

**BOARD MINUTES
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
SEPTEMBER 19, 2019**

The regularly scheduled meeting of the Mississippi State Board of Medical Licensure was held on Thursday, September 19, 2019, in the Board Room of the Office of the Board located at 1867 Crane Ridge Drive, Jackson, Mississippi.

THE FOLLOWING MEMBERS WERE PRESENT:

J. Ann Rea, M.D., Columbus, President
David W. McClendon, Jr., M.D., Ocean Springs, Vice President
Michelle Y. Owens, M.D., Jackson, Secretary
Charles D. Miles, M.D., West Point
C. Kenneth Lippincott, M.D., Tupelo
Kirk L. Kinard, D.O., Oxford
H. Allen Gersh, M.D., Hattiesburg
Daniel Edney, M.D., Vicksburg
Thomas Joiner, M.D., Jackson

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
Kristin Wallace, Clinical Director of Physician Compliance
Jonathan Dalton, Investigations Supervisor
Frances Carrillo, Staff Officer
Major General (Ret.) Erik Hearon, Consumer Health Member
Wesley Breland, Hattiesburg, Consumer Health Committee
Shoba Gaymes, Jackson, Consumer Health Committee

The meeting was called to order at 9:11 a.m., by Dr. Rea, President. The invocation was given by Mr. Breland and the pledge was led by Dr. Edney.

Dr. Rea welcomed Ms. Melissa Magee, Court Reporter, Gloria Green with the Attorney General's Office and Tammera Catchings, an intern with the Attorney General's Office. Dr. Rea opened the floor for public comments but there were none.

EXECUTIVE DIRECTOR REPORT

Dr. Cleveland provided a summary of the Licensure Division operations regarding licenses issued for the months of July and August 2019. He provided a summary of the Investigative Division operations regarding Investigations for the July and August 2019.

Dr. Cleveland provided a brief update to the progress of the estimated time to complete licensing applicants with the new software system since the “go live” date of August 1st. He also provided an update for development of the Enforcement part of the system and estimated target date.

REVIEW AND APPROVAL OF MINUTES OF THE BOARD MEETING DATED JULY 25, 2019, THE BOARD MEETING DATED AUGUST 14, 2019 AND THE BOARD MEETING DATED SEPTEMBER 4, 2019

Upon review of the minutes of the Board meeting dated July 25, 2019, August 14, 2019 and September 4, 2019, Dr. Owens moved for approval of the minutes as submitted. Dr. McClendon seconded the motion and it carried unanimously.

REPORTS FROM COMMITTEES

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

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

Professionals Health Program - Dr. Lippincott (Chair), Dr. Gersh, Dr. Edney, Maj Gen Hearon, Ms. Gaymes, Dr. Joiner

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

Telemedicine I Interstate Licensure Compact - Dr. McClendon (Chair), Dr. Miles, Dr. Kinard, Dr. Lippincott, Maj Gen Hearon, Mr. Lucius

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

Licensees Education and Communication - Dr. Owens (Chair), Dr. McClendon, Dr. Gersh, Dr. Kinard, Dr. Joiner, Dr. Lippincott, Mr. Breland, Ms. Gaymes, Mr. Lucius

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

Physician Assistant Advisory Task Force - Dr. McClendon (Chair), Dr. Kinard, Robert Philpot, Jr., PhD, PA-C, Joanna Mason, PA-C, Ms. Lauren English, Phyllis

BOARD MINUTES
SEPTEMBER 19, 2019
Page 3

Johnson, Board of Nursing, Tristen Harris, PA-C, Leah Calder, PA-C, Mr. Gavin Nowell, Mr. Jonathan Dalton, Maj Gen Hearon

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

6. Rules, Regulation & Legislative: Dr. Miles (Chair), Dr. Gersh, Dr. Joiner, Dr. Owens, Dr. Lippincott, Mr. Breland, Ms. Hope Ladner

Dr. Miles reported the Committee had met and discussed an agreement to table the proposed regulation, Part 2635 Chapter 15, Hospice Practice, Rule 15.1, In-Home Hospice Good Faith.

Dr. Miles then reported the Committee discussed and final adopted the following;

- Part 2635, Chapter 5, Practice of Telemedicine, Rule 5.1, Definitions
- Part 2635, Chapter 5, Practice of Telemedicine Rule 5.7, Consultative Physician Limited
- Part 2635, Chapter 5, Practice of Telemedicine Rule 5.9, Automated Dispensaries
- Part 2640 Chapter 1, Prescribing, Administering and Dispensing, Rule 1.9 Requirements for Dispensing Physicians

Repealed, Policy: 3.03 Complementary and Alternative Medicine because this had been recently adopted as regulation.

Dr. Rea called for a vote to accept the proposed regulation and to adopt the reported regulations as recommended by the Rules, Regulation & Legislative Committee, and the Board unanimously voted to accept.

Medical Licensure Modernization (MLM) Bill Review

Dr. Miles reported the Committee reviewed and accepted the updates made to the Bill. Dr. Rea called for a vote to accept the updates made to the MLM Bill as recommended by the Rules, Regulation & Legislative Committee, and the Board unanimously voted to accept.

AUTHORIZATION TO ISSUE INVESTIGATIVE SUBPOENAS PURSUANT TO MISS CODE ANN. §73-25-27, PERTAINING TO AN INVESTIGATION OF A LICENSE IN CASE NUMBER 2019-205.

A motion was made by Dr. Lippincott, seconded by Dr. Miles and carried to close the meeting to consider whether to enter into executive session on this matter.

BOARD MINUTES
SEPTEMBER 19, 2019
Page 4

A motion by Dr. McClendon, seconded by Dr. Miles and carried to enter into executive session for the purpose to consider an investigative subpoena should be issued in Case number 2019-205 regarding allegations of misconduct or violations of law.

Upon a motion by Dr. Gersh, seconded by Dr. Miles and carried, the Board came out of executive session at which time Dr. Owens reported the Board authorized the issuance of the investigative subpoenas as necessary on this matter in case number 2019-205. This motion was made by Dr. Gersh and seconded by Dr. Miles and carried.

Dr. Rea advised that Gloria Green, Special Assistant Attorney General, will serve as the Hearing Officer for all Hearings.

HEARING IN THE CASE OF KANG LU, M.D., CRESTVIEW, FLORIDA, MEDICAL LICENSE NUMBER 22250

Dr. Lu was served with an Order of Temporary Suspension temporarily suspending his medical license pending the outcome of a hearing. Mr. Ingram advised Dr. Lu has requested a continuance in this matter.

A motion was made by Dr. Lippincott, seconded by Dr. Owens and carried unanimously to grant a continuance in this matter, subject to the Board's Order of Temporary Suspension.

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

The official account of this proceeding was recorded by Melissa Magee, Court Reporter, Aspire Reporting, LLC.

HEARING IN THE CASE OF ROBERT K. OZON, M.D., GULFPORT, MS, MEDICAL LICENSE NUMBER 17909

Mr. Ingram introduced Dr. Ozon and advised he is appearing to petition the Board for removal of restrictions on his medical license. Dr. Ozon was present without legal counsel. Ms. Green asked Dr. Ozon if he understands that he had to right to legal representation and if he wanted to waive his right to an attorney and proceed without legal counsel and Dr. Ozon stated in the affirmative.

Dr. Ozon was sworn in by the court reporter.

Mr. Ingram introduced documents into the record.

Mr. Ingram summarized and provided to the Board a brief background regarding Dr. Ozon's improper collaborative practice with a CRNA and failure to obtain an appropriate approval to collaborate with an APRN in a free standing clinic which resulted

BOARD MINUTES
SEPTEMBER 19, 2019
Page 5

in a Consent Order dated November 13, 2013, prohibiting him from collaborating with an APRN or mid-level provider.

On July 16, 2015, Dr. Ozon petitioned the Board to obtain authority to collaborate with mid-level providers. The Board denied his petition based on evidence and that Dr. Ozon acknowledged he allowed an APRN to perform invasive procedures in his clinic utilizing an emergency room physician as the primary collaborator whose practice was not compatible with that particular procedure.

Dr. Ozon addressed the Board and briefly provided the Board with a summary of his practice and continuing medical education since his last appearance before the Board. Dr. Ozon answered questions by the Board members.

Following questions from Board members, a motion was made by Dr. McClendon, seconded by Dr. Owens and carried that the Board meeting be closed to discuss whether to enter into executive session on this matter.

A motion was made by Dr. Owens, seconded by Dr. Miles and carried that the Board enter into executive session. The Board entered into executive session for the purpose of considering whether or not restrictions be lifted from Dr. Ozon's medical license which the consideration could lead to an appeal of the Board's decision.

Upon a motion by Dr. Kinard, seconded by Dr. Joiner and carried, the Board came out of Executive Session. Dr. Rea asked Dr. Owens to report on its decision. Dr. Owens advised that the Board denied Dr. Ozon's request. The Board found that Dr. Ozon has not proven that he understands the role and responsibilities of collaborative relationship. This motion was made by Dr. Miles and seconded by Dr. Lippincott and carried.

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

The official account of this proceeding was recorded by Melissa Magee, Court Reporter, Aspire Reporting, LLC.

MAJ GEN HEARON ARRIVED AT THE MEETING AT 10:35 A.M.

**HEARING IN THE CASE OF JAMES O. WILDE, JR., M.D., CHARLESTON, MS,
MEDICAL LICENSE NUMBER 22475**

Mr. Ingram introduced Dr. Wilde and advised he is appearing to petition the Board for removal of restrictions on his medical license. Dr. Wilde was present without legal counsel. Ms. Green asked Dr. Wilde if he understands that he had to right to legal representation and if he wanted to waive his right to an attorney and proceed without legal counsel and Dr. Wilde stated in the affirmative.

Mr. Ingram introduced documents into the record.

BOARD MINUTES
SEPTEMBER 19, 2019
Page 6

Mr. Ingram summarized and provided to the Board a brief background which resulted in a Consent Order dated September 22, 2016, prohibiting him from collaborating with an APRN or mid-level providers.

Dr. Wilde was sworn in by the court reporter.

Dr. Wilde addressed the Board and answered questions by Board members.

Following questions from Board members, a motion was made by Dr. Miles, seconded by Dr. Edney and carried that the Board meeting be closed to discuss whether to enter into executive session on this matter.

A motion was made by Dr. Lippincott, seconded by Dr. Miles and carried that the Board enter into executive session. The Board entered into executive session for the purpose of considering whether or not restrictions be lifted from Dr. Wilde's medical license which the consideration could lead to an appeal of the Board's decision.

Upon a motion by Dr. Owens, seconded by Dr. Gersh and carried, the Board came out of Executive Session. Dr. Rea asked Dr. Owens to report on its decision. Dr. Owens advised that the Board grants Dr. Wilde's petition to remove the restriction from Dr. Wilde's license. This motion was made by Dr. Miles and seconded by Dr. Owens and carried.

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

The official account of this proceeding was recorded by Melissa Magee, Court Reporter, Aspire Reporting, LLC.

HEARING IN THE CASE OF ROGER COLLINS, M.D., JACKSON, MS, MEDICAL LICENSE NUMBER 08566

Mr. Ingram advised the Board that Dr. Collins had been summoned before the Board based upon a summons and affidavit charging him with fifteen (15) counts of violations of the medical practice act all pertaining to Schedule IV and other controlled medications primarily benzodiazepines since he did not have a DEA certificate for Schedules II and III. However, Dr. Collins met with the Executive Director in a settlement conference and chose to retire his medical license. Dr. Collins executed an Agreement to Retire Medical License, effective October 11, 2019.

A motion was made by Dr. Miles, seconded by Dr. McClendon and carried unanimously to accept the Agreement to Retire Medical License.

A copy of the Agreement to Retire Medical License is attached hereto and incorporated by reference.

The official account of this proceeding was recorded by Melissa Magee, Court Reporter, Aspire Reporting, LLC.

**HEARING IN THE CASE OF IKECHUKWU H. OKORIE, M.D., HATTIESBURG, MS,
MEDICAL LICENSE NUMBER 19875**

Mr. Ingram introduced Dr. Okorie and advised he is appearing to petition the Board for removal of restrictions on his medical license. Dr. Okorie was present without legal counsel. Ms. Green asked Dr. Okorie if he understands that he had to right to legal representation and if he wanted to waive his right to an attorney and proceed without legal counsel and Dr. Okorie stated in the affirmative.

Dr. Okorie is sworn in sworn in by the court reporter.

Mr. Ingram asked Dr. Okorie if he had any objection to Dr. Kinard who served as an expert witness for the Board during his previous hearing and Dr. Gersh who practices in Hattiesburg to participate in this hearing. Dr. Okorie stated he had no objections to Dr. Kinard and Dr. Gersh participating in this hearing.

Mr. Ingram summarized and provided to the Board a brief background regarding Dr. Okorie's history with the Board. Mr. Ingram entered composite exhibit into the record. Mr. Ingram advised that this is Dr. Okorie's petition to lift the restriction to treat chronic pain and addiction patients on his license.

Dr. Okorie entered documents into the record. He addressed the Board and answered questions by the Board members.

Following questions from Board members, a motion was made by Dr. Miles, seconded by Dr. Owens and carried that the Board meeting be closed to discuss whether to enter into executive session on this matter.

A motion was made by Dr. Gersh, seconded by Dr. Kinard and carried that the Board enter into executive session. The Board entered into executive session to consider whether or not restrictions be lifted from Dr. Okorie's medical license which the consideration could lead to an appeal of the Board's decision.

Upon a motion by Dr. Miles, seconded by Dr. Owens and carried, the Board came out of Executive Session. Dr. Rea asked Dr. Owens to report on its decision. Dr. Owens advised that the Board grants Dr. Okorie's petition to remove the current restrictions on his medical license. This motion was made by Dr. Gersh and seconded by Dr. McClendon and carried.

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

**BOARD MINUTES
SEPTEMBER 19, 2019
Page 8**

The official account of this proceeding was recorded by Melissa Magee, Court Reporter, Aspire Reporting, LLC.

**NOVEMBER EXECUTIVE COMMITTEE MEETING AND BOARD MEETING DATES
SET FOR NOVEMBER**

The next Board meeting is scheduled for Wednesday, November 13 and Thursday, November 14, 2019.

ADJOURNMENT

There being no further business, the meeting adjourned at 12:08 p.m.



Jeanne Ann Rea, M.D.
President

**Minutes taken and transcribed
By Frances Carrillo
Staff Officer
September 19, 2019**

Mississippi Secretary of State

125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi State Board Of Medical Licensure		CONTACT PERSON Mike Lucius	TELEPHONE NUMBER (601)987-0248	
ADDRESS 1867 Crane Ridge Drive, Suite 200-B		CITY Jackson	STATE MS	ZIP 39216
EMAIL mboard@msbml.ms.gov	SUBMIT DATE 5/13/19	Name or number of rule(s): Part 2635 Chapter 5: Practice of Telemedicine, Rule 5.1		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Rule 5.1 is being modified to clarify the rules regarding the use of telemedicine.

Specific legal authority authorizing the promulgation of rule: 73-43-11

List all rules repealed, amended, or suspended by the proposed rule: Part 2634: Practice of Telemedicine, Rule 5.1

ORAL PROCEEDING:

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

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

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

ECONOMIC IMPACT STATEMENT:

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

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

Printed name and Title of person authorized to file rules: Mike Lucius, Deputy Director

Signature of person authorized to file rules: *Mike Lucius*

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
<div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by _____	<div style="border: 1px solid black; padding: 10px; text-align: center;">  </div> Accepted for filing by <u>#24115</u> <u><i>[Signature]</i></u>	<div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by _____

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Part 2635 Chapter 5: Practice of Telemedicine

Rule 5.1 | Definitions

For the purpose of Part 2635, Chapter 5 only, the following terms have the meanings indicated:

- A. “Physician” means any person licensed to practice allopathic or osteopathic medicine in the state of Mississippi.
- B. “Telemedicine” is the practice of medicine using interactive audio, video, store and forward, or other telecommunications or electronic technology by a licensed health care provider to deliver a health care service within the scope of practice of the health care provider at a site other than the site at which the patient is located, and which is capable of replicating the interaction of a traditional encounter in-person between a provider and a patient. This definition does not include the practice of medicine through postal or courier services.
- C. “Emergency Telemedicine” is a unique combination of telemedicine used in a consultative interaction between a physician board certified, or board eligible, in emergency medicine, and an appropriate skilled health professional (nurse practitioner or physician assistant).
- D. “Primary Center” is any facility providing telemedicine services to Satellite Centers, as defined in definition ‘E’.
- E. “Satellite Center” is any facility receiving telemedicine services from a Primary Center, as defined in definition ‘D’.

Source: Miss. Code Ann., §73-25-34 (1972).

Part 2635 Chapter 5: Practice of Telemedicine

Rule 5.1 | Definitions

For the purpose of Part 2635, Chapter 5 only, the following terms have the meanings indicated:

- A. “Physician” means any person licensed to practice ~~medicine~~ allopathic or osteopathic medicine in the state of Mississippi.
- B. “Telemedicine” is the practice of medicine using ~~electronic communication, information technology, or other means between a physician in one location and a patient in another location with or without an intervening health care provider~~ interactive audio, video, store and forward, or other telecommunications or electronic technology by a licensed health care provider to deliver a health care service within the scope of practice of the health care provider at a site other than the site at which the patient is located, and which is capable of replicating the interaction of a traditional encounter in-person between a provider and a patient. This definition does not include the practice of medicine through postal or courier services.
- C. ~~“Teleemergency Medicine”~~ “Emergency Telemedicine” is a unique combination of telemedicine ~~used in a and the collaborative/consultative role of~~ interaction between a physician board certified, or board eligible, in emergency medicine, and an appropriate skilled health professional (nurse practitioner or physician assistant).
- D. “Primary Center” is any facility providing telemedicine services to Satellite Centers, as defined in definition ‘E’.
- E. “Satellite Center” is any facility receiving telemedicine services from a Primary Center, as defined in definition ‘D’.

Source: Miss. Code Ann., §73-25-34 (1972).

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi State Board Of Medical Licensure		CONTACT PERSON Mike Lucius	TELEPHONE NUMBER (601)987-0248	
ADDRESS 1867 Crane Ridge Drive, Suite 200-B		CITY Jackson	STATE MS	ZIP 39216
EMAIL mboard@msbml.ms.gov	SUBMIT DATE 5/13/19	Name or number of rule(s): Part 2635 Chapter 5: Practice of Telemedicine, Rule 5.7		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Rule 5.7 is being modified to clarify the rules regarding the use of telemedicine in the consultation process with mid-level providers in a hospital setting.

Specific legal authority authorizing the promulgation of rule: 73-43-11

List all rules repealed, amended, or suspended by the proposed rule: Part 2634: Practice of Telemedicine, Rule 5.7

ORAL PROCEEDING:

- ☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____
- ☒ Presently, an oral proceeding is not scheduled on this rule.

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

ECONOMIC IMPACT STATEMENT:

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

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

Printed name and Title of person authorized to file rules: Mike Lucius, Deputy Director

Signature of person authorized to file rules: *Mike Lucius*

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
Accepted for filing by		Accepted for filing by
	Accepted for filing by <u>#24116</u> <i>[Signature]</i>	

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Part 2635 Chapter 5: Practice of Telemedicine

Rule 5.7 | Consultative Physician Limited

A duly licensed physician may remotely consult with a duly licensed and qualified Advanced Practice Registered Nurse (“APRN”) or Physician’s Assistant (“PA”), who is in a hospital setting, using telemedicine. The physician providing Emergency Telemedicine must be either board certified or board eligible in emergency medicine, provided that the Board may waive this requirement under extra ordinary circumstances.

For the purposes of Emergency Telemedicine services, licensees will only be authorized to provide the aforementioned services to those emergency departments of licensed hospitals who have an average daily census of fifty (50) or fewer acute care/medical surgical occupied beds as defined by their Medicare Cost Report. Exceptions may be considered by the Board for physicians affiliated with facilities maintaining greater than fifty (50) beds, but not more than one-hundred (100) beds.

Satellite Centers who receive telemedicine services/assistance from a Primary Center must have a transfer agreement with a facility that offers a higher level of care, in order to send any patients who require transfer for a higher level of care.

Source: Miss. Code Ann., §73-25-34 (1972)

Part 2635 Chapter 5: Practice of Telemedicine

Rule 5.7 | ~~Collaborative/Consultative Physician Limited~~

A duly licensed physician may remotely consult with a duly licensed and qualified Advanced Practice Registered Nurse (“APRN”) or Physician’s Assistant (“PA”), who is in a hospital setting, using telemedicine. The physician providing Emergency Telemedicine must be either board certified or board eligible in emergency medicine, provided that the Board may waive this requirement under extra ordinary circumstances.

~~No physician practicing Telemergency medicine shall be authorized to function in a collaborative/consultative role as outlined in Part 2630, Chapter 1 unless his or her practice location is a Level One Hospital Trauma Center that is able to provide continuous twenty-four hour coverage and has an existing air ambulance system in place. Coverage will be authorized only~~ For the purposes of Emergency Telemedicine services, licensees will only be authorized to provide the aforementioned services to those emergency departments of licensed hospitals who have an average daily census of ~~thirty (30)~~ fifty (50) or fewer acute care/medical surgical occupied beds as defined by their Medicare Cost Report. Exceptions may be considered by the Board for physicians affiliated with facilities maintaining greater than fifty (50) beds, but not more than one-hundred (100) beds.

Satellite Centers who receive telemedicine services/assistance from a Primary Center must have a transfer agreement with a facility that offers a higher level of care, in order to send any patients who require transfer for a higher level of care.

Source: Miss. Code Ann., §73-25-34 (1972)

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi State Board of Medical Licensure		CONTACT PERSON Mike Lucius	TELEPHONE NUMBER 601-987-0248	
ADDRESS 1867 Crane Ridge Drive, Suite 200-B		CITY Jackson	STATE MS	ZIP 39216
EMAIL mboard@msbml.ms.gov	SUBMIT DATE 7/30/19	Name or number of rule(s): Part 2635 Chapter 5: Practice of Telemedicine, Rule 5.9		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: New rule to establish practice requirements for physicians who wish to dispense medications via technology/automated systems via telemedicine.

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

List all rules repealed, amended, or suspended by the proposed rule: None

ORAL PROCEEDING:

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

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

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

ECONOMIC IMPACT STATEMENT:

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

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

Printed name and Title of person authorized to file rules: Mike Lucius, Deputy Director

Signature of person authorized to file rules: *Mike Lucius*

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
Accepted for filing by	<div align="center"> </div> Accepted for filing by <u><i>[Signature]</i></u> <u>#24294</u>	Accepted for filing by

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Part 2635 Chapter 5: Practice of Telemedicine

Rule 5.9 | Automated Dispensaries

Recognizing the emergence of sophisticated technology which allows certain levels of automation to the usual and customary process of seeing a provider, to include obtaining a prescription and then filling that prescription at a pharmacy, automated dispensary systems which provide the patient's medications pursuant to a valid telemedicine visit with a licensee of the Board will not be considered in violation of Part 2640, Rule 1.9 *Requirements for Dispensing Physicians*. Any physician utilizing the automated dispensary will be responsible for the proper maintenance and inventory/accountability requirements as if the physician were personally dispensing the medications to the patient from his or her stock in their personal practice, as required in Rule 1.9 of Part 2640. An automated dispensary may not dispense controlled substances, and refills of medications may not be issued without a follow-up visit with the physician.

Any automated dispensaries under the control of, and whose medications are ordered and supplied by, a Mississippi licensed pharmacist would not necessitate physician oversight into the dispensary process. In this sense, physicians are encouraged to utilize a pharmacist for control over the dispensary process, and to not order medications by using the physician's information – which would otherwise invoke the requirements of Part 2640, Rule 1.9. Further, and recognizing that Physician Assistants (PA) may not dispense, no PAs may utilize such a device unless the stock is maintained and ordered by a licensed pharmacist.

Of paramount importance to any automated dispensary process is the continued emphasis on a patient's freedom of choice, as it pertains to selecting a pharmacy to fill any prescriptions authorized. The failure of any system utilizing an automated dispensary to appropriately advise the patient of their right to choose where their medications are filled will constitute a violation of Part 2640, Rule 1.12 *Freedom of Choice*.

Any telemedicine service devices or systems which contain automated dispensaries, containing medications ordered and maintained by physician licensees, shall be subject to the oversight of the Board and the Mississippi Board of Pharmacy, as stated in Part 2640, Rule 1.9, and may not operate in this state until approved by both Boards.

Part 2635 Chapter 5: Practice of Telemedicine

Rule 5.9 / Automated Dispensaries

Recognizing the emergence of sophisticated technology which allows certain levels of automation to the usual and customary process of seeing a provider, to include obtaining a prescription and then filling that prescription at a pharmacy, automated dispensary systems which provide the patient's medications pursuant to a valid telemedicine visit with a licensee of the Board will not be considered in violation of Part 2640, Rule 1.9 *Requirements for Dispensing Physicians*. Any physician utilizing the automated dispensary will be responsible for the proper maintenance and inventory/accountability requirements as if the physician were personally dispensing the medications to the patient from his or her stock in their personal practice, as required in Rule 1.9 of Part 2640. An automated dispensary may not dispense controlled substances, and refills of medications may not be issued without a follow-up visit with the physician.

Any automated dispensaries under the control of, and whose medications are ordered and supplied by, a Mississippi licensed pharmacist would not necessitate physician oversight into the dispensary process. In this sense, physicians are encouraged to utilize a pharmacist for control over the dispensary process, and to not order medications by using the physician's information – which would otherwise invoke the requirements of Part 2640, Rule 1.9. Further, and recognizing that Physician Assistants (PA) may not dispense, no PAs may utilize such a device unless the stock is maintained and ordered by a licensed pharmacist.

Of paramount importance to any automated dispensary process is the continued emphasis on a patient's freedom of choice, as it pertains to selecting a pharmacy to fill any prescriptions authorized. The failure of any system utilizing an automated dispensary to appropriately advise the patient of their right to choose where their medications are filled will constitute a violation of Part 2640, Rule 1.12 *Freedom of Choice*.

Any telemedicine service devices or systems which contain automated dispensaries, containing medications ordered and maintained by physician licensees, shall be subject to the oversight of the Board and the Mississippi Board of Pharmacy, as stated in Part 2640, Rule 1.9, and may not operate in this state until approved by both Boards.

Part 2635 Chapter 5: Practice of Telemedicine

Rule 5.9 / Automated Dispensaries

Recognizing the emergence of sophisticated technology which allows certain levels of automation to the usual and customary process of seeing a provider, to include obtaining a prescription and then filling that prescription at a pharmacy, automated dispensary systems which provide the patient's medications pursuant to a valid telemedicine visit with a licensee of the Board will not be considered in violation of Part 2640, Rule 1.9 *Requirements for Dispensing Physicians*. Any physician utilizing the automated dispensary will be responsible for the proper maintenance and inventory/accountability requirements as if the physician were personally dispensing the medications to the patient from his or her stock in their personal practice, as required in Rule 1.9 of Part 2640. An automated dispensary may not dispense controlled substances, and refills of medications may not be issued without a follow-up visit with the physician.

Of paramount importance to any automated dispensary process is the continued emphasis on a patient's freedom of choice, as it pertains to selecting a pharmacy to fill any prescriptions authorized. The failure of any system utilizing an automated dispensary to appropriately advise the patient of their right to choose where their medications are filled will constitute a violation of Part 2640, Rule 1.12 *Freedom of Choice*.

Any telemedicine service devices or systems which contain automated dispensaries, containing medications ordered and maintained by physician licensees, shall be subject to the oversight of the Board and the Mississippi Board of Pharmacy, as stated in Part 2640, Rule 1.9, and may not operate in this state until approved by both Boards.

Part 2635 Chapter 5: Practice of Telemedicine***Rule 5.9 / Automated Dispensaries***

Recognizing the emergence of sophisticated technology which allows certain levels of automation to the usual and customary process of seeing a provider, to include obtaining a prescription and then filling that prescription at a pharmacy, automated dispensary systems which provide the patient's medications pursuant to a valid telemedicine visit with a licensee of the Board will not be considered in violation of Part 2640, Rule 1.9 *Requirements for Dispensing Physicians*. Any physician utilizing the automated dispensary will be responsible for the proper maintenance and inventory/accountability requirements as if the physician were personally dispensing the medications to the patient from his or her stock in their personal practice, as required in Rule 1.9 of Part 2640. An automated dispensary may not dispense controlled substances, and refills of medications may not be issued without a follow-up visit with the physician.

~~Any automated dispensaries under the control of, and whose medications are ordered and supplied by, a Mississippi licensed pharmacist would not necessitate physician oversight into the dispensary process. In this sense, physicians are encouraged to utilize a pharmacist for control over the dispensary process, and to not order medications by using the physician's information which would otherwise invoke the requirements of Part 2640, Rule 1.9. Further, and recognizing that Physician Assistants (PA) may not dispense, no PAs may utilize such a device unless the stock is maintained and ordered by a licensed pharmacist.~~

Of paramount importance to any automated dispensary process is the continued emphasis on a patient's freedom of choice, as it pertains to selecting a pharmacy to fill any prescriptions authorized. The failure of any system utilizing an automated dispensary to appropriately advise the patient of their right to choose where their medications are filled will constitute a violation of Part 2640, Rule 1.12 *Freedom of Choice*.

Any telemedicine service devices or systems which contain automated dispensaries, containing medications ordered and maintained by physician licensees, shall be subject to the oversight of the Board and the Mississippi Board of Pharmacy, as stated in Part 2640, Rule 1.9, and may not operate in this state until approved by both Boards.

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi State Board of Medical Licensure		CONTACT PERSON Mike Lucius	TELEPHONE NUMBER 601-987-0248	
ADDRESS 1867 Crane Ridge Drive, Suite 200-B		CITY Jackson	STATE MS	ZIP 39216
EMAIL mboard@msbml.ms.gov	SUBMIT DATE 7/30/19	Name or number of rule(s): Parl 2635 Chapter 15: Hospice Practice, Rule 15.1		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: New rule to establish practice standards for physicians practicing as a Hospice Medical Director.

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

List all rules repealed, amended, or suspended by the proposed rule: None

ORAL PROCEEDING:

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

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

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

ECONOMIC IMPACT STATEMENT:

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

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

Printed name and Title of person authorized to file rules: Mike Lucius, Deputy Director

Signature of person authorized to file rules: *Mike Lucius*

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
Accepted for filing by		Accepted for filing by
	Accepted for filing by <u>#24295</u> <i>[Signature]</i>	

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Part 2635 Chapter 15: Hospice Practice

Rule 15.1 In-Home Hospice Good Faith

Recognizing the unique team-based approach utilized when treating in-home hospice patients, the following represents four factors required to establish a proper physician-patient relationship:

- i) The medical director must receive an order from the treating/referring physician requesting the patient be admitted for hospice care;
- ii) That the treating hospice physician or medical director has thoroughly reviewed the medical records of the patient, as provided by the referring physician, has documented the review, and has determined just cause exists for hospice admission (expected death in six months or less), with documented follow-up review at every certification period thereafter;
- iii) That the actions of the physician are otherwise deemed within the course of legitimate professional practice, as defined by the Centers for Medicare and Medicaid Services (CMS); and
- iv) That the physician's live-discharge rate for hospice patients does not exceed twenty (20) percent.

It shall be considered unprofessional conduct for a medical director to participate in active recruitment for patient admission to hospice.

Nothing in this section shall preclude a hospice physician from fulfilling their duties to provide physician services as needed to hospice patients.

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi State Board of Medical Licensure		CONTACT PERSON Mike Lucius	TELEPHONE NUMBER 601-987-0248	
ADDRESS 1867 Crane Ridge Drive, Suite 200-B		CITY Jackson	STATE MS	ZIP 39216
EMAIL mboard@msbml.ms.gov	SUBMIT DATE 7/30/19	Name or number of rule(s): Part 2640 Chapter 1: Rules Pertaining to Prescribing, Administering and Dispensing Medication, Rule 1.9 Requirements for Dispensing Physicians		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Amendment of existing rules regarding physicians who wish to dispense medications from their practice. The amendment will remove existing requirements and create new requirements for physicians who wish to dispense medications.

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

List all rules repealed, amended, or suspended by the proposed rule: Rule 1.9 Labeling Requirements for Dispensing Physicians

ORAL PROCEEDING:

- ☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____
- ☒ Presently, an oral proceeding is not scheduled on this rule.

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

ECONOMIC IMPACT STATEMENT:

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

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

Printed name and Title of person authorized to file rules: Mike Lucius, Deputy Director

Signature of person authorized to file rules: *Mike Lucius*

OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP <div style="border: 1px solid black; padding: 10px;">  </div>	OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Accepted for filing by	Accepted for filing by <u>#24296</u>	Accepted for filing by

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Part 2640: Prescribing, Administering and Dispensing

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

Rule 1.9 Requirements for Dispensing Physicians.

For the purposes of this rule, a “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.

Prepackaged samples or starter packs in their original packages or containers need only have the patient name, date distributed, and physician’s name if the manufacturer’s packaging meets other requirements.

Effective January 1, 2020, physicians who wish to dispense must register with the Board. To obtain a certificate to dispense medications, a physician must first obtain ten (10) hours of Category 1 AMA or AOA approved CME in the area of Pharmacology and/or Dispensing of Medication.

After obtaining a certificate from the Board, the physician is then required to register with the Mississippi Board of Pharmacy and obtain the requisite permit(s) to dispense medications. The physician shall be subject to routine inspections by agents and representatives of the Board of Pharmacy, and they shall be subject to all regulations set forth by the Board of Pharmacy regarding the proper handling, labeling, and dispensing of medications.

No physician may delegate dispensing authority to another person. A physician must personally dispense the medication. For the purpose of this regulation, “personally dispense” means the physician must actually obtain the medication, prepare, count, place the same into the appropriate container and affix the appropriate label to the container.

A single physician dispenser may not share or otherwise allow other practitioners to utilize medications or inventory ordered under their authority. Proper transference of medications may take place pursuant to regulations set forth by the Pharmacy Board. Refills of medications may not be issued without a follow-up visit with the 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 1.9 ~~Labeling Requirements for Dispensing Physicians.~~

For the purposes of this rule, a “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.

~~Every dispensing physician, as defined above, who dispenses a controlled substance, legend drug or any other medication must insure that all such substances dispensed be labeled containing the following information:~~

- ~~A. The name of the patient to whom the medication was dispensed.~~
- ~~B. The date that the medication was dispensed.~~
- ~~C. The name, strength and quantity of the medication.~~
- ~~D. Direction for taking or administering the medication.~~
- ~~E. The name and address of the physician dispensing the medication.~~

~~The label required by this rule must be written in legible handwriting or typed and must be permanently affixed to the package or container in which the medication is dispensed. Prepackaged samples or starter packs in their original packages or containers need only have the patient name, date distributed, and physician's name if the manufacturer's packaging meets other requirements.~~

Effective January 1, 2020, physicians who wish to dispense must register with the Board. To obtain a certificate to dispense medications, a physician must first obtain ten (10) hours of Category 1 AMA or AOA approved CME in the area of Pharmacology and/or Dispensing of Medication.

After obtaining a certificate from the Board, the physician is then required to register with the Mississippi Board of Pharmacy and obtain the requisite permit(s) to dispense medications. The physician shall be subject to routine inspections by agents and representatives of the Board of Pharmacy, and they shall be subject to all regulations set forth by the Board of Pharmacy regarding the proper handling, labeling, and dispensing of medications.

No physician may delegate dispensing authority to another person. A physician must personally dispense the medication. For the purpose of this regulation, “personally dispense” means the physician must actually obtain the medication, prepare, count, place the same into the appropriate container and affix the appropriate label to the container.

A single physician dispenser may not share or otherwise allow other practitioners to utilize medications or inventory ordered under their authority. Proper transference of medications may take place pursuant to regulations set forth by the Pharmacy Board. Refills of medications may not be issued without a follow-up visit with the physician.

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

permit referral to a non-contracting medical specialist, diagnostic or treatment facility or hospital, and the physician believes that the patient's best interest will be served by

a specialist, facility or hospital outside of the contractual relationship, the physician has an ethical and contractual obligation to inform the patient of this fact. The physician should so inform the patient so that the patient may decide whether to accept the outside referral at his or her own expense or confine herself or himself to the services available within the HMO, PPO or other business arrangement.

7. Licensed physicians shall have the sole responsibility for approval of any and all public communications or advertisements, and these communications and/or advertisements must be in full compliance at all times with Board requirements relating to Physician Advertisements.
8. Pursuant to Miss. Code Ann. Section 79-10-31, shareholders of a professional corporation rendering medical services shall only be licensed physicians.

The above policy statement was adopted utilizing language set forth in the current opinions of the Council on Ethical and Judicial Affairs of the American Medical Association (Sections 8.13 and 9.06). **Revised by the Board of Medical Licensure on May 16, 1996, and September 20, 2001.**

3.03 Complementary and Alternative Medicine

Complementary and Alternative Medicine is 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, and that provide a reasonable potential for therapeutic gain in a patient's medical condition and that are not reasonably outweighed by the risk of such methods.

The Mississippi State Board of Medical Licensure is aware that an increasing and significant number of citizens of Mississippi are seeking complementary and alternative medicine in their health care. The Board recognizes that physicians are increasingly incorporating complementary and alternative medicine in their care of patients. The Board recognizes that innovative practices that could benefit patients and improve care should be given reasonable and responsible degrees of latitude. Abusive criticism of alternative practitioners and threats to their licensure solely because they offer their patients an integrated practice will not be tolerated. On the other hand, the Mississippi State Board of Medical Licensure is aware of the Attorney General's findings that consumer fraud does occur in the practice of medicine. If consumer protection means anything, it should protect people weakened by illness from the dangers attendant to unsound, invalidated health practices. The Board is concerned with whether it is proper for physicians and providers to offer, agree to manage jointly or to accede to patient demands for alternative medicine that may not be particularly harmful, but for which little or no proof of potential benefit exist. The Board feels that physicians and providers should never accede to invalidated treatments. The Board does believe that physicians may incorporate nonvalidated treatments if research results are very promising, if the physician believes that a particular patient may benefit, if the risk of harm is very low, and if the physician adheres to the conventions that govern the doctrine of informed

consent for nonvalidated treatment. The Board will continue to protect the citizens of the State of Mississippi by:

1. Ensuring that licensees employ and document the medical model in their overall evaluation and treatment of the patient (i.e., history, physical, diagnosis, plan of treatment, and periodic assessment and follow up).
2. Ensuring that the licensee has the requisite training and skills to perform the particular procedure.
3. Ensuring that licensees honestly and fully explain the various procedures available for treatment of the particular condition, to include the risk and benefits of such treatment option or procedure.
4. Carefully scrutinizing any treatment which results in harm to the patient.

The Board believes this policy finds support in traditional ethical principles and is not outweighed by the competing principle of patient autonomy. **Adopted January 18, 2001.**

3.04 Application Valid for One Year

It is the policy of the Mississippi State Board of Medical Licensure that an application is valid for 365 days from date of receipt. After 365 days, if applicant has not received a permanent Mississippi medical license, the application file will be considered obsolete and applicant will have to reapply for licensure, including, but not limited to, all fees, certifications, verifications and references. **Adopted January 18, 2001.**

3.05 Continuing Medical Education Exemption for Physicians in a Residency or Fellowship Program

Physicians participating in an ACGME approved residency or fellowship program for at least one year of the two year CME period may be exempt from acquiring the required forty hours of CME for renewal. **Adopted April 18, 2002.**

3.06 Unreferred Diagnostic Screening Tests

It is the opinion of the Mississippi State Board of Medical Licensure that any medical act that results in a written or documented medical opinion, order or recommendation that potentially affects the subsequent diagnosis or treatment of a patient constitutes the practice of medicine in this state. Further, any physician who renders such a medical opinion, order or recommendation assumes a doctor-patient relationship with that patient and is responsible for continuity of care of that patient. Failure to provide this continuity of care will be deemed to be unprofessional conduct. The obligation to insure continuity of care does not apply in those instances where the physician rendering the medical opinion, order or recommendation has been called in by another treating physician solely for consultation purposes. **Adopted July 18, 2002. Amended January 15, 2003.**

3.07 Internal Medicine/Pediatrics Combined Programs Accreditation

Information received from ACGME indicates that “combined programs” in Internal Medicine/Pediatrics are not accredited. It is the policy of the Board of Medical Licensure

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
IN THE MATTER OF THE PHYSICIAN'S LICENSE
OF
KANG LU, M.D.

ORDER OF CONTINUANCE


THIS MATTER came on regularly for hearing on September 19, 2019, before Mississippi State Board of Medical Licensure, in response to a request for continuance of the hearing set for this date made by Kang Lu, M.D. (hereinafter "Licensee"). After consideration of the matter, the Board finds Licensee's motion to be well taken.

IT IS, THEREFORE, ORDERED, that this matter is continued until November 14, 2019 at 10:00 a.m.

IT IS FURTHER ORDERED, that pending the hearing on this matter, the Order of Temporary Suspension issued by the Board on September 4, 2019 shall remain in full force and effect, such that Licensee shall be prohibited from practicing medicine in the state of Mississippi.

SO ORDERED, this the 19th day of September, 2019.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY: 

Jeanne Ann Rea, M.D., President

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

OF

ROBERT KENT OZON, M.D.

ORDER DENYING REMOVAL OF LICENSURE RESTRICTIONS

THIS MATTER came on regularly for hearing on September 19, 2019, before the Mississippi State Board of Medical Licensure (hereinafter "Board"), pursuant to Title 73, Chapter 25 of Mississippi Code (1972) Annotated. Robert Kent Ozon, M.D. (hereinafter "Licensee") initiated these proceedings by submitting his request for removal of all restrictions on his license imposed by virtue of that certain Consent Order with the Board, dated November 13, 2013, wherein Licensee was prohibited from collaborating with any mid-level providers, including APRN's, CRNA's and PA's for a minimum of one (1) year and further required to complete continuing medical education in the area of prescribing 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 the proceedings were Jeanne Ann Rea, M.D., President; David W. McClendon, M.D.; Michelle Y. Owens, M.D.; Charles D. Miles, M.D., Ken Lippincott, M.D.; Kirk L. Kinard, D.O.; H. Allen Gersh, M.D.; Daniel Edney, M.D. and Thomas Joiner, M.D.

Based on the exhibits introduced and testimony presented, the Board finds that Licensee, while completing all of the required continuing medical education, still lacks the basic understanding and insight needed to properly collaborate with mid-level providers.

Stated differently, Licensee continues to express very little if any insight as to the relationship between a collaborating physician and mid-level providers.

NOW THEREFORE, IT IS ORDERED, that the request of Robert Kent Ozon, M.D. for removal of restriction on his license is hereby denied. Dr. Ozon shall have the right, but not the obligation, to petition for reconsideration after expiration of at least one (1) year from the date of this Order.

IT IS FURTHER ORDERED that pursuant to Section 73-25-27, a copy of this Order shall be sent by registered mail or personally served upon Robert Kent Ozon, M.D.

SO ORDERED, this the 19th day of September, 2019.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY: 
Jeanne Ann Rea, M.D., President

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

OF

JAMES O. WILDE, M.D.

ORDER REMOVING ALL RESTRICTIONS ON LICENSE

THIS MATTER came on regularly for hearing on September 19, 2019, before the Mississippi State Board of Medical Licensure, in response to the petition of James O. Wilde, M.D. (hereinafter "Licensee"), seeking removal of all restrictions on his license to the 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 the proceedings were Jeanne Ann Rea, M.D., President; David W. McClendon, M.D.; Michelle Y. Owens, M.D.; Charles D. Miles, M.D., Ken Lippincott, M.D.; Kirk L. Kinard, D.O.; H. Allen Gersh, M.D.; Daniel Edney, M.D. and Thomas Joiner, M.D.

By virtue of that certain Consent Order dated September 20, 2016, certain restrictions were imposed on Licensee's certificate to practice medicine in the state of Mississippi, said restrictions pertaining primarily with Licensee's collaboration with mid-level providers. The Board is now in receipt of a request by Licensee to remove said restrictions along with proof that all requirements, including Continuing Medical Education have been satisfied. Based on his testimony, Licensee expressed a clear understanding

of the collaborative relationship between physicians and mid-level providers. Therefore, the Board, after hearing said request, finds the same to be well-taken.

IT IS HEREBY ORDERED, that Licensee's request for removal of all restrictions on his license to practice medicine is hereby granted. Licensee now holds an unrestricted license to practice medicine in the State of Mississippi.

IT IS FURTHER ORDERED that pursuant to Section 73-25-27, a copy of this Determination and Order shall be sent by registered mail, or personally served upon James O. Wilde, M.D.

SO ORDERED, this the 19th day of September, 2019.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY:



Jeanne Ann Rea, M.D., President

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

OF

ROGER L. COLLINS, M.D.

AGREEMENT TO RETIRE MEDICAL LICENSE

WHEREAS, I, ROGER L. COLLINS, M.D., am the current holder of Mississippi Medical License No. 08566, issued February 1, 1979, said license number expires on June 30, 2020;

WHEREAS, I was served a Summons and Affidavit on July 26, 2019, setting forth violations of the Mississippi Medical Practice Act as it pertains to the administering, prescribing and dispensing of controlled substances;

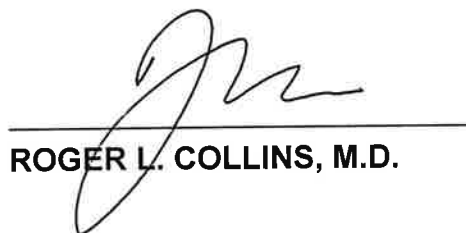
WHEREAS, I have ceased the practice of medicine and, further, have transferred all patient care to other providers;

WHEREAS, in an effort to resolve the pending charges before the Board, it is my wish to voluntarily retire my current license to practice medicine in the State of Mississippi effective October 1, 2019 and surrender any U.S. Drug Enforcement Uniformed Controlled Substance Registration Certificate. I understand that this is in lieu of disciplinary action and, as such, is reportable to National Practitioner Databank;

WHEREAS, pursuant to Mississippi Law and the Rules and Regulations of the Board, I have the right to seek reinstatement of licensure, a right which can only be relinquished by action of the Board or by agreement by and between myself and the Board;

NOW THEREFORE, in order to resolve this matter now pending before the Board, I agree to voluntarily retire my medical license (No. 08566) to practice medicine in the State of Mississippi and understand said retirement shall be effective October 1, 2019 upon execution. I also agree to surrender any U.S. Drug Enforcement Uniformed Controlled Substance Registration Certificate. Furthermore, I agree to not treat any patients after the effective date of this agreement, to include, myself, family members, and friends. I understand this is an unconditional retirement, is reportable to the National Practitioner's Data Bank and other entities such as the Federation of State Medical Boards and is a public record of the State of Mississippi. Lastly, I do hereby agree to not seek renewal of my Medical License and privileges.

EXECUTED, this the 27th day of August 2019, and **EFFECTIVE** October 1, 2019.



Handwritten signature of Roger L. Collins, M.D. in black ink, positioned above a horizontal line.

ROGER L. COLLINS, M.D.

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

IKECHUKWU HYGINUS OKORIE, M.D.

ORDER REMOVING ALL RESTRICTIONS ON LICENSE

THIS MATTER came on regularly for hearing on September 19, 2019, before the Mississippi State Board of Medical Licensure (hereinafter "Board") in response to the request of Ikechukwu Hyginus Okorie, M.D. (hereinafter "Licensee") for removal of all restrictions on his license to practice of 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 the proceedings were Jeanne Ann Rea, M.D., President; David W. McClendon, M.D.; Michelle Y. Owens, M.D.; Charles D. Miles, M.D., Ken Lippincott, M.D.; Kirk L. Kinard, D.O.; H. Allen Gersh, M.D.; Daniel Edney, M.D. and Thomas Joiner, M.D.

Licensee has been the subject of multiple disciplinary actions by the Board, beginning in 2015. However, the Board sees no reason to repeat Licensee's disciplinary history. His last appearance before the Board was on September 20, 2018, wherein Licensee was authorized to return to practice, but prohibited from treating patients for chronic pain or addiction. Taking into consideration Licensee's successful completion of all continued medical education as required by the Board, Licensee's representation to the

Board that he does not wish to operate a pain management practice and the difficulties he has encountered practicing with a restricted license, the Board believes removal of all restrictions is reasonable. Licensee understands that the Board will monitor his practice in the same manner as any other physician in the state of Mississippi who may prescribe controlled substances.

IT IS HEREBY ORDERED, that Licensee's request for removal of all restrictions on his license to practice medicine is hereby granted. Licensee now holds an unrestricted license to practice medicine in the State of Mississippi.

IT IS FURTHER ORDERED that pursuant to Section 73-25-27, a copy of this Determination and Order shall be sent by registered mail, or personally served upon Ikechukwu Hyginus Okorie, M.D.

SO ORDERED, this the 19th day of September, 2019.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY:



Jeanne Ann Rea, M.D., President