

**BOARD MINUTES
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
NOVEMBER 29, 2018**

The regularly scheduled meeting of the Mississippi State Board of Medical Licensure was held on Thursday, November 29, in the Board Room of the Office of the Board located at 1867 Crane Ridge Drive, Jackson, Mississippi.

THE FOLLOWING MEMBERS WERE PRESENT:

Claude D. Brunson, M.D., Jackson, President
J. Ann Rea, M.D., Columbus, Vice President
David W. McClendon, Jr., M.D., Ocean Springs, Secretary
Charles D. Miles, M.D., West Point
Michelle Y. Owens, M.D., Jackson
C. Kenneth Lippincott, M.D., Tupelo
Kirk L. Kinard, D.O., Oxford

ALSO PRESENT:

Stan T. Ingram, Complaint Counsel for the Board
Gloria Green, Special Assistant Attorney General
Kenneth Cleveland, Executive Director
Mike Lucius, Deputy Director
Anna Boone, Interim Director, Licensure Division
Leslie Ross, Director of Investigations
Jonathan Dalton, Investigations Supervisor
Frances Carrillo, Staff Officer
Major General (Ret.) Erik Hearon, Consumer Health Committee
Wesley Breland, Hattiesburg, Consumer Health Committee
Shoba Gaymes, Jackson, Consumer Health Committee

NOT PRESENT:

H. Allen Gersh, M.D., Hattiesburg

The meeting was called to order at 9:21 a.m., by Dr. Brunson, President. The invocation was given by Mr. Breland and the pledge was led by Dr. Rea.

**REVIEW AND APPROVAL OF MINUTES OF THE EXECUTIVE COMMITTEE
MEETING DATED SEPTEMBER 19, 2018**

Upon review of the minutes of the Executive Committee meeting dated September 19, 2018, Dr. Rea moved for approval of the minutes as submitted. Dr. Miles seconded the motion and it carried unanimously.

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**REVIEW AND APPROVAL OF MINUTES OF THE BOARD MEETING DATED
SEPTEMBER 20, 2018**

Upon review of the minutes of the Board meeting dated September 20, 2018, Dr. Miles moved for approval of the minutes as submitted. Dr. Owens seconded the motion and it carried unanimously.

THE EXECUTIVE COMMITTEE MEETING SCHEDULED FOR NOVEMBER 2018

Dr. Brunson advised that the regularly scheduled meeting for the Executive Committee had been canceled due the Hearing Docket requiring additional time.

EXECUTIVE DIRECTOR REPORT

Dr. Cleveland provided a summary of the Licensure Division operations regarding licenses issued for the months of September and October, 2018. He provided a summary of the Investigative Division operations regarding Investigations for the September and October 2018.

Dr. Cleveland provided a brief update in upgrading the Board's Software system.

Dr. Cleveland reported speaking engagements and Presentations by the staff and himself to various groups throughout the State regarding the newly passed regulation and to promote the Board of Medical Licensure and its mission.

Dr. Cleveland summarized his attendance of the 2018 Artificial Intelligence in Health Care Summit hosted by the Federation of State Medical Boards. Discussion of policy and legal implications of the utilization of advanced artificial intelligence systems in health care and how that will impact regulatory enforcement in the next five to ten years.

PUBLIC COMMENTS

Dr. Brunson recognized Ms. Leigh Ann Dewease, Court Reporter and Gloria Green, Special Assistant Attorney General.

REPORTS FROM COMMITTEES

Scope of Practice - Dr. Rea (Chair), Dr. Owens, Dr. Miles, Dr. Kinard, Dr. Gersh, Dr. McClendon, Mr. Breland

Dr. Rea advised there was no new information to report.

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Professionals Health Program - Dr. Lippincott (Chair), Dr. Gersh, Dr. Rea, Dr. Miles, Dr. Owens, Maj Gen (Retired) Hearon

Dr. Lippincott advised there was no new information to report.

Telemedicine & Interstate Medical Licensure Compact (IMLC) - Dr. McClendon (Chair), Dr. Miles, Dr. Kinard, Dr. Lippincott, Gen. Hearon, Ms. Freeman

Dr. McClendon summarized why the Interstate Medical Licensure Compact was established and reported on the recent IMLC Commissioner Meeting in Denver, Colorado. Dr. McClendon advised that Dr. Brunson had been appointed as Vice Chair of the Commission.

Licensee Education and Communication - Dr. Owens (Chair), Dr. McClendon, Dr. Gersh, Dr. Kinard, Dr. Rea, Mr. Breland, Ms. Freeman

Dr. Owens advised there was no new information to report. Dr. Owens advised there has been discussion in how best to communicate with Licensees regarding the newly passed Medical Board regulations. She reported plans for the committee to meet to discuss how to better meet the needs of Licensees in improving communications.

Physician Assistant Advisory Task Force - Dr. McClendon (Chair), Dr. Kinard, Robert Philpot, Jr., PhD, PA-C, Joanna Mason, PA-C, Lauren English, Phyllis Johnson, Board of Nursing, Ms. Freeman, PA-C Leah Calder, PA-C Gavin Nowell, Mr. Jonathan Dalton

Dr. McClendon advised there was no new information to report.

Rules, Regulation & Legislative - Dr. Miles (Chair), Dr. Gersh, Dr. Rea, Dr. Owens, Dr. Lippincott, Ms. Freeman, Mr. Breland, Ms. Hope Ladner

Part 2640, Rule 1.7 Use of Controlled Substances for Chronic (Non-Cancer/Non-Terminal) Pain. Dr. Miles brought forward the proposed changes pertaining to drug screens. Dr. Miles advised the Committee had approved to final adopt the proposed changes. Dr. Brunson called for a vote to accept the recommendations of the Committee, and the Board unanimously voted to accept the proposed changes.

Part 2640, Rule 1.14 Pain Management Medical Practice. Dr. Miles advised the Committee had proposed changes to the initial issuance of pain medication language of the regulation so that the patient must be seen and evaluated by a pain management physician within the next ninety (90) days. Discussion was held to adopt the amendment as an emergency so that the rule will go into effect immediately. Dr. Brunson called for a vote to accept the recommendations of the Committee, and the Board unanimously voted to accept the emergency regulation change.

Part 2635, Practice of Medicine, Chapter 13: Complementary and Alternative Therapies. Dr. Miles brought forward the proposed regulation and Dr. Miles advised the Committee had approved to adopt. Dr. Brunson called for a vote to accept the recommendations of the Committee, and the Board unanimously voted to accept the proposed regulation.

Part 2635, Practice of Medicine, Chapter 14: Temporary Practice by an Athletic Team Physician. Dr. Miles brought forward the proposed regulation and advised the Committee had approved to adopt. Dr. Brunson called for a vote to accept the recommendations of the Committee, and the Board unanimously voted to accept the proposed regulation.

Medical Practice Act – Proposed changes. Dr. Miles reported the ongoing progress of updating the language in the statute. Dr. Brunson called for a vote to accept the motion to allow the committee and staff to continue work for the upcoming legislative session on proposed changes and updates to the Medical Practice Act and the Board unanimously voted to accept.

OTHER BUSINESS

Psychiatric questions on Licensure applications and renewals. After discussion, a motion is made by Dr. Miles to remove the questions and replace with the attestation statement for both the initial and renewal application, seconded by Dr. Lippincott and carried unanimously.

Increase licensure fees. After discussion, Dr. Brunson called for a vote and Board unanimously voted to increase licensure fees.

EXAMINING COMMITTEE FINAL REPORTS PURSUANT TO MS CODE §73-25-61

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

After discussion, a motion was made by Dr. McClendon, seconded by Dr. Rea and carried that the Board enter into Executive Session for the purpose of reviewing the report of the disabled physicians Examining Committee. Dr. Brunson announced the Board would enter into executive session.

Approval of Examining Committee Final report for #2019-020. Dr. McClendon reported a motion was made by Dr. Miles, seconded by Dr. Owens and was carried for

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the Board to accept the Final report of the Examining Committee and require Licensee to meet with the Executive Director regarding the issue of the complaint.

Approval of Examining Committee Final report for #0507. Dr. McClendon reported a motion was made by Dr. Miles, seconded by Dr. Lippincott and was carried for the Board to accept the Final report of the Examining Committee.

Approval of Examining Committee Final report for MPHP RCA #0516. Dr. McClendon reported a motion was made by Dr. Miles, seconded by Dr. Lippincott and was carried for the Board to accept the Final report of the Examining Committee.

HEARING IN THE CASE OF HOSAN AZOMANI, M.D., GREENVILLE, MS, MEDICAL LICENSE NUMBER 18728

Mr. Ingram introduced Dr. Azomani. Mr. Ingram advised that Dr. Azomani is requesting authorization to return to practice. Mr. Ingram introduced Dr. Azomani who was present without legal counsel and advised him that he had the right to legal representation. Mr. Ingram then asked Dr. Azomani if he wanted to waive his right to an attorney and proceed without legal counsel. Dr. Azomani again responded in the affirmative.

Mr. Ingram summarized the facts, that on January 13, 2014, Dr. Azomani was indicted on thirteen (13) counts of Medicaid Fraud in violation of MS Code Ann, Section 43-13-213. He was tried and convicted of two (2) counts. On December 23, 2014, he was turned over to the Department of Corrections for a period of three (3) years which was suspended, one year supervised probation plus two (2) years unsupervised probation. On May 14, 2015, Dr. Azomani executed a Consent Order with the Board suspending his Mississippi medical license for a period of three (3) years. Upon expiration of 3 years before returning to practice he had the obligation to submit to a competency or professional assessment which he has completed.

Mr. Ingram entered numerous exhibits into the record advised that Dr. Azomani has met all of the Board's requirements.

Dr. Azomani addressed the Board regarding the Medicaid Fraud. Following questions from Board members, motion was made by Dr. Rea, seconded by Dr. Kinard and carried unanimously to reinstate Dr. Azomani's medical license.

A motion was made by Dr. Kinard, seconded by Dr. Miles and carried unanimously to recommend to Dr. Azomani that he follow the professional assessment recommendation of obtaining additional Continuing Medical Education.

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

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**HEARING IN THE CASE OF DOROTHY L. GILLESPIE, M.D., HATTIESBURG, MS,
MEDICAL LICENSE NUMBER 24853**

Mr. Ingram introduced Dr. Gillespie. Mr. Ingram advised that Dr. Gillespie is requesting authorization to apply for Controlled Substance privileges. Mr. Ingram introduced Dr. Gillespie who was not represented by legal counsel; and advised her of the right to legal representation. Mr. Ingram then asked Dr. Gillespie if she wanted to waive her right to an attorney and proceed without legal counsel. Dr. Gillespie responded in the affirmative.

Mr. Ingram summarized the Dr. Gillespie's licensure history.

Mr. Ingram entered numerous exhibits into the record.

Dr. Gillespie addresses the Board regarding her licensure history with the Board and following questions from Board members, a motion was made by Dr. Rea, seconded by Dr. Owens and carried to close the meeting to consider whether to enter into executive session on this matter.

A motion was made by Dr. Miles, seconded by Dr. Brunson and carried that the Executive Committee enter into executive session for the purpose of considering whether Dr. Gillespie's controlled substance prescriptive authority should be reinstated, which consideration could lead to litigation against the Board or appeal of a Board Order.

Upon a motion by Dr. Miles, seconded by Dr. Brunson and carried, the Board came out of executive session at which time Dr. Miles asked Dr. McClendon to report on its decision. Dr. McClendon reported that the Board decision is to not reinstate Dr. Gillespie's controlled substance privileges. Dr. Gillespie is to continue practice under the March 16, 2017, Consent Order.

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

THE BOARD RECESSED AT 12:08 P.M. FOR LUNCH AND RETURNED AT 1:02 P.M.

**HEARING MEETING IN THE CASE OF OTIS ANDERSON, III M.D., HOLLY
SPRINGS, MS, MEDICAL LICENSE NUMBER 21754**

Mr. Ingram introduced Dr. Anderson and his attorney, Doug Mercier. Mr. Ingram advised that the hearing in the matter of Dr. Anderson had been pending since the Summons and Affidavit was served in March of this year. It had been discovered that the records that had been seized where Dr. Anderson had practiced were incomplete and it took time and effort to obtain all of the records from the clinic.

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Mr. Ingram summarized the charges against Dr. Anderson as set forth in the Summons and Affidavit. Also Mr. Ingram advised after receiving the additional records the charges would have been amended. The purpose of Dr. Anderson's appearance today, Dr Anderson had signed a Consent Order following a settlement conference for Board approval.

Mr. Ingram summarized the terms and conditions of the Consent Order.

Mr. Mercier addressed the Board and gave a brief summary for the record outlining Dr. Anderson's practice.

Dr. Anderson was sworn in by the court reporter. Dr. Anderson addressed the Board. Dr. Anderson answered questions by the Board members and Mr. Ingram. Following questions from Board members, a motion was made by Dr. Rea, seconded by Dr. Owens and carried to close the meeting to consider whether to enter into executive session on this matter.

A motion was made by Dr. Owens, seconded by Dr. Rea and carried that the Executive Committee enter into executive session for the purpose of considering the Consent Order as resolution of the charges of violation the Medical Practice Act now pending against Dr. Anderson.

Upon a motion by Dr. Miles, seconded by Dr. Owens and carried the Board came out of executive session at which time Dr. Rea asked Dr. McClendon to report on its decision. Dr. McClendon reported that the Board decision is to accept the proposed Consent Order with the amendment that Dr. Anderson will receive subsequent monitoring of his practice with random, unannounced audits by the Board.

Mr. Mercier requested for time for Dr. Anderson to refer patients and asked for the suspension to be effective on January 1, 2019. Upon a motion by Dr. Miles, seconded by Dr. Owens and carried the Board to approve the suspension's effective date to begin on January 1, 2019.

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

**HEARING IN THE CASE OF GREGORY P. NORWOOD, D.O., SOUTHAVEN, MS,
MEDICAL LICENSE NUMBER 21158**

Mr. Ingram advised Dr. Norwood is not present and he has requested that his proposed Consent Order be considered for approval in abstentia. Mr. Ingram summarized the charges of the Summons and Affidavit served in conjunction with an Order of Temporary Suspension.

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Motion was made by Dr. Rea, seconded by Dr. Miles, and carried unanimously to accept the Consent Order as presented, indefinitely suspending his medical license subject to terms and conditions.

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

FOR INFORMATIONAL PURPOSES FOR TERRENCE J. MILLETTE, M.D., MEDICAL LICENSE NUMBER 09641, VOLUNTARILY RETIRED HIS MEDICAL LICENSE ON OCTOBER 31, 2018

For informational purposes, Mr. Ingram briefly summarized Dr. Millette's history and circumstances, reported that Dr. Millette made the decision to retire.

ADJOURNMENT

There being no further business, the meeting adjourned at 2:29 p.m., with the next meeting scheduled for the Executive Committee on January 16 and Board meeting for January 17, 2019.



**Claude Brunson, M.D.
President**

**Minutes taken and transcribed
By Frances Carrillo
Staff Officer
November 29, 2018**

Part 2640: Prescribing, Administering and Dispensing

Part 2640 Chapter 1: Rules Pertaining to Prescribing, Administering and Dispensing of Medication

Rule 1.7 Use of Controlled Substances for Chronic (Non-Cancer/Non-Terminal) Pain.

The following rules are not intended to supersede or exempt licensees from the requirements heretofore stated in Rule 1.4 *Maintenance of Records and Inventories*.

A. Definitions

For the purpose of Part 2640, Rule 1.7 only, the following terms have the meanings indicated:

1. "Chronic Pain" is 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 including, but not limited to, evaluation by the attending licensee and one or more licensee specializing in the treatment of the area, system, or organ of the body perceived as the source of the pain. Further, if a patient is receiving controlled substances for the treatment of pain for a prolonged period of time (more than three months), then they will be considered for the purposes of this regulation to have "de facto" chronic pain and subject to the same requirements of this regulation. "Terminal Disease Pain" should not be confused with "Chronic Pain."
2. "Terminal Disease Pain" is pain arising from a medical condition for which there is no possible cure and the patient is expected to live no more than six (6) months.
3. "Acute Pain" is the normal, predicted physiological response to an adverse chemical, thermal, or mechanical stimulus and is associated with surgery, trauma and acute illness. Acute pain is generally self-limited and is responsive to therapies, including controlled substances.
4. "Addiction" is a neurobehavioral syndrome with genetic and environmental influences that results in psychological dependence on the use of substances for their psychic effects and is characterized by compulsive use despite harm.
5. "Physical Dependence" is a physiological state of neuroadaptation to substance which is characterized by the emergence of a withdrawal syndrome if the use of the substance is stopped or decreased abruptly, or if an antagonist is administered. Withdrawal may be relieved by re-administration of the substance. .
6. "Substance Abuse" is the use of any substance for non-therapeutic purposes; or use of medication for purposes other than those for which it is prescribed.
7. "Tolerance" is a physiological state resulting from regular use of a drug in which an increased dosage is needed to produce the same effect or a reduced effect is observed with a constant dose. Tolerance occurs to different degrees for various drug effects, including sedation, analgesia and constipation. Analgesic tolerance is the need to increase the dose of opioid to achieve the same level of analgesia.

B. A licensee may order, prescribe, administer, or dispense controlled substances, or other drugs having addiction-forming and addiction-sustaining liability to a person for the treatment of chronic pain.

C. The ordering, prescribing, administration, or dispensation of controlled substances, or other drugs having addiction-forming or addiction-sustaining liability for the treatment of chronic pain should be done with caution. A licensee may order, administer, dispense or

prescribe said medications for the purpose of relieving chronic pain, provided that the following conditions are met:

1. Before initiating treatment with a controlled substance, or any other drug having addiction-forming or addiction-sustaining liability, the licensee must conduct a risk/benefit analysis by reviewing records of prior treatment. The risk/benefit analysis should weigh in favor of treatment and indicate the need for controlled substance therapy. Such a determination must take into account the specifics of each patient's diagnosis, past treatments, suitability for long-term controlled substance, with the need for other treatment modalities. The results of this analysis must be clearly entered into the patient medical record and must include supporting documentation such as consultation or referral reports and efforts to determine the underlying etiology of the chronic pain.
 2. Documentation in the patient record must include a complete medical history and physical examination and supporting studies and reports of consultation.
 3. The diagnosis must demonstrate the presence of one or more recognized medical indications for the use of controlled substances.
 4. Documentation of a written treatment plan which must contain stated objectives as a measure of successful treatment and planned diagnostic evaluations, e.g., psychiatric evaluation or other treatments. The plan must contain an informed consent agreement for treatment that details relative risks and benefits of the treatment course. The consent must also include specific requirements of the patient, such as using one licensee and pharmacy, urine/serum medication level monitoring when requested, pill counts, and the grounds for which the treatment may be terminated (e.g., 'doctor shopping' behavior, adverse urine/serum screens, etc.).
 5. Periodic review and documentation of the treatment course is conducted no less frequently than every 3 months. The licensee's evaluation of progress toward the stated treatment objectives must support all changes in therapy. This should include referrals and consultations as necessary to achieve those objectives.
- D. No licensee shall order, administer, dispense or prescribe a controlled substance or other drug having addiction-forming and addiction-sustaining liability that is non-therapeutic in nature or non-therapeutic in the manner the controlled substance or other drug is administered, dispensed or prescribed.
- E. No licensee shall order, administer, dispense or prescribe a controlled substance for treatment of chronic pain to any patient who has consumed or disposed of any controlled substance or other drug having addiction-forming and addiction-sustaining liability other than in strict compliance with the treating licensee's directions. These circumstances include those patients obtaining controlled substances or other drugs having addiction-forming and addiction-sustaining liability from more than one licensee or healthcare provider and those patients who have obtained or attempted to obtain new prescriptions for controlled substances or other drug having addiction-forming and addiction-sustaining liability before a prior prescription should have been consumed according to the treating licensee's directions. This requirement will not be enforced in cases where a patient has legitimately temporarily escalated a dose due to an acute exacerbation if the treating licensee documents that the escalation was due to a recognized indication and was within appropriate therapeutic dose ranges. Repetitive or continuing escalations

should be a reason for concern and a re-evaluation of the present treatment plan must be undertaken by the licensee.

- F. No licensee shall order, prescribe, administer, or dispense any controlled substance or other drug having addiction-forming or addiction-sustaining liability for the purpose of “detoxification treatment” or “maintenance treatment” and no licensee shall order, prescribe, administer, or dispense any narcotic controlled substance for the purpose of “detoxification treatment” or “maintenance treatment” unless the licensee is registered in accordance with Section 21 U.S.C. 823(g). Nothing in this paragraph shall prohibit a licensee from administering narcotic drugs to a person for the purpose of relieving acute withdrawal symptoms when necessary while arrangements are being made for referral for treatment. Nothing in this paragraph shall prohibit a licensee from ordering, prescribing, administering, or dispensing controlled substances in a hospital to maintain or detoxify a person as an incidental adjunct to medical or surgical treatment of conditions other than addiction.
- G. When initiating opioid therapy for chronic pain, the licensee must first run a MPMP on the patient. The licensee must prescribe the lowest effective dosage. While there is no single dosage threshold identified below which the risk of overdose is eliminated, licensees must strive to keep daily opioid doses less than or equal to 50 mg of morphine equivalence (mEq), as dosages larger than 50 mEq per day increases risk without adding benefits for pain control or function. Licensees must avoid dosages greater than or equal to 90 mg of morphine equivalence per day and must provide significant justification for exceeding the 90 mg ceiling stated herein. If the licensee determines that a patient requires greater than 100 mg of morphine equivalence per day, the licensee must refer the patient to a pain specialist for further treatment.
- H. When opioids are prescribed for acute pain, the licensee must prescribe the lowest effective dose of immediate release opioids, as the use of long acting opioids for acute non-cancer/non-terminal pain is prohibited. Licensees must prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. Licensees are discouraged from prescribing or dispensing more than a three (3) day supply of opioids for acute non-cancer/non-terminal pain, and must not provide greater than a ten (10) day supply for acute non-cancer/non-terminal pain. Licensees may issue an additional ten (10) day supply if clinically necessary, but said supply must be issued in accordance with Title 21 CFR § 1306.12 *Refilling prescriptions; issuance of multiple prescriptions* (i.e., the prescription must be dated on the date of issuance with ‘do not fill until’ noting the date the prescription may be filled), and such need for an additional ten (10) day supply must be documented in the chart to evidence that no other alternative was appropriate or sufficient to abate the acute pain associated with that medical condition. Additional ten (10) day supplies, with one (1) refill, may be issued if deemed medically necessary and only if supported by additional clinical evaluation.
- I. As stated in Rule 1.3, every licensee must review an MPMP report at each patient encounter in which a Schedule II medication is prescribed for acute pain or chronic non-cancer/non-terminal pain. MPMP reports may be obtained by designees of the licensee as allowed by the MPMP program.
- J. When prescribing opioids for either chronic or acute pain, it is a relative contraindication (black box warning) to prescribe opioids concurrently with Benzodiazepines and/or Soma. However, opioids and benzodiazepines may be prescribed concurrently on a very

short term basis, and in accordance with section H of this rule, when an acute injury requiring opioids occurs. The need for such concurrent prescribing must be documented appropriately in the chart. Patients who are currently on an established regimen of concomitant opioids and benzodiazepines may be allotted a reasonable period of time to withdraw from one or both substances. Caution and care should be taken to prescribe the lowest effective dose of each medication if unable to discontinue one or the other completely. Clinicians involved in managing a patient's care should document communication regarding the patient's needs, goals, risks and coordination of care. Prescribing of opioids concurrently with benzodiazepines and/or Soma may be allowed only under very limited circumstances in which the combination is used to treat very specific chronic medical conditions for which there is no other treatment modality available.

- K. When a licensee treats chronic non-cancerous/non-terminal pain and/or psychiatric conditions outside the definition of a pain management practice (Rule 1.2) (K) the licensee must actively utilize the MPMP upon initial contact with a new patient and every 3 months thereafter on any and all patients who are prescribed, administered, or dispensed controlled substances. Reports generated on patients must span the length of time from the previous review of the MPMP so that adequate information is obtained to determine the patient's compliance for and with treatment. Documentation, such as a copy of the report itself and/or reflections in the charts dictation and/or notes must be kept within the patient's record and made available for inspection upon request.
- L. ~~Point of service~~In-office drug testing must be done at least three (3) times per calendar year when Schedule II medication is written for the treatment of chronic non-cancer/non-terminal pain. ~~Point of service~~In-office drug testing and MPMP review, as described in Rule 1.7 (K), must be done at least three (3) times per calendar year for patients prescribed benzodiazepines for chronic medical and/or psychiatric conditions which are non-cancer/non-terminal. ~~Point of service~~In-office drug testing must test, at a minimum, for opioids, benzodiazepines, amphetamines, cocaine, and cannabis. Inpatient treatment, as defined in Rule 1.2(L), is exempt from this requirement. Further, all hospice treatment is exempt from ~~point of service~~in-office drug testing requirements stated herein.
- M. The use of Methadone to treat acute non-cancer/non-terminal pain is prohibited. The use of Methadone for the treatment of chronic non-cancer/non-terminal pain is permissible within a registered Pain Management Practice, as defined in Rule 1.2(K), or when resulting from a referral to a certified pain specialist. If Methadone is prescribed to treat chronic non-cancer/non-terminal pain, it must only be prescribed ~~only initiated~~ by a physician.

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

Part 2640: Prescribing, Administering and Dispensing

Part 2640 Chapter 1: Rules Pertaining to Prescribing, Administering and Dispensing of Medication

Rule 1.14 Pain Management Medical Practice.

- A. A pain management medical practice must have, at all times, a majority ownership (more than 50%) by a physician or group of physicians licensed by the Board, and/or a hospital or health care entity registered with the Secretary of State to do business in the state of Mississippi. The physician or physician owners must practice an annual average of at least 20 hours per week within the state of Mississippi.
- B. A pain management medical practice must register with the Board.
- C. Each physician owner of a pain management medical practice must meet the requirements set forth below.
- D. Each licensee who serves as medical director, manager, or employee or who provides care in a pain management medical practice must meet the requirements set forth below.

Application for Initial Registration and Renewal - A physician owner of a pain management medical practice must:

- 1. submit the documents demonstrating proof of ownership or provide alternative documents with a written request for special consideration;
 - 2. report ownership or investment interest in any other pain management facility operating within the state of Mississippi and provide the name and address of the other pain management facility(ies) in which the physician has ownership or vested interest;
 - 3. identify all individuals with prescriptive authority who are employed or contracted in any capacity at each facility; and
 - 4. report any changes of information provided in the application for registration or renewal within 30 days of the effective date of the change.
- E. Physician owners or operators may not operate a pain management practice in the state of Mississippi without obtaining a certificate from the Mississippi State Board of Medical Licensure. Certificates, once issued, are not transferable or assignable. Only the primary physician owner is required to register with the Board if there is more than one physician owner of the practice. Additional physician owners must register if they also provide patient care. Each practice requires a separate certificate.
 - F. Physician owners or operators may not operate a pain management practice in Mississippi unless the practice is owned or operated by a hospital or healthcare entity registered with the Secretary of State to do business in the state of Mississippi, or by a physician who:
 - 1. practices at least 20 hours per week providing direct patient care;
 - 2. holds an active unrestricted medical license ; and
 - 3. holds a certificate of registration for that pain management practice.
 - G. No physician owners or operators of a pain management practice, nor any physician, nor any physician assistant, nor any medical director, manager, or employee or any physician or physician assistant who provides care may:

1. have been denied, by any jurisdiction, a certificate permitting the licensee to order, prescribe, dispense, administer, supply or sell a controlled substance or the other listed medications under definitions;
 2. have been issued, by any jurisdiction, a limited certificate to order, prescribe, dispense, administer, supply or sell a controlled substance or the other listed medications under definitions;
 3. have been denied a certificate issued by the Drug Enforcement Administration (DEA) permitting the licensee to order, prescribe, dispense, administer, supply or sell a controlled substance or the other listed medications under definitions;
 4. have been issued a limited certificate by the Drug Enforcement Administration (DEA) permitting the licensee to order, prescribe, dispense, administer, supply or sell a controlled substance or the other listed medications under definitions;
 5. have been subject to a disciplinary action by any licensing entity for conduct that was a result of inappropriately prescribing, dispensing, administering, supplying or selling a controlled substance or the other listed medications under definitions; or
 6. have been terminated from Mississippi's Medicaid Program, the Medicaid program of any other state, or the federal Medicare program, unless eligibility has been restored.
- H. No physician or physician assistant may own, operate, or practice in a pain management medical practice who has been convicted of, pled nolo contendere to or received deferred adjudication for:
1. an offense that constitutes a felony; or
 2. an offense that constitutes a misdemeanor, the facts of which relates to the illegal distribution or sale of drugs or controlled substances.
- I. Training requirements for all physicians practicing in pain management medical practices. Effective July 1, 2014, all physician owners or operators or any physician who serves as medical director, manager, or employee or who provides care in pain management medical practice must meet the qualifications set forth in subsections (1) through (5) below. All physicians prescribing or dispensing controlled substance medications in pain management practices registered by the Board must meet one (1) of the following qualifications:
1. board certification by a specialty board recognized by the American Board of Medical Specialties (ABMS) or the American Board of Addiction Medicine (ABAM) and hold a subspecialty certification in pain medicine;
 2. board certification by a specialty board recognized by the American Osteopathic Association Bureau of Osteopathic Specialists (BOS) in pain management;
 3. board certification in pain medicine by the American Board of Pain Medicine (ABPM);
 4. successful completion of a residency program in physical medicine and rehabilitation, anesthesiology, neurology, or neurosurgery and approved by the ACGME or the AOA; or
 5. successful completion of 100 hours of inter-active live participatory AMA or AOA Category 1 CME courses in pain management.
- Upon qualifying under any of the 5 subsections above, physicians must also document completion of 30 hours of Category 1 CME for renewal of a pain management medical practice certificate.

- a. CME must have emphasis in the specific areas of pain management, addiction, or prescribing of opiates.
 - b. CME may be included with the forty hour requirement for licensure renewal.
 - c. Excess hours may not be carried over to another two year cycle. For the purpose of this regulation, the two year period begins with the fiscal year July 1, 2014, and every two years thereafter to be concurrent with the licensure requirement.
- J. Physicians and physician assistants practicing in a registered pain management medical practice must be registered with the Mississippi Prescription Monitoring Program (MPMP). A report from the MPMP must be obtained on the initial visit for each patient. Subsequent reports must be obtained for each patient at every visit.
- K. Requirements for physician assistants practicing in pain management medical practices. Physician assistants must meet the following qualifications prior to practicing in a registered pain management practice:
 - 1. A Board approved protocol in the practice of pain management as required by Part 2615, Chapter 1, Rules 5 and 6, with a physician who holds a license that is not designated as limited, restricted, retired, temporary, or in-training;
 - 2. Physician assistants with approved prescriptive authority must obtain 10 hours as required by the licensure requirement plus 5 hours of Category 1 CME related to prescribing and pain management for every year the physician assistant is practicing in a pain management medical practice;
 - 3. Physician assistants with prescriptive authority must be familiar with and adhere to the Administrative Rule Pertaining to Prescribing, Administering and Dispensing of Medication, Part 2640, Chapter 1; and
 - 4. Physician assistants with prescriptive authority must be registered with the Mississippi Prescription Monitoring Program (MPMP).
- L. A physician who is a current participant in the Mississippi Professionals Health Program (MPHP) may not be the primary physician owner of a pain practice. This does not prohibit a MPHP participant from working in a pain practice.
- M. Prior to the ~~initial issuance~~ initiation of an opioid and/or benzodiazepine for the treatment of chronic non-cancer/non-terminal pain, each patient in a pain management practice must have an in-person evaluation by a ~~registered pain management physician~~ licensed provider in a registered pain management practice medically directed by a physician having the necessary credentials as set forth by the Board.
- N. Certificates are valid for one year and must be renewed annually. There is a thirty-day grace period for renewal after which the owner or operator must reapply for an original certificate. The physician owner or operator of the practice must post the certificate in a conspicuous location so as to be clearly visible to patients. The practice may not continue to operate while the certificate has expired.
- O. The Board has the authority to inspect a pain management medical practice. During such inspections, authorized representatives of the Board, who may be accompanied by investigators from state or federal law enforcement agencies, may inspect documents and medical records to ensure compliance with any applicable laws and rules.

- P. If the Board finds that a registered pain management practice no longer meets any of the requirements to operate as a pain practice, the Board may immediately revoke or suspend the physician's certificate to operate a pain management medical practice. The physician owner or operator shall have the right to an administrative hearing before the Board at the next available and scheduled meeting of the Board. Further, the Board has the discretion to lift the suspension of a certificate when the pain management medical practice demonstrates compliance with applicable rules and regulations.

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

Title 30, Part 2635 Practice of Medicine

Part 2635: Chapter 13: Complementary and Alternative Therapies

Rule 13.1 | Scope and Purpose

The purpose of this regulation is to set forth the expectations of licensees who wish to practice alternative, complementary, and regenerative forms of medicine as defined below. These rules apply only to individuals who are licensed by the Mississippi State Board of Medical Licensure.

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

Rule 13.2 | Definitions

For the purpose of Part 2635, Chapter 13 only, the following terms have the meanings indicated:

- A. “Board” means the Mississippi State Board of Medical Licensure.
- B. “Complementary”, “Alternative”, and “Regenerative Medicine/Therapy” means those health care methods of diagnosis, treatment, or interventions that are not acknowledged to be conventional but that may be offered by some licensed physicians in addition to, or as an alternative to, conventional medicine. Examples of these therapies include, but are not limited to: IV infusion/hydration therapy, oriental medicine techniques and practices other than Licensed Acupuncture¹, utilization of Artificial Intelligence, and stem cell therapy.
- C. “Conventional Medical Practices” means those medical interventions that are taught extensively at U.S. medical schools, generally provided at U.S. hospitals, or meet the requirements of the generally accepted standard of care.
- D. “Informed and Shared Decision Making” means the process by which a physician discusses, in the context of the use of complementary, alternative, and/or regenerative therapies, the risks and benefits of such treatment with the patient. The patient is given an opportunity to express preferences and values before collaboratively evaluating and arriving at treatment decisions.
- E. “Informed Consent” means evidence documenting appropriate patient consent to a therapy or procedure.
- F. “Unproven Intervention” means any therapy that lacks compelling evidence, based upon scientific studies, to validate its treatment efficacy.

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

Rule 13.3 | Alternative Medicine Practices

The Board is aware that a growing number of licensees and patients are both implementing and seeking complementary and alternative medicine in their health care. Further, the Board recognizes that innovative practices that could benefit patients and improve care should be given reasonable and responsible degrees of latitude.

¹ Regulations regarding Licensed Acupuncture can be found at Title 30, Part 2625 *The Practice of Acupuncture*

In reviewing this subject, the Board is also aware of the fact that consumer fraud occurs across the country, and, unfortunately, not infrequently in the practice of medicine. If consumer protection means anything, it should protect people weakened by illness from the dangers attendant to unsound, invalidated, and/or otherwise unsubstantiated practices. Licensees should never agree to perform invalidated or unsound treatments or therapies.

The Board feels that licensees may incorporate alternative therapies if research results are promising, and only if the methods utilized are reasonably likely to benefit patients without undue risk. A full and frank discussion of the risks and benefits of all medical practices is expected, and is in the patient's best interest.

Licensees should practice pursuant to informed and shared decision making when determining the utilization of complementary therapies. This style of process is conducive to openly weighing the risks and benefits of the therapies under consideration. While this process is ideal, the licensee is ultimately responsible for the decision making process.

Where evidence is unavailable for a particular treatment in the form of clinical trials or case studies, licensees must only proceed with an appropriate rationale for the proposed treatment, and justification of its use, in relation to the patient's symptoms or condition. Novel, experimental, and unproven interventions should only be proposed when traditional or accepted proven treatment modalities have been exhausted. In such instances, there must still be a basis in theory or peer-acknowledged practice. The burden rests solely on the licensee in regards to the substantiation supporting the use of a particular therapy. Licensees should be prepared to support any claims made about benefits of treatments or devices with documented evidence, for example with studies published in peer-reviewed publications.

Licensees must refrain from charging excessive fees for treatments provided. Further, licensees should not recommend, provide, or charge for unnecessary medical services, nor should they make intentional misrepresentations to increase the level of payment they receive.²

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

Rule 13.4 | Informed Consent

Licensees who choose to utilize alternative therapies must obtain written informed consent from the patient prior to the utilization of said therapies. Said informed consent consists of the following elements:

1. The patient, the licensee, and the credentials of the licensee are all identified;
2. The types of transmissions regarding the therapy are identified (e.g., prescription refills, appointment scheduling, patient education, etc.);
3. Overt agreement from the patient with the licensee's determination about whether or not the condition being diagnosed and/or treated is appropriate for alternative therapy;
4. Express patient consent to forward patient-identifiable information to a third party, if necessary;
5. An accurate description of the benefits and risks of treatment or intervention, based on scientific evidence, as well as an explanation of alternatives to treatment or an

² American Medical Association, *Code of Medical Ethics*, Opinion 11.3.1.

intervention, and the right to withdraw from treatment or an intervention without denial of standard of care to patients.

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

Rule 13.5 | Evaluation

Parity of evaluation standards should be established for patients, whether the licensee is using conventional medical practices or alternative therapy.

Prior to offering any recommendations for conventional and/or alternative treatments, the physician shall conduct an appropriate medical history and physical examination of the patient, as well as an appropriate review of the patient's medical records. This evaluation shall include, but is not limited to, conventional methods of diagnosis, and may include other methods of diagnosis as long as the methodology utilized for diagnosis is based upon the same standards of safety and reliability as conventional methods, and shall be documented in the patient's medical record. The record should also document the following:

1. What medical options have been discussed, offered or tried, and if so, to what effect, or a statement as to whether or not certain options have been refused by the patient or guardian;
2. That proper referral has been offered for appropriate treatment;
3. That the risks and benefits of the use of the recommended treatment, to the extent known, have been appropriately discussed with the patient or guardian; and
4. That the licensee has determined the extent to which the treatment could interfere with any other recommended or ongoing treatment.

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

Rule 13.6 | Treatment Plan

A documented treatment plan tailored to the individual needs of the patient by which treatment progress or success can be evaluated with stated objectives, such as pain relief and/or improved physical and/or psychosocial function. Said treatment plan must consider pertinent medical history, previous medical records and physical examination, as well as the need for further testing, consultations, referrals or the use of other treatment modalities.

The treatment offered should meet the following criteria:

1. A favorable risk/benefit ratio compared to other treatments for the same condition;
2. Be based upon a reasonable expectation that it will result in a favorable patient outcome, including preventive practices;
3. Be based upon the expectation that a greater benefit will be achieved than that which can be expected with no treatment.

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

Rule 13.7 | Medical Records

Any licensee who provides alternative therapy as a component of practice must, as with all other forms of practice, maintain a complete record which substantiates the care provided. Said record should, at a minimum, include the following:

1. The medical history and physical examination(s);
2. Diagnostic, therapeutic and laboratory results;
3. Results of evaluations, consultations and referrals;
4. Treatment objectives;
5. Discussion of risks and benefits;
6. Appropriate informed consent;
7. Treatments;
8. Medications (including date, type, dosage and quantity prescribed);
9. Instructions and agreements; and
10. Periodic reviews

Records should be current and maintained in an accessible manner, and readily available for review and inspection.

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

Rule 13.8 Education

All licensees who offer alternative therapies must be able to demonstrate knowledge and understanding of the medical and scientific knowledge connected with any method they are offering or using in their medical practices as a result of related education and training. In order to implement best practices for alternative therapies, licensees must understand the relevant clinical issues and should obtain sufficient targeted continuing medical education and training.

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

Rule 13.9 Advertising

As to the advertising of alternative therapies, data purportedly supporting unproven interventions commonly undermine information about risks and overemphasize information about benefits. Information presented in advertising, including but not limited to clinic websites and social media, should be represented accurately and come from reputable peer-reviewed publications or respected external organizations.

Even where an appropriate informed consent process seems to be in place, deceptive or fraudulent information contained within practice advertising, websites, and other marketing materials could mislead patients into consenting to treatment, thereby invalidating the informed consent process.

Treatment options described and accompanied by supporting information in the form of journal articles, patient testimonials, claims of partnerships with academic institutions, mentions of affiliations with professional societies or networks, statements regarding receipt of FDA approval or explicit mention of exemption from FDA oversight, listings of patents granted, statements that clinical trials of investigational interventions are being conducted, and accolades related either to the practice itself or its affiliated physicians and researchers, which serve to exaggerate, inflate, or misrepresent information derived from legitimate or questionable sources,

shall be deemed a violation of the Board's advertising regulations³ and unprofessional conduct likely to deceive, defraud, or harm the public.⁴

Although not all-encompassing, the following represents instances of improper or misleading advertising practices which the Board would consider unprofessional and deceptive in nature:

1. Asserting certification of products or practices by international standards organizations or claiming training certification, in order to legitimize alternative therapies;
2. Convening scientific or medical advisory boards featuring prominent business leaders and academic faculty members in order to legitimize alternative therapies;
3. Registering trials whose apparent purpose is solely to attract patients willing to pay to participate in them;
4. Using the statement or impression of "ethics review" to convey a sense of legitimacy to products or procedures;
5. Renting of laboratory or business space within a legitimate scientific or government institution in order to legitimize alternative therapies;
6. Joining established academic or professional societies to suggest legitimacy by association;
7. Publication of open-ended voluntary monitoring data sets rather than undertaking controlled clinical trials;
8. Suggesting that patent applications or grants indicate clinical utility rather than initiation of an application process or recognition of novelty and inventiveness;
9. Publishing research and commentary in journals with limited anonymous peer review;
10. Citing preclinical and other research findings to justify clinical application without sufficient efficacy testing in humans;
11. Forming organizations to self-regulate in ways that support premature commercialization; and
12. Providing expert opinions or celebrity comments on unsupported clinical uses or standing of the provider.

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

Rule 13.10 | Scope of Treatment

Alternative therapies should, by in large, be utilized as a 'last resort' method of treatment, and, as stated previously, only when the treatment is reasonably likely to benefit patients without undue risk. Absent overt deceptive advertising, as described and stated in Rule 13.9, any actual treatment for conditions for which there is no evidence to substantiate the therapy utilized, or even a rational nexus between the ailment and the therapy employed, shall constitute unprofessional conduct.

³ Title 30, Part 2635 Chapter 12: Physician Advertising

⁴ Miss. Code Ann., §73-25-29(8)(d)

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

Rule 13.11 | Violation of Rules

The use of alternative, complementary, and/or regenerative therapies outside the requirements and regulations stated herein constitutes unprofessional conduct, dishonorable or unethical conduct likely to deceive, defraud or harm the public, in violation of Miss. Code Ann., § 73-25-29(8)(d).

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

Title 30, Part 2635 Practice of Medicine

Part 2635: Chapter 14: Temporary Practice by an Athletic Team Physician

Rule 14.1 | Scope and Purpose

The purpose of this regulation is to set forth certain exemptions and stipulations as to the practice of medicine within Mississippi by physicians travelling from out of state with sports teams for sporting events conducted within the state. Further, it is the intent of this regulation to sort forth the requirements of those physicians to practice medicine in Mississippi, temporarily, without obtaining Mississippi licensure.

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

Rule 14.2 | Definitions

For the purpose of Part 2635, Chapter 14 only, the following terms have the meanings indicated:

- A. “Athletic Team” or “Team” means a group of people representing a specific organization engaged in sporting activities, such as baseball or football, which require medical personnel to treat or evaluate injuries sustained pursuant to the activity.
- B. “Staff Members” means those individuals directly affiliated with the sporting program or entity whose purpose is to support the players or members of the team during the event. This includes, but is not necessarily limited to: trainers, coaches, equipment personnel, communications staff, band members, cheerleaders, and the team mascot. This would not include parents, boosters, or other individuals simply present or attending the activity or sporting event.
- C. “Team Physician” means those health care professionals, holding an unrestricted medical license in their athletic team’s state of origin, who travel with their team to away games/events for the purposes of providing medical treatment and evaluation for players and staff members of said team.

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

Rule 14.3 | Athletic Team Physicians

As part of any sport, teams require the presence of trained medical personnel, to include physicians, in order to treat injuries incurred during the course of the activity. As such, when athletic teams travel to away games or events outside their respective state, said medical personnel routinely travel with the team to provide said care.

Understanding these principles of athletics, 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:

- i) The physician is employed or formally designated as the team physician by an athletic team visiting Mississippi for a specific sporting event;

- ii) The physician limits the practice of medicine in Mississippi to medical treatment of the members, coaches and staff, as defined herein, of the sports entity that employs or has designated the physician and;
- iii) Said physician is licensed in the state the sports entity or organization is based or housed.

Additionally, physicians authorized to practice under this rule may also treat members from the home team in Mississippi if said physician has specialized training or experience beyond that of the home team physician.

The extent of the medical practice allowed under this rule is limited to the following aspects of the game or event:

- a) Pre-game warm-up and any postgame activities;
- b) During the actual game or event;
- c) Travel to and from the sporting event within Mississippi; and
- d) In-state lodging of the team and other covered staff.

Further, it is the responsibility of the team or organization employing the physician to verify said physician is licensed and in good standing in the appropriate jurisdiction as required under this rule.

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

Rule 14.4 | Violation of Rules

The practice of medicine outside of the requirements and regulations stated herein constitutes the illegal practice of medicine, in violation of Miss. Code Ann., §97-23-43, and violators shall be subject to all fines and penalties described therein.

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

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

HOSAN MENANYA AZOMANI, M.D.

ORDER REINSTATING LICENSE TO PRACTICE MEDICINE

THIS MATTER came on regularly for hearing on November 29, 2018, before the Mississippi State Board of Medical Licensure, in response to the petition of Hosan Menanya Azomani, M.D. (hereinafter "Licensee"), seeking reinstatement of his license to practice medicine in the State of Mississippi.

Licensee was present without counsel. Complaint Counsel for the Board was Honorable Stan T. Ingram. Sitting as legal advisor to the Board was Honorable Gloria Green, Assistant Attorney General. Board members present for all proceedings were Claude D. Brunson, M.D., President, Charles D. Miles, M.D.; Charles K. Lippincott, M.D.; William D. McClendon, Jr., M.D.; Michelle Y. Owens, M.D.; Jeanne Ann Rea, M.D; and Kirk L. Kinard, D.O. Allen Gersh, M.D. was absent. Consumer members present were Wesley Breland, Maj. General (Ret.) Erik Hearon and Koonmarie "Shoba" Gaymes.

Evidence and testimony was then taken. Based on the evidence and testimony received, the Board determines that on November 1, 2014, Licensee was convicted by a Washington County Circuit Court Jury on two (2) counts of an indictment for the crime of Medicaid Fraud. As to both counts, Licensee was sentenced on December 23, 2014 to three (3) years in the custody of the Mississippi Department of Corrections with execution suspended. Licensee was directed to serve one (1) year of supervised probation followed by two (2) years unsupervised probation and pay all court costs and assessments. Licensee is no longer on probation. Thereafter, as a basis for disciplinary action, Licensee was charged by the Board with violation of Subsection (6) of Miss.

Code Ann. § 73-25-29 and §73-25-83(a), that is, having been convicted of a felony of moral turpitude. To avoid a disciplinary hearing, licensee executed the Consent Order with the Board on May 14, 2015 resulting in suspension of his medical license for a term of three (3) years. After expiration of the three (3) year suspension, licensee was authorized to petition the Board for reinstatement, provided he completed an assessment to determine his professional competency. Furthermore, Licensee was required to complete certain hours of Continuing Medical Education in the area of medical ethics. The three (3) year suspension period has now expired. Licensee has completed all CME requirements and underwent a professional assessment at the KSTAR Professional Assessment Program at Texas A&M Health Science Center. The KSTAR report found Licensee to demonstrate sufficient medical knowledge and skill so as to practice medicine safely and independently.

Based upon the aforementioned evidence and testimony, the Board finds Licensee's petition to be well taken.

THEREFORE, IT IS HEREBY ORDERED, that Licensee's petition for reinstatement of his Medical License (No. 18728) is hereby granted. Licensee now holds an unrestricted medical license.

IT IS FURTHER ORDERED, that pursuant to Miss. Code Ann. §73-25-27(1972), a copy of this Order shall be sent by registered mail or personally served on Hosan Menanya Azomani, M.D.

ORDERED, this the 29th day of November, 2018.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY:



CLAUDE D. BRUNSON, M.D.
PRESIDENT

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

DOROTHY GILLESPIE, M.D.

ORDER DENYING REMOVAL OF RESTRICTIONS ON LICENSE

THIS MATTER came on regularly for hearing on November 29, 2018, before the Mississippi State Board of Medical Licensure, in response to the petition of Dorothy Gillespie, M.D. (hereinafter "Licensee"), seeking return of privileges to prescribe, administer and dispense controlled substances.

Licensee was present without counsel. Complaint Counsel for the Board was Honorable Stan T. Ingram. Sitting as legal advisor to the Board was Honorable Gloria Green, Assistant Attorney General. Board members present for all proceedings were Claude D. Brunson, M.D.; President, Charles D. Miles, M.D.; Charles K. Lippincott, M.D.; William D. McClendon, Jr., M.D.; Michelle Y. Owens, M.D.; Jeanne Ann Rea, M.D. and Kirk L. Kinard, D.O. Allen Gersh, M.D. was absent. Consumer members present were Wesley Breland, Maj. General (Ret.) Erik Hearon and Koonmarie "Shoba" Gaymes.

Evidence and testimony was then taken. Based on the evidence and testimony received, the Board determines that on December 15, 2014, the Board issued to Licensee a Summons and Affidavit charging her with 26 counts of violating the Mississippi Medical Practice Law pertaining to the prescribing, administering and dispensing of controlled substances, in particular, opioids for the treatment of chronic pain. On March 19, 2015, a hearing was conducted. After commencement of the hearing, Licensee elected to surrender her license and DEA Uniform Controlled Substances Registration Certificate. Two years later, on March 16, 2017, Licensee appeared before the full Board seeking reinstatement of her license, wherein Licensee entered into a Consent Order with the

Board authorizing reinstatement of her license, but with restrictions on her ability to prescribe controlled substances. Specifically, Licensee was prohibited from prescribing, distributing and administering any controlled substances except that for use in an institutional setting using that institution's DEA Uniform Controlled Substances Registration Certificate. Licensee now appears before the Board seeking authorization to reapply with DEA for full controlled substance privileges.

The Board takes into consideration the extensive history of the difficulty Licensee had handling controlled substances, including repeated complaints from law enforcement agencies, pharmacies and other parties relative to her mismanagement of control substances. In addition, the Board takes into consideration the multiple warning letters she has received and the extent of her aberrant prescribing of opioids, which ultimately led to the surrender of her license. While sympathetic with the difficulty Licensee has had finding a job without a DEA number, the fact remains, Licensee has failed to convince the Board that she is now able to properly manage such dangerous drugs. Licensee's testimony before the board reflects minimal insight into the situation.

Based upon the aforementioned evidence and testimony, the Board finds Licensee's request not well taken.

THEREFORE, IT IS HEREBY ORDERED, that Licensee's petition for authority to register with the U.S. Drug Enforcement Administration for a Uniform Controlled Substances Registration Certificate is hereby denied. The previous restrictions imposed by the March 16, 2017, Consent Order on her ability to administer, dispense or prescribe controlled substances shall remain.

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

ORDERED, this the 29th day of November 2018.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY: 

**CLAUDE D. BRUNSON, M.D.
PRESIDENT**

BOARD MEETING EXECUTIVE SESSION

DATE: Thursday, November 29, 2018

AGENDA ITEM: Hearing in the Case of Dorothy Lee Gillespie, M.D., Hattiesburg, MS Lic. No. 09056

(Motion made, seconded and carried that the Board Members enter into executive session)

MOTION: Dr. Miles SECONDED: Dr. Brunson

Boards decision not to reinstate Dr. Gillespie's controlled substance privileges. Dr. Gillespie is to continue practice under the March 16, 2017 Consent Order.

VOTE:

	FOR	AGAINST	ABSTAIN	ABSENT
Claude D. Brunson, M.D.	<u>X</u>	_____	_____	_____
Ann Rea, M.D	<u>X</u>	_____	_____	_____
W. David McClendon, M.D.	<u>X</u>	_____	_____	_____
Charles D. Miles, M.D	<u>X</u>	_____	_____	_____
C. Ken Lippincott, M.D.	<u>X</u>	_____	_____	_____
Michelle Y. Owens, M.D.	<u>X</u>	_____	_____	_____
Allen Gersh, M.D	_____	_____	_____	<u>X</u>
Kirk L. Kinard, D.O.	<u>X</u>	_____	_____	_____

RECORDED BY: _____

Public Action Disciplinary Action License Restriction No Action

Time to complete Board Order (i.e., CME, Eval, etc.) _____

Board Appearance required having restrictions lifted? Yes No

* If the action is a restriction, language must be added that the licensee may not collaborate or supervise mid-level providers

(Motion made, seconded and carried, that the Board comes out of executive session to resume the Board Meeting.)

MOTION: Dr. Miles SECONDED: Dr. Brunson

**BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
IN THE MATTER OF THE PHYSICIAN'S LICENSE
OF
OTIS ANDERSON, III, M.D.**

CONSENT ORDER

WHEREAS, OTIS ANDERSON, III, M.D., hereinafter referred to as "Licensee," is the current holder of Mississippi Medical License No. 21754, said license number expires on June 30, 2019;

WHEREAS, the Investigative Division of the Mississippi State Board of Medical Licensure, hereinafter referred to as the "Board," has conducted an investigation into the medical practice of Licensee and has in its possession evidence which, if produced during the course of an evidentiary hearing, would substantiate that Licensee has violated certain provisions of the Mississippi Medical Practice Law, specifically, Subsections (8)(d) and (13) of §73-25-29, and §73-25-83(a), Miss. Code Ann., as amended, including but not limited to provisions of the Board's Administrative Code pertaining to the administering, prescribing and dispensing of controlled substances; for which the Board may revoke the medical license of Licensee, suspend it for a time deemed proper by the Board, or take any other action as the Board may deem proper under the circumstances;

WHEREAS, Licensee wishes to avoid a hearing before the Board and, in lieu thereof, has agreed to execute this Consent Order, subject to the terms, conditions, and restrictions as specified below;

NOW, THEREFORE, the Mississippi State Board of Medical Licensure, with consent of Licensee as signified by his joinder herein, does hereby place the following terms, conditions and restrictions on Licensee's certificate (No. 21754) to practice medicine in the State of Mississippi, to-wit:

(1) Licensee's certificate (No. 21754) is hereby suspended for a period of three (3) months commencing January 1, 2019.

(2) Upon expiration of the three (3) month period of suspension as provided herein, Licensee shall have the right to return to practice, but subject to the following probationary terms and conditions which shall remain in effect until otherwise removed by the Board:

(a) Licensee shall, within three (3) months of the acceptance and approval of this Order, successfully complete Board approved Continuing Medical Education (CME) in the areas of (i) Medical Ethics, (ii) Practice Boundaries, (iii) Prescribing of Controlled Substances, and (iv) Collaboration with Mid-level Providers, said courses to be selected from the list of Board approved courses attached hereto as Exhibit "A". Licensee shall provide proof of attendance and participation in each aspect of the courses required herein. In the event the selected CME cannot be completed within the three (3) month suspension period, Licensee is granted an additional three (3) months to complete the CME, provided payment and registration for the CME is confirmed prior to expiration of the initial three (3) month deadline. Any credits received for such CME shall be in addition to the usual forty (40) hours of Category I credits required by Board regulation. Licensee will be required to be on-site while taking the CME course(s), as the

course(s) cannot be taken on-line or by other means. Licensee shall submit proof of successful completion to the Board.

(b) Licensee shall be prohibited from treating patients for medically assisted weight loss or serving as the Medical Director of a medically assisted weight loss practice or any practice involving medically assisted weight loss. Licensee shall refer all future patients seeking medically assisted weight loss treatment to a Board approved Medical Weight Loss Practice as that term is used and defined in Title 30, Part 2640 of the Administrative Code of the Board governing the Prescribing, Administering and Dispensing of Controlled Substances.

(c) Licensee shall be prohibited from treating patients for chronic pain and shall refer all future patients seeking treatment for chronic pain to a Board approved Pain Management Practice as that term is used and defined in Title 30, Part 2640 of the Administrative Code of the Board governing the Prescribing, Administering and Dispensing of Controlled Substances.

(d) Licensee's medical practice shall be subjected to periodic surveillance. The Board's Director, any member of the Board, or investigator of the Board may perform an unannounced inspection of any clinic wherein Licensee practices, which may include review of selected patient files.

(3) At all times herein, Licensee shall obey all federal, state and local laws, and all rules and regulations governing the practice of medicine.

(4) Licensee has the right, but not the obligation, to seek an appearance before the Board for reconsideration after the expiration of at least one (1) year from the date of this Order.

(5) Pursuant to Miss. Code Ann. §73-25-30, Licensee shall reimburse the Board for all costs incurred in relation to this pending matter. Licensee shall be advised of the total assessment by separate written notification, and shall tender to the Board a certified check or money order made payable to the Mississippi State Board of Medical Licensure, on or before forty (40) days from the date the assessment is mailed to Licensee via U.S. Mail to Licensee's current mailing address.

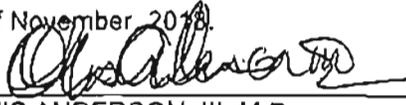
This Consent Order shall be subject to approval by the Board. If the Board fails to approve this Consent Order, in whole or in part, it shall have no force or effect on the parties. It is further understood and agreed that the purpose of this Consent Order is to avoid a hearing before the Board. In this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

Should the Board hereafter receive evidence of Licensee violating any of the terms and conditions of this Consent Order, the Board shall have the right following proof of the same pursuant to a full evidentiary hearing to revoke the medical license of Licensee.

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

Recognizing his right to notice of charges specified against him, to have such charges adjudicated pursuant to Miss. Code Ann. §73-25-27, to be represented therein by legal counsel of his choice, and to a final decision based on findings of fact and conclusions of law, OTIS ANDERSON, III, M.D., nevertheless, hereby waives his right to notice and a formal adjudication of charges and authorizes the Board to enter an order accepting this Consent Order, thereby suspending his medical license, subject to the above enumerated terms, conditions and restrictions listed above.

EXECUTED, this the 29th day of November, 2018.



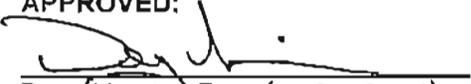
OTIS ANDERSON, III, M.D.

ACCEPTED AND APPROVED this the 29th day of November, 2018.

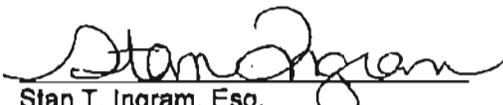


CLAUDE D. BRUNSON, M.D.
BOARD PRESIDENT

APPROVED:



Doug Mercier, Esq. (MB#9510)
Counsel for Licensee



Stan T. Ingram, Esq.
Board Complaint Counsel

BOARD MEETING EXECUTIVE SESSION

DATE: Thursday, November 29, 2018

AGENDA ITEM: Hearing in the Case of Otis Anderson III, M.D., Holly Springs MS Lic. No. 21754

(Motion made, seconded and carried that the Board Members enter into executive session)

MOTION: Dr. Owens SECONDED: Dr. Rea

The Board's decision to accept the proposed Consent Order with the amendment that Dr. Anderson will receive subsequent monitoring of his practice with random, unannounced audits by the Board. Mr. Mercier requested for time for Dr. Anderson to refer patients and asked for the suspension to be effective on January 1, 2019. Upon motion by Dr. Miles, seconded by Dr. Owens and carried the Board to approve the suspension's effective date to begin on January 1, 2019.

VOTE:

	FOR	AGAINST	ABSTAIN	ABSENT
Claude D. Brunson, M.D.	<u>X</u>	_____	_____	_____
Ann Rea, M.D	<u>X</u>	_____	_____	_____
W. David McClendon, M.D.	<u>X</u>	_____	_____	_____
Charles D. Miles, M.D	<u>X</u>	_____	_____	_____
Michelle Y. Owens, M.D.	<u>X</u>	_____	_____	_____
Allen Gersh, M.D	_____	_____	_____	<u>X</u>
Kirk L. Kinard, D.O.	<u>X</u>	_____	_____	_____

RECORDED BY: _____

Public Action Disciplinary Action License Restriction No Action

Time to complete Board Order (i.e., CME, Eval, etc.) _____

Board Appearance required having restrictions lifted? Yes No

* If the action is a restriction, language must be added that the licensee may not collaborate or supervise mid-level providers

(Motion made, seconded and carried, that the Board comes out of executive session to resume the Board Meeting.)

MOTION: Dr. Miles SECONDED: Dr. Owens

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

GREGORY PEARCE NORWOOD, D.O.

STATE OF MISSISSIPPI

COUNTY OF HINDS

CONSENT ORDER

WHEREAS, GREGORY PEARCE NORWOOD, D.O., hereinafter referred to as "Licensee," is the current holder of Mississippi Medical License No. 21158, said license number expires on June 30, 2019;

WHEREAS, the Investigative Staff of the Mississippi State Board of Medical Licensure, hereinafter referred to as the "Board," has conducted an investigation of Licensee and has in its possession evidence which, if established during the course of an evidentiary hearing, would substantiate that Licensee has violated certain provisions of the Mississippi Medical Practice Law, specifically, Subsection (8)(d) of §73-25-29 and §73-25-83(a), Miss. Code Ann., as amended, for which the Board may revoke the medical license of Licensee, suspend it for a time deemed proper by the Board, or take any other action as the Board may deem proper under the circumstances;

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

NOW THEREFORE, the Mississippi State Board of Medical Licensure, with consent of Licensee as signified by his joinder herein, does hereby take the following disciplinary action:

1. Licensee's Certificate (No. 21158) to practice medicine in the State of Mississippi is hereby suspended for an indefinite period of time from the date of execution of this order, with no stay of the suspension. However, upon expiration of one (1) year from the date of execution of this order, Licensee shall have the right, but not the obligation, pursuant to Miss. Code Ann. §73-25-32, to petition the Board for reinstatement of licensure.
2. In the event Licensee elects to seek reinstatement of his medical license pursuant to Miss. Code Ann. §73-25-32, he is advised and fully understands that there is no guarantee that the Board will grant reinstatement. Furthermore, Licensee is advised, fully understands and agrees that as a part of any consideration of reinstatement, the Board, through its Executive Director, may require Licensee to undergo a comprehensive multidisciplinary assessment or evaluation for the purpose of determining his fitness to practice medicine with reasonable skill and safety to patients. Said assessment or evaluation may be conducted with advice and recommendation from the Mississippi Physician Health Program (MPHP) pursuant to the Mississippi Disabled Physician Law, Miss. Code Ann §73-25-51 et seq. In the event reinstatement is granted following a full hearing, the Board reserves the right in its sole and absolute discretion to place any and all restrictions on Licensee's practice deemed necessary to protect the public.
3. Licensee shall reimburse the Board for all costs incurred in relation to the pending matter pursuant to Miss. Code Ann., § 73-25-30. Licensee shall be advised of the total assessment by separate written notification, and shall tender to the Board a certified check or money order made payable to the Mississippi State Board of Medical

Licensure, on or before forty (40) days from the date the assessment is mailed to Licensee via U.S. Mail to Licensee's current mailing address.

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

By execution of this Consent Order, Licensee is not admitting to or acknowledging any misconduct or act of malpractice and this Order cannot be used against Licensee as proof of misconduct or medical malpractice in any other civil or criminal proceeding.

Licensee understands and expressly acknowledges that this Consent Order, if approved and executed by the Mississippi State Board of Medical Licensure, shall constitute a public record of the State of Mississippi, thereby accessible through the Board's website. Licensee further acknowledges that the Board shall provide a copy of this Consent Order to, among others, the U.S. Drug Enforcement Administration. Due to the public nature of this Order, the Board makes no representation as to actions, if any, which any insurance company, healthcare network, agency or jurisdiction may take in response to this Order.

Recognizing his right to notice of charges specified against him, to have such charges adjudicated pursuant to Miss. Code Ann., § 73-25-27 (1972), to be represented therein by

legal counsel of his choice, and to a final decision rendered upon written findings of fact and conclusions of law, **GREGORY PEARCE NORWOOD, D.O.** nevertheless, hereby waives his right to notice and a formal adjudication of all charges and hereby voluntarily executes this Consent Order, thereby suspending his medical license, subject to those terms and conditions listed above.

EXECUTED, this 5th day of November, 2018.



GREGORY PEARCE NORWOOD, D.O.

ACCEPTED AND APPROVED, this 29th day of November, 2018, by the Mississippi State Board of Medical Licensure.

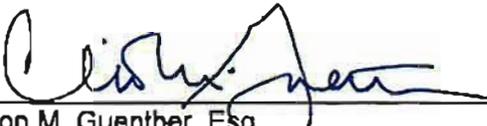


KENNETH E. CLEVELAND, M.D.
Executive Director



CLAUDE D. BRUNSON, M.D.
Board President

APPROVED:



Clinton M. Guenther, Esq.
Counsel for Dr. Norwood



Stan T. Ingram, Esq.
Board Complaint Counsel