



Rules Pertaining to Prescribing, Administering and Dispensing of Medication

Rule 1.2 Definitions.

For the purpose of Part 2640, Chapter 1 only, the following terms have the meanings indicated:

- A. **“Administer”**, **“Controlled Substances”**, and **“Ultimate User”** shall have the same meaning as set forth in Mississippi Code, Section 41-29-105, unless the context otherwise requires.
- B. **“Board”** means the Mississippi State Board of Medical Licensure.
- C. **“Physician”** means any person licensed to practice medicine, osteopathic medicine or podiatric medicine in the state of Mississippi.
- D. **“Physician Assistant”** means any person meeting the requirements of licensure in the state of Mississippi as required by Part 2617, Chapter 1.
- E. **“Licensee”** means any person licensed by this Board who has prescriptive authority.
- F. **“Prescriptive Authority”** means the legal authority of a professional licensed to practice in the state of Mississippi who prescribes controlled substances and is registered with the U. S. Drug Enforcement Administration in compliance with Title 21 CFR, Part 1301 Food and Drugs.
- G. **“Prescribe”** means to designate or order by means of either a written or oral prescription the delivery of a controlled substance or legend drug to an ultimate user.
- H. **“Dispense”** means to deliver a controlled substance or legend drug other than by administering or prescribing to an ultimate user or research subject including the packaging, labeling, or compounding necessary to prepare the substance for that delivery.
- I. For the purpose of enforcement of the labeling requirements set forth in this chapter, Part 2640, Rule 1.7.B, **“Dispensing Physician”** means any physician who dispenses to a patient for the patient's use any controlled substance, legend drug or other medication where such medication is purchased by the physician for resale to a patient whether or not a separate charge is made. As stated in Part 2615, it is understood that Physician Assistants may not dispense medications.
- J. **“Prescription Drug”** or **“Legend Drug”** means a drug required under federal law to be labeled with the following statement prior to being dispensed or delivered; **“Caution: Federal law prohibits dispensing without prescription,”** or a drug which is required by any applicable federal or state law or regulation to be dispensed on prescription only or is restricted to use by licensees only.

- K. **“Pain Management Practice”** means a public or privately owned practice for which 50% or more of the patients are issued, on a regular or recurring basis, a prescription for opioids, barbiturates, benzodiazepines, carisoprodol, butalbital compounds, or tramadol for the treatment of chronic non-cancerous/non-terminal pain. Included in this definition is any practice that advertises and/or holds itself out to provide pain management services. Patients who are treated for pain resulting from a terminal illness do not count against the percentage stated herein.
- L. **“Inpatient”** means a patient in a hospital, nursing home, long term care facility, inpatient (not home-bound) hospice, or any other facility wherein medications are dispensed to a patient by a third party who is duly licensed and/or certified to dispense medications in a healthcare or related facility.
- M. **“Bariatric Medicine, Medical Weight Loss, or Weight Management Practice”** means a public or privately owned practice
1. for which 30% or more of the patients are provided a comprehensive weight management treatment program or;
 2. 30% or more of the patients receive any controlled substance approved by the FDA for the pharmacologic management of weight loss or;
 3. any licensee who advertises weight loss by any means. Excluded from this definition is any practice in which a licensee advertises the use of nonpharmacological products as part of the licensee’s overall practice of medicine. In order to be excluded from this definition, the licensee’s practice must have nonpharmacological weight loss and/or weight loss management as a component of the overall management of the patient’s total health care. If the use of nonpharmacological products for weight loss and/or weight management exceeds 30% of the total outpatient clinic visits for any single 90-day consecutive period, the practice will be considered a bariatric medicine/medical weight loss practice and will be subject to all the rules and regulations pertaining to bariatric medicine/medical weight loss practice.

Bariatric surgeons whose primary practice is surgical weight loss and not long-term management of weight loss through medical, pharmaceutical, and/or behavioral management are also excluded from this definition.

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

Rule 1.6 Bariatric Medicine / Medical Weight Loss, or Weight Management Practice

- A. No bariatric medicine, medical weight loss, or weight management practice shall operate in Mississippi unless the owner, or operator, or medical director of the facility is a Mississippi licensed physician. This licensee must meet all requirements below at all times while the facility is in operation. For the purposes of this rule, physicians who collaborate with mid-level providers will be considered an operator of the practice in the context of that collaborative arrangement.
- B. The physician owner/operator of the bariatric medicine, medical weight loss, weight management practice must register with the MSBML using a form prescribed by the board. Certificates of registration once issued are not transferable or assignable. Only the primary physician is required to register with the Board. All licensees associated with the practice, whether in the capacity as the owner or as a practitioner, must be listed on the application and must also meet all regulations governing the treatment of obesity/medical weight loss. Physicians who are added to the registration once a certificate is issued must be reported to the MSBML for approval prior to beginning practice. Physicians who are removed from the registration must be reported to the board within 30 days of removal. Each practice location requires a separate registration certificate.
- C. A bariatric medicine, medical weight loss, or weight management practice may not operate in the state of Mississippi without obtaining a registration certificate from the Mississippi State Board of Medical Licensure.
- D. Certificates are valid for one year and must be renewed annually along with practitioner's license to practice medicine in the state of Mississippi. There is a 30-day grace period for renewal after which the owner/operator must reapply for an original certificate. The clinic may not continue to operate while the certificate is expired.

If a physician's practice is a bariatric medicine, medical weight loss, or weight management practice as defined above or the physician collaborates, manages, oversees, or employs any licensed professional providing comprehensive treatment of obesity, the licensee must have 100 AMA or AOA Category 1 CME in the core-content of bariatric medicine or be currently certified by a board in bariatric medicine. A licensee currently practicing bariatric medicine, medical weight loss or weight management has 24 months from effective date of this regulation to comply with the initial CME requirement. All CME must be obtained within the 24 month period. Reference is made to exclusions noted in Rule 1.2, H.

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

- E. A Medical Spa practice, Wellness practice, or other practice that meets the definition of Bariatric Medicine, Medical Weight Loss, or Weight Management Practice will be subject to all rules pertaining to Bariatric Medicine, Medical Weight Loss, or Weight Management Practice if the facility has a Mississippi licensee affiliated in any manner.

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