PMP is subject to penalties as provided in Sections 73-21- 97 and 73-21-103.

(h) The Board of Pharmacy and the Prescription Monitoring Program shall be immune from civil liability arising from inaccuracy of any of the information submitted to the program.

(i) "Practitioner," as used in this section, shall include any person licensed, registered or otherwise permitted to distribute, dispense, prescribe or administer a controlled substance, as defined under Section 41-29-105, and any person defined as a "practitioner" under Section 73-21-73.

(j) In addition to any funds appropriated by the Legislature, the State Board of Pharmacy may apply for any available grants and accept any gifts, grants or donations to assist in future development or in maintaining the program.

(2) In addition to receiving the dispensing information regarding controlled substances as provided in subsection (1) of this section, the State Board of Pharmacy shall receive and maintain in the Prescription Monitoring Program (a) the medical cannabis dispensing information that medical cannabis dispensaries under the Mississippi Medical Cannabis Act are required to report to the PMP under Section 41-137-33, and (b) any other medical cannabis dispensing information that dispensaries are required to report to the PMP. The medical cannabis dispensing information reported by medical cannabis dispensaries under Section 41-137-33 shall not be considered to be a prescription for the purposes of the Mississippi Pharmacy Practice Act or the Uniform Controlled Substances Law.

History: Laws, 2006, ch. 533, § 29; Laws, 2008, ch. 516, § 1; Laws, 2011, ch. 533, § 1; Laws, 2011, ch. 546, § 35; Laws, 2014, ch. 324, § 1; Laws, 2016, ch. 448, § 33; Laws, 2017, ch. 334, § 1, eff from and after July 1, 2017; Laws, 2019, ch. 366, § 4, eff from and after July 1, 2019; reenacted without change, Laws, 2020, ch. 419, § 32, eff from and after July 1, 2020; Laws, 2022, ch. 303, § 71, eff from and after passage (approved February 2, 2022); reenacted and amended, Laws, 2025, ch. 509, § 32, eff from and after passage (approved April 23, 2025).

§ 73-45-1. Health care professionals to provide prescriptions containing all necessary information to allow prescription provider to dispense drug or medical device to consumer.

Health care professionals licensed by an agency of this state and whose practice encompasses the prescribing and dispensing of drugs or medical devices shall automatically provide the patient with a prescription containing all of the necessary information to allow any prescription provider to dispense the drug or medical device to the consumer. Upon the request of another health care professional or prescription provider to confirm prescription information for a specified individual, the prescribing health care professional shall immediately confirm all necessary information to enable the person requesting verification to accurately dispense the drug or medical device. Confirmation may be requested or confirmed in any form, including electronically. If confirmation of the verification request for the drug or medical device is not received within

one (1) hour following the request, all information contained in the request, including the fact that the prescription has not expired, shall be presumed accurate, and the provider shall be authorized to dispense pursuant to the prescription. If no expiration date is included on the prescription, the prescription shall expire two (2) years after the date of issue. Health care professionals who dispense prescription medical devices shall prescribe brands that are readily and directly available to all channels of distribution, and shall post a notice in the location where payment for services is made informing patients as follows: "You have a right to receive a copy of your prescription. You also have a right to have your prescription filled wherever you choose."

History: Laws, 2002, ch. 620, § 14, eff from and after July 1, 2002.

§ 73-49-1. State boards that license health care providers prohibited from promulgating or enforcing rules or regulations in a manner that discriminates among licensees.

No state board or agency that licenses health care providers shall promulgate or enforce any rule or regulation affecting the practice of its licensees that does not apply equally to the practice of all of its licensees. This section applies to all rules and regulations promulgated and implemented by those boards or agencies both before and after July 1, 2000.

History: Laws, 2000, ch. 560, § 20, eff from and after July 1, 2000.

§ 73-49-3. Conditioning of licensing of certain health care providers upon provider's participation in public or private health insurance plans, public health care systems, public service initiatives or emergency room coverage prohibited.

(1) This section is applicable to licensed physicians, osteopaths, dentists, optometrists, chiropractors, advanced practice registered nurses and physician assistants.

(2) Licensure of providers named in subsection (1) of this section in this state shall not be conditioned upon or related to participation by the provider in any public or private insurance plan, public health care system, public service initiative, or emergency room coverage.

(3) Licensure of providers named in subsection (1) of this section in this state shall not be conditioned upon or related to their compliance with the "meaningful use" of electronic health records as set forth in CFR 5 Part 170.

History: Laws, 2015, ch. 461, § 1, eff from and after July 1, 2015.

§ 73-52-1. Certain licensure application and examination records to be exempt from public access requirements.

(1) Applications for licensure in the possession of a public body, as defined by paragraph (a) of Section 25-61-3, except that which may be released to the person who made the application or with the prior written consent of the person who made the application, shall be exempt from the provisions of the Mississippi Public Records Act of 1983.

(2) Test questions in the possession of a public body, as defined by paragraph (a) of Section 25-61-3, that are to be used in future license examinations, shall be exempt from the provisions of the Mississippi Public Records Act of 1983.

(3) Recommendations in the possession of any state board which is authorized to hold examinations and grant licenses or certificates to practice any profession, respecting any application for a professional license or certificate, shall be exempt from the provisions of the Mississippi Public Records Act of 1983.

History: Laws, 1983, ch. 424, § 21; Laws, 1990, ch. 409, § 1, eff from and after July 1, 1990.

§ 93-11-157. Review of information.

(1) The division shall review the information received under Section 93-11-155 and any other information available to the division, and shall determine if a licensee is out of compliance with an order for support. If a licensee is out of compliance with the order for support, the division shall notify the licensee by first class mail that ninety (90) days after the licensee receives the notice of being out of compliance with the order, the licensing entity will be notified to immediately suspend the licensee's license unless the licensee pays the arrearage owing, according to the accounting records of the Mississippi Department of Human Services or the attorney representing the party to whom support is due, as the case may be, or enters into a stipulated agreement and agreed judgment establishing a schedule for the payment of the arrearage. The licensee shall be presumed to have received the notice five (5) days after it is deposited in the mail.

(2) Upon receiving the notice provided in subsection (1) of this section the licensee may:

(a) Request a review with the division; however, the issues the licensee may raise at the review are limited to whether the licensee is the person required to pay under the order for support and whether the licensee is out of compliance with the order for support; or (b) Request to participate in negotiations with the division for the purpose of establishing a payment schedule for the arrearage.

(3) The division director or the designees of the division director may and, upon request of a licensee, shall negotiate with a licensee to establish a payment schedule for the arrearage. Payments made under the payment schedule shall be in addition to the licensee's ongoing obligation under the latest entered periodic order for support.

(4) Should the division and the licensee reach an agreement on a payment schedule for the arrearage, the division director may submit to the court a stipulated agreement and agreed judgment containing the payment schedule which, upon the court's approval, is enforceable as any order of the court. If the court does not approve the stipulated agreement and agreed judgment, the court may require a hearing on a case-by-case basis for the judicial review of the payment schedule agreement.

(5) If the licensee and the division do not reach an agreement on a payment schedule for the arrearage, the licensee may move the court to establish a payment schedule. However, this action does not stay the license suspension.

(6) The notice given to a licensee that the licensee's license will be suspended in ninety (90) days must clearly state the remedies and procedures that are available to a licensee under this section.

(7) If at the end of the ninety (90) days the licensee has an arrearage according to the accounting records of the Mississippi Department of Human Services or the attorney representing the party to whom support is due, as the case may be, and the licensee has not entered into a stipulated agreement and agreed judgment establishing a payment schedule for the arrearage, the division shall immediately notify all applicable licensing entities in writing to suspend the licensee's license, and the licensing entities shall immediately suspend the license and shall within three (3) business days notify the licensee and the licensee's employer, where known, of the license suspension and the date of such suspension by certified mail return receipt requested. Within forty-eight (48) hours of receipt of a request in writing delivered personally, by mail or by electronic means, the department shall furnish to the licensee, licensee's attorney or other authorized representative a copy of the department's accounting records of the licensee's payment history. A licensing entity shall immediately reinstate the suspended license upon the division's notification of the licensing entities in writing that the licensee no longer has an arrearage or that the licensee has entered into a stipulated agreement and agreed judgment.

(8) Within thirty (30) days after a licensing entity suspends the licensee's license at the direction of the division under subsection (7) of this section, the licensee may appeal the license suspension to the chancery court of the county in which the licensee resides or to the Chancery Court of the First Judicial District of Hinds County, Mississippi, upon giving bond with sufficient sureties in the amount of Two Hundred Dollars (\$200.00), approved by the clerk of the chancery court and conditioned to pay any costs that may be adjudged against the licensee. Notice of appeal shall be filed in the office of the clerk of the chancery court. If there is an appeal, the

appeal may, in the discretion of and on motion to the chancery court, act as a supersedeas of the license suspension. The department shall be the appellee in the appeal, and the licensing entity shall not be a party in the appeal. The chancery court shall dispose of the appeal and enter its decision within thirty (30) days of the filing of the appeal. The hearing on the appeal may, in the discretion of the chancellor, be tried in vacation. The decision of the chancery court may be appealed to the Supreme Court in the manner provided by the rules of the Supreme Court. In the discretion of and on motion to the chancery court, no person shall be allowed to practice any business, occupation or profession or take any other action under the authority of any license the suspension of which has been affirmed by the chancery court while an appeal to the Supreme Court from the decision of the chancery court is pending.

(9) If a licensee who has entered a stipulated agreement and agreed judgment for the payment of an arrearage under this section subsequently is out of compliance with an order for support, the division shall immediately notify the licensing entity to suspend the licensee's license, and the licensing entity shall immediately suspend the license without a hearing and shall within three (3) business days notify the licensee in writing of the license suspension. In the case of a license suspension under the provisions of this subsection, the procedures provided for under subsections (1) and (2) of this section are not required; however, the appeal provisions of subsection (8) of this section still apply. After suspension of the license, if the licensee subsequently enters into a stipulated agreement and agreed judgment or the licensee otherwise informs the division of compliance with the order for support, the division shall within seven (7) days notify in writing the licensing entity that the licensee is in compliance. Upon receipt of that notice from the division, a licensing entity shall immediately reinstate the license of the licensee and shall within three (3) business days notify the licensee of the reinstatement.

(10) Nothing in this section prohibits a licensee from filing a motion for the modification of an order for support or for any other applicable relief. However, no such action shall stay the license suspension procedure, except as may be allowed under subsection (8) of this section.

(11) If a license is suspended under the provisions of this section, the licensing entity is not required to refund any fees paid by a licensee in connection with obtaining or renewing a license.

(12) The requirement of a licensing entity to suspend a license under this section does not affect the power of the licensing entity to deny, suspend, revoke or terminate a license for any other reason.

(13) The procedure for suspension of a license for being out of compliance with an order for support, and the procedure for the reissuance or reinstatement of a license suspended for that purpose, shall be governed by this section and not by the general licensing and disciplinary provisions applicable to a licensing entity. Actions taken by a licensing entity in suspending a license when required by this section are not actions from which an appeal may be taken under the general licensing and disciplinary provisions applicable to the licensing entity. Any appeal of a license suspension that is required by this section shall be taken in accordance with the appeal procedure specified in subsection (8) of this section rather than any procedure specified in the general licensing and disciplinary provisions applicable to the licensing entity. If there is any conflict between any provision of this section and any provision of the general licensing and disciplinary provisions applicable to a licensing entity, the provisions of this section shall control.

(14) No license shall be suspended under this section until ninety (90) days after July 1, 1996. This ninety-day period shall be a one-time amnesty period in which any person who may be subject to license suspension under this article may comply with an order of support in order to avoid the suspension of any license.

(15) Any individual who fails to comply with a subpoena or warrant relating to paternity or child support proceedings after receiving appropriate notice may be subject to suspension or withholding of issuance of a license under this section.

History: Laws, 1996, ch. 507, § 4, eff July 1, 1996; Laws, 1999, ch. 512, § 6; Laws, 2009, ch. 373, § 1, eff from and after July 1, 2009.

§ 93-11-163. Suspension of license.

In addition to the procedures in Section [93-11-157](#), the court may, upon a finding that a defendant is delinquent for being out of compliance with an order for support, order the licensing entity as defined in Section 93-11-153(a) to suspend the license of the defendant. In its discretion, the court may stay such an order for a reasonable time to allow the defendant to purge himself of the delinquency. If a license is suspended under this section, the court may also order the licensing entity to reinstate the license when it is satisfied that the defendant has purged himself of the delinquency. Licensing entities shall treat a suspension under this section the same as a suspension under Section [93-11-157](#). Defendants whose license is suspended under this section shall be subject to any administrative fees established for reinstatement under Section 93-11-159.

History: Laws, 1996, ch. 507, § 7, eff July 1, 1996; Laws, 1999, ch. 512, § 8, eff from and after July 1, 1999.

§ 99-19-35. Person convicted of certain crimes not to practice medicine or dentistry, or hold office.

A person convicted of bribery, burglary, theft, arson, obtaining money or goods under false pretenses, perjury, forgery, embezzlement, or bigamy, shall not be allowed to practice medicine or dentistry, or be appointed to hold or perform the duties of any office of profit, trust, or honor, unless after full pardon for the same.

History: Codes, Hutchinson's 1848, ch. 65, art. 2(63); 1857, ch. 64, art. 358; 1871, § 2865; 1880, § 3100; 1892, § 1455; 1906, § 1528; Hemingway's 1917, § 1290; 1930, § 1315; 1942, § 2563; Laws, 1987, ch. 499, § 18, eff from and after July 24, 1987 (the date on which the United States Attorney General interposed no objection to the amendment).