

**BOARD MINUTES
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
JANUARY 21, 2021**

The regularly scheduled meeting of the Mississippi State Board of Medical Licensure was held on Thursday January 21, 2021, in Hinds County, 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 via Zoom
Daniel Edney, M.D., Vicksburg
Major General (Ret.) Erik Hearon, Jackson, Consumer Member
Wesley Breland, Hattiesburg, Consumer Member
Shoba Gaymes, Jackson, Consumer Member

ALSO PRESENT:

Stan T. Ingram, Complaint Counsel for the Board
Alexis Morris, Special Assistant Attorney General
Kenneth Cleveland, Executive Director
Mike Lucius, Deputy Director
Anna Boone, Director of Licensure Division
Kristin Wallace, Clinical Director of Physician Compliance
Jonathan Dalton, Interim Investigations Supervisor
Frances Carrillo, Staff Officer

NOT PRESENT:

Thomas Joiner, M.D., Jackson

The meeting was called to order at 9:02 am., by Dr. Rea, President. The invocation was given by Dr. McClendon and the pledge was led by Dr. Miles. Dr. Rea introduced Alexis Morris, Special Assistant Attorney General and Tamra Fulghum, Court Reporter with Brown Court Reporting.

EXECUTIVE DIRECTOR REPORT

Dr. Cleveland provided an updated summary regarding Licensure and Investigative Division operations for the months of November through December 2020.

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Review and Approval of Minutes of the Executive Committee Meeting dated November 18, 2020.

Upon review of the minutes of the Executive Committee Meeting dated November 18, 2020, Dr. Lippincott moved for approval of the minutes as submitted. Dr. Miles seconded the motion and it carried unanimously.

Review and Approval of Minutes of the Board Meeting dated November 18 and 19, 2020.

Upon review of the minutes of the Board Meeting dated November 18 and 19, 2020, Dr. Owens moved for approval of the minutes as submitted. Dr. McClendon seconded the motion and it carried unanimously.

Report of September 16, 2020, Executive Committee Meeting

Dr. Owens reported on the matters discussed by the Executive Committee on January 20, 2021, and recommendations made.

Two matters before the Executive Committee were considered regarding request for waivers. The first request was denied to Applicant, Iyad G. Houshan, M.D., and in the matter of Applicant, Lampros Papadimitriou, M.D., a waiver was granted.

Information pertaining to the Executive Committee's recommendations is included in the Executive Committee minutes, which are attached hereto and incorporated by reference.

A motion was made by Dr. Lippincott, seconded by Dr. Miles, and carried of the Board's decision to ratify the decisions of the Executive Committee's meeting.

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.

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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 the next issue of the Board's newsletter is scheduled to be released next month. 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 Johnson, Board of Nursing, Tristen Harris, PA-C, Leah Calder, PA-C, Mr. Gavin Nowell, Mr. Jonathan Dalton, Maj Gen Hearon

Dr. McClendon advised the Advisory Task Force had their yearly meeting yesterday with the Physician Assistant leadership in the state and to review the updated status for the Physician Assistant schools in the state.

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

Regulation for final approval to submit to the Occupational Licensing Review Commission (OLRC) for consideration

2605 R.3.1 Temporary Licensure

2615 R.1.2 Physician Assistant - Definitions

2615 R.1.7 Physician Assistant - Supervising Physician Ltd

2630 R.1.2 Collaboration with Nurse Practitioners - Definitions

2630 R.1.3 Collaboration with Nurse Practitioners - Duty to Report

2630 R.1.4 Collaboration with Nurse Practitioners - Extended Mileage

2630 R.1.5 Collaboration with Nurse Practitioners - Primary Care Extended Mileage

2630 R.1.6 Collaboration with Nurse Practitioners - Backup Coverage

2630 R.1.7 Collaboration with Nurse Practitioners - Billing for Oversight

2630 R.1.8 Collaboration with Nurse Practitioners - Quality Improvement

2630 R.1.9 Collaboration with Nurse Practitioners - Violation of Rules

2630 R.1.10 Collaboration with Nurse Practitioners - Federal Facilities

A motion was made by Dr. Edney, seconded by Dr. Lippincott, and carried of the Board's decision to final adopt the listed regulation.

Hospice Ad Hoc Committee: Dr. Edney (Chair), Dr. Joiner, Dr. Houston, Dr. Turner, Dr. Gentry

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A request more time to complete the declaratory statement to have available for the March Board Meeting.

**AUTHUR PHILIP FINE, M.D., MISSISSIPPI MEDICAL LICENSE NUMBER 27879,
APPROVAL OF CONSENT ORDER**

Mr. Ingram briefly summarized the Consent Order executed by Dr. Fine. The Consent Order mirrors the action of the West Virginia Board of Medicine issuing a Reprimand for improper prescribing subject to terms and conditions.

Upon a motion by Dr. Owens seconded by Dr. Miles and carried unanimously to accept the Consent Order.

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

The official account of this proceeding was recorded by Tamara Fulgham, Court Reporter, Brown Court Reporting.

**SCOTT TAGGART ROETHLE, M.D., MISSISSIPPI MEDICAL LICENSE NUMBER,
26018, APPROVAL OF CONSENT ORDER**

Mr. Ingram briefly summarized the Consent Order executed by Dr. Roethle. The Consent Order mirrors the action of the Iowa Board of Medicine issuing a Reprimand for failure to conform to minimal standards of acceptable medical practice subject to terms and conditions.

Upon a motion by Dr. Miles seconded by Dr. Owens and carried unanimously to accept the Consent Order.

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

The official account of this proceeding was recorded by Tamara Fulgham, Court Reporter, Brown Court Reporting.

**PURSUANT TO MS CODE §73-25-61 A MATTER FOR REVIEW AND DISCUSSION
TO BE HELD IN EXECUTIVE SESSION DUE TO MATERIAL BEING EXEMPT FROM
THE PUBLIC RECORDS ACT.**

A motion was made by Dr. McClendon, 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. Lippincott and carried that the Board enter into executive session for the purpose of considering confidential information (A request for early termination of MPHP contract) pursuant to the Disabled Physician Law.

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Upon a motion by Dr. Edney, seconded by Dr. Owens and carried, the Board came out of executive session.

Dr. Owens reported that it was the decision of the Board to deny the request for early termination of the MPHP contract.

SHOW CAUSE HEARING IN THE CASE OF YUSUKE YAHAGI, M.D., VICTORIA, TX, APPLICANT

Mr. Ingram advised that Dr. Yahagi has withdrawn his application but reserve the right to reapply for a Mississippi medical license after resolution of his licensure issue in another state.

HEARING IN THE CASE OF FRANK C. WADE, JR., M.D. MAGEE, MS, MISSISSIPPI MEDICAL LICENSE NUMBER 10798

Mr. Ingram advised a request was received from Dr Wade for a continuance who is represented by Mr. John Wade.

Upon a motion by Dr. Owens, seconded by Dr. McClendon and carried unanimously to grant the Continuance until the next regularly scheduled meeting of the Board.

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

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

HEARING IN THE CASE OF SHAWN X. WU, M.D., GULFPORT, MS, MISSISSIPPI MEDICAL LICENSE NUMBER 18988

Mr. Ingram advised a request was received from Dr Wu for a continuance who is represented by Mr. Donald Rafferty.

Upon a motion by Dr. Miles, seconded by Dr. Kinard and carried unanimously to grant the Continuance until the next regularly scheduled meeting of the Board.

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

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

HEARING IN THE CASE OF JEAN MARIE BARKER, M.D., WOODVILLE, MS, MISSISSIPPI MEDICAL LICENSE NUMBER 12431

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Mr. Ingram introduced Dr. Barker and her counsel Ms. Penny Lawson, and advised documents have been pre-marked and ready to be entered into the record.

Dr. Rea introduced Alexis Morris, Special Assistant Attorney General as the hearing officer for this matter. Ms. Morris opened with the introduction of the Board members to document a quorum for the record.

Mr. Ingram placed documents into the record.

Mr. Ingram summarized Dr. Barker's charges and reviewed the exhibits.

Dr. Andrew Watson and Dr. Barker are sworn in by the court reporter.

Mr. Ingram makes an opening statement.

Ms. Lawson addressed the Board with an opening statement.

Dr. Barker was called to the witness stand as an adverse witness by Mr. Ingram and questioned. Dr. Barker briefly summarized her medical training and family practice in Mississippi.

THE BOARD RECESSED FOR LUNCH AT 11:35 AM AND RECONVENED AT 12:35 PM

Dr. Barker returned to the witness stand and she answered questions by Mr. Ingram. Dr. Barker answered questions by the Board.

THE BOARD RECESSED FOR A BREAK AT 1:50 PM AND RETURNED AT 2:01 PM

Dr. Barker returned to the witness stand, several Board members questioned Dr. Barker before she exited the witness stand.

Dr. Watson was called to the witness stand as an expert and sworn in by the court reporter. Dr. Watson summarized his training and certification. Mr. Ingram tendered the witness as an expert in the area of Primary Care. Mr. Ingram questioned Dr. Watson regarding his review of Dr. Barker's patient records.

Mr. Ingram made a closing statement to the Board.

Ms. Lawson made a closing statement to the Board.

A motion was made by Dr. Owens, seconded by Dr. McClendon, and carried that the Board enter into executive session for the purpose of considering adverse actions on Licensee's medical license which could lead to entry of an appealable order.

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Upon a motion by Dr. Miles, seconded by Dr. McClendon and carried, the Board came out of Executive Session at which time Dr. Rea asked Dr. Owens to report on the Board's decision. Dr. Owens advised that the Board finds Licensee guilty on all eight counts. As such, the Board's decision is to suspend her license indefinitely pending a comprehensive neuropsychological evaluation at a board approved facility and a clinical competency evaluation by a board approved entity. Licensee may reappear no sooner than one year from the date of the execution of the order.

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

The official account of this proceeding was recorded by Tammara Fulgham, Court Reporter, Brown Court Reporting.

MARCH BOARD MEETING DATES

Wednesday March 24, and Thursday, March 25, 2021

ADJOURNMENT

There being no further business, the meeting is adjourned at 3:31 pm.


Jeanne Ann Rea, M.D.
President

**Minutes taken and transcribed.
By Frances Carrillo
Staff Officer
January 21, 2021**

**Regulation for final approval to submit to the Occupational Licensing Review
Commission (OLRC) for consideration**

2605 R.3.1 Temporary Licensure

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2630 R.1.10 Collaboration with Nurse Practitioners - Federal Facilities

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 9/29/20	Name or number of rule(s): Part 2605 Chapter 3: Temporary Licensure, Rule 3.1 Temporary Licensure		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Amendment of existing rules regarding temporary licensure issuance. Adding the ability for the Board to approve certain practice sites affiliated with ACGME, AOA or APMA approved postgraduate programs, but which aren't specifically approved by those entities.

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 3.1 Temporary Licensure

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 <div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP <div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>FILED</p> <p>SEP 29 2020</p> <p>Mississippi Secretary of State</p> </div> Accepted for filing by <i>AF</i> 25149	OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Rule 3.1 Temporary Licensure.

A. Mississippi temporary medical or podiatric licenses may be issued to applicants for licensure in Mississippi under the following conditions:

1. A restricted temporary medical or podiatric license may be issued upon proper completion of an application to an applicant who otherwise meets all requirements for licensure except successful completion:
 - a. of the postgraduate training requirements provided in Part 2605, Chapter 1, Rule 1.1 or Chapter 2, Rule 2.1; and/or
 - b. of Step 3 of USMLE, Level 3 of COMLEX, or Part 3 of the APMLE.

Such restricted temporary license shall entitle the physician to practice medicine or podiatric medicine only within the confines of an ACGME, AOA or APMA approved postgraduate training program in this state and may be renewed annually for the duration of the postgraduate training for a period not to exceed five (5) years.

Residents typically practice within the confines of an ACGME, AOA or APMA approved postgraduate training program which may be located in another state, and which meets all requirements as described above. These programs sometimes have affiliated institutions (i.e., hospitals or clinics) located in Mississippi which are not ACGME, AOA or APMA approved sites, but in which the resident needs to rotate as part of their otherwise approved training program. Programs may petition the Board, via its Executive Committee, to approve those affiliated Mississippi locations such that residents of those programs may apply for a temporary license in order to rotate at those facilities.

2. An unrestricted temporary medical license may be issued in an exceptional case to an applicant seeking licensure by credentials. Such an unrestricted temporary license shall remain valid only for a period of time sufficient for applicant to submit required documents and credentials to complete an application for permanent licensure, but in no instance to exceed 30 days.

B. The Board may issue a temporary license to practice medicine for a period not to exceed 90 days at a youth camp licensed by the State Department of Health to any nonresident physician who is not licensed to practice medicine in this state or to any resident physician who is retired from the active practice of medicine in this state while serving as a volunteer at such camp.

1. Nonresident Physician
 - a. must have favorable references from two physicians with whom the applicant has worked or trained within the last year;
 - b. must have written certification from the medical licensing authority in the state in which he or she holds a currently valid license to practice medicine; and
 - c. must submit fee prescribed by the Board.
2. Retired Resident Physician
 - a. must be in good standing with the Board, and
 - b. must submit fee as prescribed by the Board.

- C. The Board may issue a temporary license to practice medicine to physicians who have been admitted for treatment in a drug and/or alcohol treatment program approved by the Board, or who are enrolled in the fellowship of addictionology in the Mississippi State Medical Association Professionals Health Program; provided that, a nonresident applicant shall hold a valid (unrestricted) license to practice medicine in another state and the medical licensing authority of that state shall certify to the Board in writing that such license is in good standing.
1. A temporary license issued under this rule shall be valid for a period of ninety (90) days but may be renewed every ninety (90) days for the duration of the fellowship or treatment program. If the applicant discontinues treatment or leaves the fellowship program, the temporary license shall automatically become null and void. The Board may rescind or extend this temporary license for cause.
 2. A temporary license issued to a physician under this rule shall be limited to the outpatient phase of the treatment program or the time necessary to complete the fellowship of addictionology. The physician to whom the license is issued may administer treatment and care within the scope of the drug and/or alcohol treatment program or fellowship in an institutional setting and shall not otherwise practice in this state.
 3. A physician who has had his or her permanent license to practice in this state revoked or suspended by the Board due to habitual personal use of intoxicating liquors or narcotic drugs, or any other drug having addiction-forming or addiction-sustaining liability, may be granted a temporary license pursuant to this rule provided the temporary license is not in conflict with the prior disciplinary order of the Board rendered against the physician.
 4. The applicant applying for a ninety (90) day temporary license to practice while in treatment in an approved drug and/or alcohol treatment program or while enrolled in the fellowship of addictionology shall pay a fee prescribed by the Board (not to exceed \$50.00) to the Board. No additional fee shall be charged for an extension.

The intent of this rule is that each licensee who prescribes scheduled medications shall have their own individual controlled substance registration certificate issued by the U.S. Drug Enforcement Administration.

Adopted September 13, 1979; amended July 1, 1981; amended March 16, 1995; amended May 17, 2007; amended March 20, 2015; and amended January 22, 2019.

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

Rule 3.1 Temporary Licensure.

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1. A restricted temporary medical or podiatric license may be issued upon proper completion of an application to an applicant who otherwise meets all requirements for licensure except successful completion:
 - a. of the postgraduate training requirements provided in Part 2605, Chapter 1, Rule 1.1 or Chapter 2, Rule 2.1; and/or
 - b. of Step 3 of USMLE, Level 3 of COMLEX, or Part 3 of the APMLE.

Such restricted temporary license shall entitle the physician to practice medicine or podiatric medicine only within the confines of an ACGME, AOA or APMA approved postgraduate training program in this state and may be renewed annually for the duration of the postgraduate training for a period not to exceed five (5) years.

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2. An unrestricted temporary medical license may be issued in an exceptional case to an applicant seeking licensure by credentials. Such an unrestricted temporary license shall remain valid only for a period of time sufficient for applicant to submit required documents and credentials to complete an application for permanent licensure, but in no instance to exceed 30 days.

B. The Board may issue a temporary license to practice medicine for a period not to exceed 90 days at a youth camp licensed by the State Department of Health to any nonresident physician who is not licensed to practice medicine in this state or to any resident physician who is retired from the active practice of medicine in this state while serving as a volunteer at such camp.

1. Nonresident Physician
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 - c. must submit fee prescribed by the Board.
2. Retired Resident Physician
 - a. must be in good standing with the Board, and
 - b. must submit fee as prescribed by the Board.

- C. The Board may issue a temporary license to practice medicine to physicians who have been admitted for treatment in a drug and/or alcohol treatment program approved by the Board, or who are enrolled in the fellowship of addictionology in the Mississippi State Medical Association Professionals Health Program; provided that, a nonresident applicant shall hold a valid (unrestricted) license to practice medicine in another state and the medical licensing authority of that state shall certify to the Board in writing that such license is in good standing.
1. A temporary license issued under this rule shall be valid for a period of ninety (90) days but may be renewed every ninety (90) days for the duration of the fellowship or treatment program. If the applicant discontinues treatment or leaves the fellowship program, the temporary license shall automatically become null and void. The Board may rescind or extend this temporary license for cause.
 2. A temporary license issued to a physician under this rule shall be limited to the out-patient phase of the treatment program or the time necessary to complete the fellowship of addictionology. The physician to whom the license is issued may administer treatment and care within the scope of the drug and/or alcohol treatment program or fellowship in an institutional setting and shall not otherwise practice in this state.
 3. A physician who has had his or her permanent license to practice in this state revoked or suspended by the Board due to habitual personal use of intoxicating liquors or narcotic drugs, or any other drug having addiction-forming or addiction-sustaining liability, may be granted a temporary license pursuant to this rule provided the temporary license is not in conflict with the prior disciplinary order of the Board rendered against the physician.
 4. The applicant applying for a ninety (90) day temporary license to practice while in treatment in an approved drug and/or alcohol treatment program or while enrolled in the fellowship of addictionology shall pay a fee prescribed by the Board (not to exceed \$50.00) to the Board. No additional fee shall be charged for an extension.

The intent of this rule is that each licensee who prescribes scheduled medications shall have their own individual controlled substance registration certificate issued by the U.S. Drug Enforcement Administration.

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

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 9/29/20	Name or number of rule(s): Part 2615 Chapter 1: The Practice of Physician Assistants, Rule 1.2 Definitions		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Amending rules regarding Physician Assistant practice to match changes being made in Nurse Practitioner collaboration regulations. Rule 1.2 is being amended to broaden the scope of a requirement.

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 1.2 Definitions

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 <div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP <div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>FILED</p> <p>SEP 29 2020</p> <p>Mississippi Secretary of State</p> </div> Accepted for filing by <u><i>AF</i></u> <u>25147</u>	OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Rule 1.2 Definitions.

For the purpose of Part 2615, Chapter 1 only, the following terms have the meanings indicated:

- A. "Board" means the Mississippi State Board of Medical Licensure.
- B. "Physician Assistant" means a person who meets the Board's criteria for licensure as a physician assistant and is licensed as a physician assistant by the Board.
- C. "Supervising Physician" means a doctor of medicine or a doctor of osteopathic medicine who holds an unrestricted license from the Board who practices within the state of Mississippi for a minimum of twenty (20) hours per week or eighty (80) hours per month (does not include telemedicine or chart review), whose practice or prescriptive authority is not limited as a result of voluntary surrender or legal/regulatory order, and who has been approved by the Board to supervise physician assistants.
- D. "Supervise" or "Supervision" means overseeing and accepting responsibility for the medical services rendered by a physician assistant.
- E. "Primary Office" means the usual practice location of a physician and being the same location reported by that physician to the Mississippi State Board of Medical Licensure and the United States Drug Enforcement Administration.
- F. "NCCPA" means the National Commission on Certification of Physician Assistants.
- G. "PANCE" means the Physician Assistant National Certifying Examination.
- H. "ARC-PA" means the Accreditation Review Commission on Education for the Physician Assistant.
- I. "Predecessor or Successor Agency" refers to the agency responsible for accreditation of educational programs for physician assistants that preceded ARC-PA or the agency responsible for accreditation of educational programs for physician assistants that succeeded ARC-PA.
- J. "Primary Care" means specialty practice that is limited to, or defined as, Family Practice, General Internal Medicine, Mental Health, Women's Health, and/or General Pediatrics.

Source: Miss. Code Ann. §73-26-5 (1972, as amended).

Rule 1.2 Definitions.

For the purpose of Part 2615, Chapter 1 only, the following terms have the meanings indicated:

- A. “Board” means the Mississippi State Board of Medical Licensure.
- B. “Physician Assistant” means a person who meets the Board’s criteria for licensure as a physician assistant and is licensed as a physician assistant by the Board.
- C. “Supervising Physician” means a doctor of medicine or a doctor of osteopathic medicine who holds an unrestricted license from the Board, ~~who is in the practice of medicine,~~ who practices within the state of Mississippi for a minimum of twenty (20) hours per week or eighty (80) hours per month (does not include telemedicine or chart review), whose practice or prescriptive authority is not limited as a result of voluntary surrender or legal/regulatory order, and who has been approved by the Board to supervise physician assistants.
- D. “Supervise” or “Supervision” means overseeing and accepting responsibility for the medical services rendered by a physician assistant.
- E. “Primary Office” means the usual practice location of a physician and being the same location reported by that physician to the Mississippi State Board of Medical Licensure and the United States Drug Enforcement Administration.
- F. “NCCPA” means the National Commission on Certification of Physician Assistants.
- G. “PANCE” means the Physician Assistant National Certifying Examination.
- H. “ARC-PA” means the Accreditation Review Commission on Education for the Physician Assistant.
- I. “Predecessor or Successor Agency” refers to the agency responsible for accreditation of educational programs for physician assistants that preceded ARC-PA or the agency responsible for accreditation of educational programs for physician assistants that succeeded ARC-PA.
- J. “Primary Care” means specialty practice that is limited to, or defined as, Family Practice, General Internal Medicine, Mental Health, Women’s Health, and/or General Pediatrics.

Source: Miss. Code Ann. §73-26-5 (1972, as amended).

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 9/29/20	Name or number of rule(s): Part 2615 Chapter 1: The Practice of Physician Assistants, Rule 1.7 Supervising Physician Limited		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Amending rules regarding Physician Assistant practice to match changes being made in Nurse Practitioner collaboration regulations. Rule 1.7 is being amended to clarify a requirement.

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 1.7 Supervising Physician Limited

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: *Michael Lucius*

OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP <div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>FILED</p> <p>SEP 29 2020</p> <p>Mississippi Secretary of State</p> </div> Accepted for filing by <u>25148 AF</u>	OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Rule 1.7 Supervising Physician Limited.

No physician shall be authorized to supervise a physician assistant unless that physician holds an unrestricted license to practice medicine in the state of Mississippi.

Supervision means overseeing activities of, and accepting responsibility for, all medical services rendered by the physician assistant. Except as described in the following paragraph, supervision must be continuous, but shall not be construed as necessarily requiring the physical presence of the supervising physician.

New graduate physician assistants and all physician assistants whose Mississippi license is their initial license require the on-site presence of a supervising physician for one hundred twenty (120) days or its equivalent of 960 hours. If physician assistant's clerkship was completed with their supervising physician, the 120 days or 960 hours may be reduced.

The physician assistant's practice shall be confined to the primary office or clinic of the supervising physician, or any hospital(s), clinic(s) or other health care facilities within 75 miles of where the primary office is located, wherein the supervising physician holds medical staff privileges or that otherwise serves as an extension of the physician and physician assistant(s) practice. Exceptions to this requirement may be granted, on an individual basis, provided the location(s) of practice are set forth in the protocol.

Physician Assistants practicing in primary care shall have no mileage restrictions placed on the relationship between the supervisory physician and the physician assistant if the following conditions are met:

1. The protocol is between a primary care physician and a primary care physician assistant.
2. The physician is in a compatible practice (e.g., same specialty, treat the same patient population) with the physician assistant.
3. The physician and physician assistant utilize electronic medical records (EMR) in their practice, has direct access to the EMR utilized by the PA, and also utilizes EMR in the formal quality improvement program.
4. The physician practices within the State of Mississippi for a minimum of twenty (20) hours per week or eighty (80) hours per month (does not include telemedicine).

The supervising physician must provide adequate means for communication with the physician assistant. Communication may occur through the use of technology which may include, but is not limited to: radio, telephone, fax, modem, or other telecommunication device.

Each primary supervisory relationship shall include and implement a formal quality improvement program which must be maintained on site and must be available for inspection by representatives of the Mississippi State Board of Medical Licensure. The quality assurance/quality improvement program shall consist of:

- A. Review by a supervisory physician of a random sample of charts that represent 10% or 20 charts, whichever is less, of patients seen by the physician assistant every month. Charts should represent the variety of patient types seen by the physician assistant. Patients that the physician assistant and a supervising physician have consulted on during the month will count as one chart review.
- B. The physician assistant shall maintain a log of charts reviewed which include the identifier for the patient's charts, reviewers' names, and dates of review.
- C. Each physician assistant shall meet face to face in person with a supervisory physician once per quarter for the purpose of quality assurance, and this meeting should be documented.

Source: Miss. Code Ann. §73-26-5 (1972, as amended).

Rule 1.7 Supervising Physician Limited.

No physician shall be authorized to supervise a physician assistant unless that physician holds an unrestricted license to practice medicine in the state of Mississippi.

Supervision means overseeing activities of, and accepting responsibility for, all medical services rendered by the physician assistant. Except as described in the following paragraph, supervision must be continuous, but shall not be construed as necessarily requiring the physical presence of the supervising physician.

New graduate physician assistants and all physician assistants whose Mississippi license is their initial license require the on-site presence of a supervising physician for one hundred twenty (120) days or its equivalent of 960 hours. If physician assistant's clerkship was completed with their supervising physician, the 120 days or 960 hours may be reduced.

The physician assistant's practice shall be confined to the primary office or clinic of the supervising physician, or any hospital(s), clinic(s) or other health care facilities within 75 miles of where the primary office is located, wherein the supervising physician holds medical staff privileges or that otherwise serves as an extension of the physician and physician assistant(s) practice. Exceptions to this requirement may be granted, on an individual basis, provided the location(s) of practice are set forth in the protocol.

Physician Assistants practicing in primary care shall have no mileage restrictions placed on the relationship between the supervisory physician and the physician assistant if the following conditions are met:

1. The protocol is between a primary care physician and a primary care physician assistant.
2. The physician is in a compatible practice (e.g., same specialty, treat the same patient population) with the physician assistant.
3. The physician and physician assistant utilize electronic medical records (EMR) in their practice, has direct access to the EMR utilized by the PA, and also utilizes EMR in the formal quality improvement program.
4. The physician practices within the State of Mississippi for a minimum of twenty (20) hours per week or eighty (80) hours per month (does not include telemedicine).

The supervising physician must provide adequate means for communication with the physician assistant. Communication may occur through the use of technology which may include, but is not limited to: radio, telephone, fax, modem, or other telecommunication device.

Each primary supervisory relationship shall include and implement a formal quality improvement program which must be maintained on site and must be available for inspection by representatives of the Mississippi State Board of Medical Licensure. The quality assurance/quality improvement program shall consist of:

- A. Review by a supervisory physician of a random sample of charts that represent 10% or 20 charts, whichever is less, of patients seen by the physician assistant every month. Charts should represent the variety of patient types seen by the physician assistant. Patients that the physician assistant and a supervising physician have consulted on during the month will count as one chart review.
- B. The physician assistant shall maintain a log of charts reviewed which include the identifier for the patient's charts, reviewers' names, and dates of review.
- C. Each physician assistant shall meet face to face in person with a supervisory physician once per quarter for the purpose of quality assurance, and this meeting should be documented.

Source: Miss. Code Ann. §73-26-5 (1972, as amended).

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 12/1/20	Name or number of rule(s): Part 2630 Chapter 1: Collaboration with Nurse Practitioners, Rule 1.2 Definitions		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Restructuring of the current regulations regarding Collaboration. Rule 1.2 is being amended to reflect current and new terminology within certain sections of the rules.

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 1.2 Definitions

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) <u> X </u> Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed final effective date: <u> X </u> 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 <u>#25259 AW</u>	Accepted for filing by

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

Rule 1.2 | *Definitions*

For the purposes of Part 2630, Chapter 1 only, the following terms have the meanings indicated:

- A. “Physician” means any person licensed to practice medicine or osteopathic medicine in the state of Mississippi who holds an unrestricted license, whose practice or prescriptive authority is not limited as a result of voluntary surrender or legal/regulatory order, and who practices within the state of Mississippi for a minimum of twenty (20) hours per week or eighty (80) hours per month (does not include telemedicine or chart review).
- B. “Primary Care Physician” means a physician whose practice is limited to, or defined as, Family Practice, General Internal Medicine, Mental Health, Women’s Health, and/or General Pediatrics.
- C. “Extended Mileage Collaboration” means a collaborative relationship wherein patients are treated by a nurse practitioner who is located more than seventy-five (75) miles away from the collaborative physician. Excluded from this definition are all licensed hospitals, state health department facilities, federally qualified community health clinics, and volunteer clinics.
- D. “Primary Office” means the usual practice location of a physician and being the same location reported by that physician to the Mississippi State Board of Medical Licensure and the United States Drug Enforcement Administration as their primary practice location.
- E. “Collaborating/Consulting Physician” means a physician who, pursuant to a duly executed protocol, has agreed to collaborate/consult with a nurse practitioner.
- F. “Nurse Practitioner” or “APRN” means any person licensed to practice nursing in the state of Mississippi and certified by the Mississippi Board of Nursing to practice in an expanded role as a nurse practitioner.
- G. “Federal Facility” means any medical facility that conducts patient care on federal property and is operated directly by the federal government (e.g., the Veteran’s Administration hospitals and clinic system).
- H. “Protocol” or “Collaborative Agreement” is a contractual document which sets forth the expectations, practice permissions and boundaries of the relationship between the physician and the APRN.

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

Rule 1.2 | *Definitions*

For the purposes of Part 2630, Chapter 1 only, the following terms have the meanings indicated:

- A. “Physician” means any person licensed to practice medicine or osteopathic medicine in the state of Mississippi who holds an unrestricted license, ~~or~~ whose practice or prescriptive authority is not limited as a result of voluntary surrender or legal/regulatory order, and who practices within the state of Mississippi for a minimum of twenty (20) hours per week or eighty (80) hours per month (does not include telemedicine or chart review).
- B. “Primary Care Physician” means a physician whose practice is limited to, or defined as, Family Practice, General Internal Medicine, Mental Health, Women’s Health, and/or General Pediatrics.
- C. ~~“Free Standing Clinic”~~ “Extended Mileage Collaboration” means a ~~clinic or other facility~~ collaborative relationship wherein patients are treated by a nurse practitioner, ~~which~~ who is located more than seventy-five (75) miles away from ~~the primary office~~ of the collaborative/~~consultative~~ physician. Excluded from this definition are all licensed hospitals, state health department facilities, ~~and~~ federally qualified community health clinics, and volunteer clinics.
- D. “Primary Office” means the usual practice location of a physician and being the same location reported by that physician to the Mississippi State Board of Medical Licensure and the United States Drug Enforcement Administration as their primary practice location.
- E. “Collaborating/Consulting Physician” means a physician who, pursuant to a duly executed protocol, has agreed to collaborate/consult with a nurse practitioner.
- F. “Nurse Practitioner” or “APRN” means any person licensed to practice nursing in the state of Mississippi and certified by the Mississippi Board of Nursing to practice in an expanded role as a nurse practitioner.
- G. “Federal Facility” means any medical facility that conducts patient care on federal property and is operated directly by the federal government (e.g., the Veteran’s Administration hospitals and clinic system).
- H. “Protocol” or “Collaborative Agreement” is a contractual document which sets forth the expectations, practice permissions and boundaries of the relationship between the physician and the APRN.

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

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 12/1/20	Name or number of rule(s): Part 2630 Chapter 1: Collaboration with Nurse Practitioners, Rule 1.3 Duty to Report Collaborative Relationships		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Restructuring of the current regulations regarding Collaboration. Rule 1.3 is being amended to remove antiquated language, move language to another portion of the rule, and set forth the expectation to report relationships to the Board.

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 1.3 Duty to Report Collaborative Relationships

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 <u>#25260 <i>AW</i></u>	Accepted for filing by _____

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

Rule 1.3 | *Duty to Report Collaborative Relationships*

Physicians who wish to collaborate must add the APRN to their file via the Medical Enforcement and Licensure System (MELS) Online Licensure Gateway, or its successor, prior to the commencement of patient care under the agreed protocol, and must submit all required information regarding the collaboration to the Board. Physicians who collaborate with an APRN who either will be on-site with the physician or within seventy-five (75) miles are not required to submit the formal documentation (i.e., the protocol) to the Board for approval.

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

Rule 1.3 | ~~Board Review~~ Duty to Report Collaborative Relationships

~~Physicians who wish to collaborate/consult with a nurse practitioner who plans or anticipates practicing in a free standing clinic, must first (a) appear personally or by telephone before the Mississippi State Board of Medical Licensure and/or the Joint Committee of the Board of Medical Licensure and the Board of Nursing if the Board of Medical Licensure determines that the collaborative/consultative relationship may not be approved absent action from the Joint Committee, (b) present and discuss the protocol, and (c) obtain approval from the Board to act as a collaborating/consulting physician. The facts and matters to be considered by the Board shall include, but are not limited to, how the collaborating/consulting physician and nurse practitioner plan to implement the protocol, the method and manner of collaboration, consultation, and referral.~~ must add the APRN to their file via the Medical Enforcement and Licensure System (MELS) Online Licensure Gateway, or its successor, prior to the commencement of patient care under the agreed protocol, and must submit all required information regarding the collaboration to the Board. Physicians who collaborate with an APRN who either will be on-site with the physician or within seventy-five (75) miles are not required to submit the formal documentation (i.e., the protocol) to the Board for approval.

~~The requirement for Board appearance and approval set forth in the preceding paragraph also applies to any physician collaborating/consulting with a nurse practitioner who later moves to a free standing clinic under an existing protocol.~~

~~Where a nurse practitioner is practicing in a free standing clinic pursuant to an existing protocol as of the effective date of this regulation, the requirements of personal appearance or telephone interview and Board approval set forth in the paragraph above shall not be required until the next succeeding renewal date for said certificate as required by the Mississippi State Board of Nursing.~~

~~Where two or more physicians anticipate executing a protocol to collaborate/consult with a nurse practitioner practicing in a free standing clinic, it shall not be necessary that all of the physicians personally appear before the Mississippi State Board of Medical Licensure as required in the preceding paragraph. In this situation, the physician who will bear the primary responsibility for the collaboration/consultation with the nurse practitioner shall make the required personal appearance or telephone interview.~~

~~Each collaborative/consultative relationship shall include and implement a formal quality improvement program which shall be maintained on site and shall be available for inspection by representatives of the Mississippi State Board of Medical Licensure. The quality assurance/quality improvement program shall consist of:~~

- ~~A. Review by collaborative physician of a random sample of charts that represent 10% or 20 charts, whichever is less, of patients seen by the nurse practitioner every month. Charts should represent the variety of patient types seen by the nurse~~

- ~~practitioner. Patients that the nurse practitioner and collaborating physician have consulted on during the month will count as one chart review.~~
- ~~B. The nurse practitioner shall maintain a log of charts reviewed which include the identifier for the patient's charts, reviewers' names, and dates of review.~~
- ~~C. Each nurse practitioner shall meet face to face with a collaborating physician once per quarter for the purpose of quality assurance and this meeting should be documented.~~

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

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 12/1/20	Name or number of rule(s): Part 2630 Chapter 1: Collaboration with Nurse Practitioners, Rule 1.4 Extended Mileage Collaboration and Board Review		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Restructuring of the current regulations regarding Collaboration. Rule 1.4 has been amended and moved to proposed Rule 1.6, inserting the updated Rule 1.4 as attached. The Board is restructuring collaboration rules to read more clearly and to incorporate terminology related to the new online licensure system.

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 1.4 Extended Mileage Collaboration and Board Review

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  Accepted for filing by	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP  Accepted for filing by <u>#25261</u> <u><i>[Signature]</i></u>	OFFICIAL FILING STAMP  Accepted for filing by
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Rule 1.4 | *Extended Mileage Collaboration and Board Review*

Physicians who plan to collaborate with APRNs in locations beyond seventy-five (75) miles from the physician, known as Extended Mileage Collaboration, must submit the protocol for approval prior to the commencement of patient care under the protocol. Primary Care Extended Mileage is discussed in Rule 1.5. If a primary care provider does not meet the requirements of Rule 1.5, a protocol must be submitted.

The facts and matters to be considered by the Board regarding any collaborative relationship shall include, but are not limited to, how the collaborating physician and APRN plan to implement the protocol, compatibility of practice (e.g., specialty compatibility or day-to-day practice differences), the method and manner of collaboration, the availability of backup coverage, consultation, and referral.

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

~~Rule 1.4 Collaborative/Consultative Relationships. Physicians with collaborative relationships with APRN must ensure backup physician coverage when the primary collaborative physician is unavailable. The backup physician must be on APRN protocol. In the event of death, disability (physical/mental), or relocation, which would result in the APRN not having a collaborative physician, the APRN has the duty to immediately notify the Mississippi Board of Nursing as jointly agreed by the Mississippi Board of Nursing and the Mississippi Board of Medical Licensure. The Nursing Board will then immediately notify the Mississippi State Board of Medical Licensure.~~

~~In order that patients may continue to be treated without interruption of care, the APRN may be allowed to continue to practice for a 90-day grace period while the APRN attempts to secure a collaborative physician without such practice being considered the practice of medicine. The Mississippi State Board of Medical Licensure, or its designee, will serve as the APRN's collaborative physician with the agreement of the Mississippi Board of Nursing. The Mississippi State Board of Medical Licensure and the Mississippi State Board of Nursing will assist the APRN in their attempt to secure a collaborative physician. If a collaborative physician has not been secured at the end of the 90-day grace period, an additional 90-day extension may be granted by mutual agreement of the Executive Committee of the Mississippi Board of Nursing and the Executive Committee of the Mississippi State Board of Medical Licensure. During this additional 90-day extension, the above described collaborative agreement will continue. The APRN will not be allowed to practice until the previously described collaborative arrangement with the Mississippi State Board of Medical Licensure is agreed upon.~~

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

Rule 1.4 | Extended Mileage Collaboration and Board Review

Physicians who plan to collaborate with APRNs in locations beyond seventy-five (75) miles from the physician, known as Extended Mileage Collaboration, must submit the protocol for approval prior to the commencement of patient care under the protocol. Primary Care Extended Mileage is discussed in Rule 1.5. If a primary care provider does not meet the requirements of Rule 1.5, a protocol must be submitted.

The facts and matters to be considered by the Board regarding any collaborative relationship shall include, but are not limited to, how the collaborating physician and APRN plan to implement the protocol, compatibility of practice (e.g., specialty compatibility or day-to-day practice differences), the method and manner of collaboration, the availability of backup coverage, consultation, and referral.

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

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 12/1/20	Name or number of rule(s): Part 2630 Chapter 1: Collaboration with Nurse Practitioners, Rule 1.5 Primary Care Extended Mileage		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Restructuring of the current regulations regarding Collaboration. Rule 1.5 is being amended to clarify a requirement.

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 1.5 Primary Care Extended Mileage

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.

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

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

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

<p>OFFICIAL FILING STAMP</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Accepted for filing by</p>	<p>DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP</p> <div style="border: 1px solid black; padding: 10px;"> <p align="center">FILED DEC 01 2020 MISSISSIPPI SECRETARY OF STATE</p> </div> <p>Accepted for filing by <u>#25263</u> <u><i>[Signature]</i></u></p>	<p>OFFICIAL FILING STAMP</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Accepted for filing by</p>
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Rule 1.5 | *Primary Care Extended Mileage*

Primary care physicians, as defined in Rule 1.2, shall have no mileage restrictions placed on the collaborative agreement between the physician and the nurse practitioner if the following conditions are met:

1. The collaborative agreement is between a primary care physician and a primary care nurse practitioner.
2. The physician is in a compatible practice (e.g., same specialty, treat the same patient population) with the nurse practitioner.
3. The physician utilizes electronic medical records (EMR) in their practice, has direct access to the EMR utilized by the APRN, and also utilizes EMR in the formal quality improvement program.
4. The physician practices within the State of Mississippi for a minimum of twenty (20) hours per week or eighty (80) hours per month (does not include telemedicine).

All other requirements stated herein regarding collaborative agreements/relationships with nurse practitioners shall apply.

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

Rule 1.5 | *Primary Care Extended Mileage*

Primary care physicians, as defined in Rule 1.2, shall have no mileage restrictions placed on the collaborative agreement between the physician and the nurse practitioner if the following conditions are met:

1. The collaborative agreement is between a primary care physician and a primary care nurse practitioner.
2. The physician is in a compatible practice (e.g., same specialty, treat the same patient population) with the nurse practitioner.
3. The physician utilizes electronic medical records (EMR) in their practice, has direct access to the EMR utilized by the APRN, and also utilizes EMR in the formal quality improvement program.
4. The physician practices within the State of Mississippi for a minimum of twenty (20) hours per week or eighty (80) hours per month (does not include telemedicine).

All other requirements stated herein regarding collaborative agreements/relationships with nurse practitioners shall apply.

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

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 12/1/20	Name or number of rule(s): Part 2630 Chapter 1: Collaboration with Nurse Practitioners, Rule 1.6 Backup and Emergency Coverage		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Restructuring of the current regulations regarding Collaboration. The previous Rule 1.4 is being amended and moved to Rule 1.6, with current Rule 1.6 being moved to new Rule 1.9.

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 1.6 Violation of Rules

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) <u> X </u> Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed final effective date: <u> X </u> 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 <u>#25262</u> <u><i>[Signature]</i></u>	Accepted for filing by

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

Rule 1.6 | *Backup and Emergency Coverage*

Physicians with collaborative relationships with an APRN must ensure backup physician coverage when the primary collaborative physician is unavailable, which includes being outside the approved distance for Extended Mileage. The backup physician must be a signatory to the protocol. In the event securing backup coverage is not possible, the primary collaborator and the APRN may agree, via terms written in the protocol, that no patients will be seen when the primary collaborator is unavailable.

In the event of death, unexpected disability (physical/mental), or unexpected relocation, which would result in the APRN not having a collaborative physician, the Nursing Board can notify the Mississippi State Board of Medical Licensure. In order that patients may continue to be treated without interruption of care, the APRN may, subject to the approval of the Nursing Board and Medical Board, be allowed to continue to practice for a 90-day grace period while the APRN attempts to secure a collaborative physician without such practice being considered the practice of medicine. The Executive Director of Mississippi State Board of Medical Licensure, or a designee, will serve as the APRN's collaborative physician, with the agreement of the Mississippi Board of Nursing. If a collaborative physician has not been secured at the end of the 90-day grace period, an additional 90-day extension may be granted by mutual agreement of the Mississippi Board of Nursing and the Mississippi State Board of Medical Licensure.

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

Rule 1.6 | Violation of Rules Backup and Emergency Coverage

Any violation of the rules as enumerated above shall constitute unprofessional conduct in violation of Mississippi Code, Section 73-25-29(8). Physicians with collaborative relationships with an APRN must ensure backup physician coverage when the primary collaborative physician is unavailable, which includes being outside the approved distance for Extended Mileage. The backup physician must be a signatory to the protocol. In the event securing backup coverage is not possible, the primary collaborator and the APRN may agree, via terms written in the protocol, that no patients will be seen when the primary collaborator is unavailable.

In the event of death, unexpected disability (physical/mental), or unexpected relocation, which would result in the APRN not having a collaborative physician, the Nursing Board can notify the Mississippi State Board of Medical Licensure. In order that patients may continue to be treated without interruption of care, the APRN may, subject to the approval of the Nursing Board and Medical Board, be allowed to continue to practice for a 90-day grace period while the APRN attempts to secure a collaborative physician without such practice being considered the practice of medicine. The Executive Director of Mississippi State Board of Medical Licensure, or a designee, will serve as the APRN's collaborative physician, with the agreement of the Mississippi Board of Nursing. If a collaborative physician has not been secured at the end of the 90-day grace period, an additional 90-day extension may be granted by mutual agreement of the Mississippi Board of Nursing and the Mississippi State Board of Medical Licensure.

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

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 12/1/20	Name or number of rule(s): Part 2630 Chapter 1: Collaboration with Nurse Practitioners, Rule 1.7 Billing for Collaborative Oversight		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Restructuring of the current regulations regarding Collaboration. Rule 1.7 is being amended to address billing by licensees for collaborative oversight.

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 1.7 Effective Date of Regulation

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
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect in _____ days Effective date: <input type="checkbox"/> Immediately upon filing <input type="checkbox"/> Other (specify): _____	Action proposed: <input type="checkbox"/> New rule(s) <input checked="" type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed final effective date: <input checked="" type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____	Date Proposed Rule Filed: _____ Action taken: <input type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed Effective date: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> 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> Accepted for filing by _____	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP <div style="border: 1px solid black; padding: 10px;">  </div> Accepted for filing by <u>#25264</u> <i>[Signature]</i>	OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by _____
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Rule 1.7 | *Billing for Collaborative Oversight*

Physicians who collaborate with APRNs, who choose to charge or bill the APRNs for the physician's time related to collaboration, should negotiate at rates considering fair market value.¹

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

¹ For the purposes of this regulation, "Reasonable Rates" are as obtained from data maintained by the Medical Group Management Association (MGMA) or a similar resource.

Rule 1.7 | ~~Effective Date of Regulation~~ *Billing for Collaborative Oversight*

~~The above rules pertaining to collaborating/consulting physicians shall become effective September 21, 1991. Physicians who collaborate with APRNs, who choose to charge or bill the APRNs for the physician's time related to collaboration, should negotiate at rates considering fair market value.~~²

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

² For the purposes of this regulation, "Reasonable Rates" are as obtained from data maintained by the Medical Group Management Association (MGMA) or a similar resource.

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 12/1/20	Name or number of rule(s): Part 2630 Chapter 1: Collaboration with Nurse Practitioners, Rule 1.8 Quality Improvement		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Restructuring of the current regulations regarding Collaboration. Rule 1.8 is being created from portions of the amended Rule 1.3 to address oversight.

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 1.3 Board Review

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
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect in _____ days Effective date: <input type="checkbox"/> Immediately upon filing <input type="checkbox"/> Other (specify): _____	Action proposed: <input checked="" type="checkbox"/> New rule(s) <input type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed final effective date: <input checked="" type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____	Date Proposed Rule Filed: _____ Action taken: <input type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed Effective date: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> 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 _____	 <p>Accepted for filing by <u>#25265</u> <i>[Signature]</i></p>	Accepted for filing by _____

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

Rule 1.8 | Quality Improvement

Each collaborative relationship shall include and implement a formal quality improvement (QI) program which shall be maintained on site and shall be available for inspection by representatives of the Mississippi State Board of Medical Licensure. The quality assurance/quality improvement program shall consist of:

- A. Review by a collaborative physician of a random sample of charts, as chosen by the collaborative physician or EMR algorithm, that represent 10% or 20 charts, whichever is less, of patients seen by the APRN every month. Charts should represent the variety of patient types seen by the APRN. Patients that the APRN and collaborating physician have consulted on during the month will count as one chart review.
- B. The physician shall ensure maintenance of a log of charts reviewed which include the identifier for the patients' charts, reviewers' names, dates of review, conditions treated, and any comments made by the physician regarding care provided. This log may be kept in paper or electronic format, but it must demonstrate that the collaborative physician has reviewed the charts and provided appropriate feedback for the APRN.
- C. A collaborative physician shall meet face to face, in person, with each collaborative APRN once per quarter for the purpose of quality assurance, and this meeting shall be documented in the same manner as chart review. The physician denoted as the primary collaborator within MELS, or, in the absence of a noted primary, the physician performing most of the chart review, is ultimately responsible for all QI requirements.

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

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 12/1/20	Name or number of rule(s): Part 2630 Chapter 1: Collaboration with Nurse Practitioners, Rule 1.9 Violation of Rules		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Restructuring of the current regulations regarding Collaboration. Rule 1.9 is being created to establish the statutory section related to violations of the rules.

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:

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 _____

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

Rule 1.9 | *Violation of Rules*

Any violation of the rules as enumerated above shall constitute unprofessional conduct in violation of Miss. Code Ann., § 73-25-29(8).

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

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 12/1/20	Name or number of rule(s): Part 2630 Chapter 1: Collaboration with Nurse Practitioners, Rule 1.10 Federal Facilities		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Restructuring of the current regulations regarding Collaboration. Rule 1.10 is being created to acknowledge collaborative relationship differences in federal facilities.

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:

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.

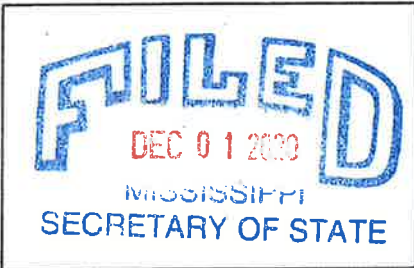
ECONOMIC IMPACT STATEMENT:

- 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 <u><i>AW</i></u> <u>#25267</u>	Accepted for filing by

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

Rule 1.10 | Federal Facilities

Physicians who work within a federal facility that operates under federal law or mandate, and which has established APRNs to be independent providers, are not required to collaborate as described within these rules. As such, physicians in these facilities are not required or otherwise expected to sign off on charts or other documentation for patients whom the physician has not been formally consulted on. Further, any physician signatures on records for patients seen by APRNs in those settings described herein will not be construed as collaborative or supervisory approval of any care provided by said APRNs.

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

AUTHUR PHILIP FINE, M.D.

CONSENT ORDER

WHEREAS, AUTHUR PHILIP FINE, M.D., hereinafter referred to as "Licensee," is the current holder of Mississippi Medical License No. 27879, said license number expires on June 30, 2021;

WHEREAS, the Investigative Staff of the Mississippi State Board of Medical Licensure, hereinafter referred to as the "Board," has received the Consent Order, dated September 8, 2019, as issued by the West Virginia Board of Medicine, hereinafter referred to as the "West Virginia Board", wherein Licensee was found guilty of violations of the West Virginia Code pertaining to the practice of medicine, and setting forth certain requirements for his continued licensure in the State of West Virginia;

WHEREAS, pursuant to subsections (8)(d) and (9) of Miss. Code Ann., § 73-25-29, the aforementioned actions by the West Virginia Board constitutes public disciplinary action against Licensee in another jurisdiction, serving as grounds for which the Board may revoke the Mississippi medical license of Licensee, suspend his right to practice for a time period deemed proper by the Board, place his license on probation, the terms of which may be set by the Board, or take any other action in relation to his license as the Board may deem proper under the circumstances;

WHEREAS it is the desire of Licensee to avoid an evidentiary hearing before the 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 **Reprimand** Licensee, subject to the following terms and conditions:

1. Licensee agrees to comply with all terms set forth in the West Virginia Consent Order, including the completion of any CME coursework required. Licensee further agrees to provide documentation evidencing the successful completion of said CME to this Board upon completion, said documentation to be submitted within thirty (30) days of reporting successful completion to the West Virginia Board.
2. Licensee shall obey all federal, state and local laws, and all rules and regulations governing the practice of medicine.
3. At such time as Licensee has complied with all of the terms and conditions imposed on his license in West Virginia and said license is thereby deemed unrestricted by the West Virginia Board, he shall have the right, but not the obligation, to request reciprocal removal of all restrictions imposed by virtue of this Consent Order. In such event, this Board reserves the right to request that Licensee appear before the Board to address his licensure status and plans. When considering reciprocal removal of restrictions, this Board reserves the right in its absolute discretion to impose any other restriction deemed necessary to protect the public.
4. 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.

Should the Board hereafter receive documented evidence of Licensee violating any of the terms and conditions of this Consent Order, the Board shall have the right, pursuant to a full evidentiary hearing, to revoke the medical license of Licensee, suspend it for a time deemed proper by the Board, or take any other action determined as necessary by the Board.

Licensee understands and expressly acknowledges that this Consent Order, if approved and executed by the Mississippi State Board of Medical Licensure, shall constitute a public record of the State of Mississippi, thereby accessible through the Board's website. Licensee further acknowledges that the Board shall provide a copy of this Order to, among others, the 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, **AUTHUR PHILIP FINE, M.D.**, nevertheless, hereby waives his right to notice and a formal adjudication of charges, thereby reprimanding his Mississippi medical license, subject to those terms and conditions listed above.

EXECUTED AND EFFECTIVE, this the 17, day of NOVEMBER, 2020.



AUTHUR PHILIP FINE, M.D.

ACCEPTED AND APPROVED, this the 21st, day of January 2021, ~~November, 2020~~, by the
Mississippi State Board of Medical Licensure.



JEANNE ANN REA, M.D.
Board President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF PHYSICIAN'S LICENSE

OF

SCOTT TAGGART ROETHLE, M.D.

CONSENT ORDER

WHEREAS, Scott T. Roethle, M.D., hereinafter referred to as "Licensee," is the current holder of License No. 26018, issued July 20, 2018, for the practice of medicine in the State of Mississippi;

WHEREAS, on December 20, 2019, the Iowa Board of Medicine, hereinafter referred to as the "Iowa Board," entered a Statement of Charges and a Settlement Agreement stating that Licensee failed to conform to the minimal standard of acceptable and prevailing practice of medicine when he prescribed medications to a patient via telemedicine without establishing an appropriate physician-patient relationship sufficient to establish an informed diagnosis and provide appropriate medical care. The disciplinary action taken by the Iowa Board against Licensee was for an act or acts that would be grounds for disciplinary action under Iowa Code sections 148.6(2)(c), and Iowa Administrative Code rules 653-13.11(7) and (8) and 23.1(1). In order to avoid a disciplinary hearing, Licensee entered into a Settlement Agreement that provided for a citation, warning and a civil penalty of \$5,000.00.

WHEREAS, pursuant to Subsection (9) of Section 73-25-29, Mississippi Code (1972), Annotated, the aforementioned actions by the Iowa Board constitute action against Licensee's ability to practice in another jurisdiction, grounds for which the Mississippi State Board of Medical Licensure may revoke the Mississippi medical license of Licensee, suspend his right to practice for a time deemed proper by the Board, place his license on probation, the terms of which may be set by the Board, or take any other action in relation to his license as the Board may deem proper under the circumstances;

WHEREAS, Licensee wishes to avoid a hearing before the Mississippi State Board of Medical Licensure and, in lieu thereof, has consented to certain restrictions and conditions on his license to practice medicine in the State of Mississippi.

NOW, THEREFORE, the Mississippi State Board of Medical Licensure, with consent of Licensee as signified by his joinder herein, does hereby formally **REPRIMAND** Licensee, subject to the following terms and conditions:

1. Licensee must comply with all requirements set forth in the aforementioned Iowa Settlement Agreement. Licensee shall provide proof of the successful completion of the Settlement Agreement prior to requesting lifting of this Consent Order.
2. 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.

Should the Board hereafter receive documented evidence of Licensee violating any of the terms and conditions of this Consent Order, the Board shall have the right, pursuant to a full evidentiary hearing, to revoke the medical license of Licensee, suspend it for a time deemed proper by the Board, or take any other action determined as necessary by the Board.

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

pertaining thereto by the Board shall not unfairly or illegally prejudice the Board or any of its members from participation in any further proceedings.


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. Licensee further acknowledges that the Board shall provide a copy of this Order to, among others, the Federation of State Medical Boards, and the Board makes no representation as to action, if any, which any other 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, **Scott Taggart Roethle, M.D.**, nonetheless, hereby waives his right to notice and a formal adjudication of charges and authorizes the Board to enter an order accepting this Consent Order.

Executed, this the 28th, day of December, 2020.


Scott Taggart Roethle, M.D.

ACCEPTED AND APPROVED this the 21st, day of January, 2021, by the Mississippi State Board of Medical Licensure.


Jeanne Ann Rea, M.D.
Board President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE LICENSE OF:

FRANK COLVIN WADE, M.D.

ORDER OF CONTINUANCE

THIS MATTER came on regularly for consideration by the Mississippi State Board of Medical Licensure, in response to a request for continuance of the hearing set for January 21, 2021, made by Frank Colvin Wade, M.D. (hereinafter "Licensee"). After consideration of the matter, the Board finds Licensee's request to be well taken.

IT IS, THEREFORE, ORDERED, that this matter is continued until March 25, 2021 at 9:00 a.m.

SO ORDERED, this the 21st day of January 2021.

**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 LICENSE OF:

SHAWN XUAN WU, M.D.

ORDER OF CONTINUANCE

THIS MATTER came on regularly for consideration by the Mississippi State Board of Medical Licensure, in response to a request for continuance of the hearing set for January 21, 2021, made by Shawn Xuan Wu, M.D. (hereinafter "Licensee"). After consideration of the matter, the Board finds Licensee's request to be well taken.

IT IS, THEREFORE, ORDERED, that this matter is continued until March 25, 2021 at 9:00 a.m.

SO ORDERED, this the 21st day of January 2021.

**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 LICENSE OF:

JEAN MARIE BARKER, M.D.

DETERMINATION AND ORDER

The above-titled matter came before the Mississippi State Board of Medical Licensure (hereinafter "Board") in Jackson, Hinds County, Mississippi, on January 21, 2021, pursuant to a Summons and Amended Affidavit issued to Jean Marie Barker, M.D. A quorum of Board members was present throughout the hearing and deliberation in the matter.

Board Counsel Stan Ingram, Esq., presented the charges as set forth in the Amended Affidavit. Licensee, having been served with the Summons and being fully informed of her rights to a formal hearing before the Board, was represented by Penny Lawson, Esq. The matter was called to hearing without objection from either party.

Alexis Morris, Esq., Special Assistant Attorney General, who served as Administrative Hearing Officer, presided at the hearing and was directed to prepare the Board's written decision in accordance with its deliberations.

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

FINDINGS OF FACT

1. The Board is established pursuant to the Mississippi State Board Medical Licensure Act, Title 73, Chapter 43 of the Mississippi Code of 1972 as amended, and is charged with the duty of licensing and regulating the practice of medicine in the State of Mississippi pursuant to Title 73, Chapter 25 of the Mississippi Code of 1972 as amended
2. Sections 73-25-29, 73-25-83 and 73-25-87 of the Mississippi Code Annotated (1972) as amended provide that the Board may revoke or suspend a license or take any other actions as deemed necessary if a license has violated any provisions therein.

3. Jean Marie Barker M.D., hereinafter referred to as "Licensee," is a physician licensed to practice medicine in the State of Mississippi, currently holding License No.12431, said license is current through June 30, 2021. Licensee reports her area of practice to be Family Medicine. Licensee's medical practice is conducted at Jean Marie Barker, M.D., Family Practice, 1659 East Union Street, Greenville, Mississippi.
4. That a record check with the U.S. Drug Enforcement Administration (DEA) indicated that Licensee's Uniform Controlled Substance Registration Certificate No. AB1721542 was last renewed June 4, 2019. The expiration date is July 31, 2022. She is authorized in schedules II-V controlled substances.
5. The Board received a complaint from a Greenville area pharmacist on May 21, 2018, related to the prescribing practices of Licensee, inquiring whether she was operating an approved pain clinic. Two (2) other Greenville area pharmacists also voiced concern over Licensee's prescribing practices and the quantities of Methadone and Xanax she was prescribing to multiple patients. In response, prescription records were obtained from the Mississippi Prescription Monitoring Program (MPMP), a division of the Mississippi Pharmacy Board. Based on complaints received and review of controlled substances prescription records, approximately nine (9) patient records were obtained from Licensee, three (3) of which are the basis for the charges as hereinafter set forth.

PATIENT NO. 1

6. That on or about August 15, 2018, the Board received a complaint from a relative of one of Licensee's patients, hereinafter identified as Patient No. 1. The complaint alleged that Licensee's treatment of Patient No. 1 may have contributed to the August 20, 2016 overdose death of said patient. Based upon review of the patient records and prescriptions, Licensee treated Patient No. 1 from December 4, 2014 to August 15, 2016, the last clinical visit being five (5) days prior to the patient's death. During this period of time, Licensee issued to Patient No. 1 prescriptions for the following controlled substances and other medication:
 - 20 prescriptions for approximately 1522 Methadone HCL 10 mg
 - 13 prescriptions for approximately 785 Lyrica 300 mg with refills
 - 1 prescription for approximately 62 Lyrica 150 mg
 - 1 prescription for approximately 60 Lyrica 75 mg
7. In addition to the above, Licensee prescribed to Patient No. 1 non-controlled medications, including Prozac 20 mg, Promethazine 25 mg, Depakote 250 mg, Omeprazole 20 mg, Trazodone 50 mg, and Lithium 150 mg.
8. Patient No. 1, a 33-year old female, initially saw Licensee on December 4, 2014. The patient's chief complaint was as follows:

“The patient presents today with the complaint above, which is hip pain and bipolar disorder. She used to see Dr. Beauchamp. He gave her hip injections. Her hip was dislocated in a MVA. She is depressed and anxious”

Notwithstanding the above reference to treatment by a Dr. Beauchamp (should be “Beacham”), the medical record contains no documentation of prior treatment from Dr. Beacham or any other practitioners, and no diagnostic tests, studies, or imaging to support the diagnosis of “Hip & Thigh Injury Nos.”

9. Entries in the patient record reveals that Patient No. 1 believed she was bipolar based on family history. In addition, Patient No. 1 acknowledged use of crack cocaine while being treated by Licensee. A history of cocaine (crystal meth) use as well as a history of bipolar disorder are both red flags for the potential misuse of medications. Notwithstanding, the patient record contains no referrals of Patient No. 1 for a psychiatric evaluation or consult.
10. Furthermore, the file contains no documented pain history. The pain is limited to just “Pain” with no specificity as to the location of the pain in the hip, any relieving or aggravating factors. Also, there was no documentation of any numerical pain scale. Throughout the medical records, a musculoskeletal physical examination was documented for each visit, but for the most part, the examinations were deemed normal, other than a few references to the patient’s “limps”. There was no documentation of tenderness, diminished hip range of motion etc. Other than reference to injections by “Dr. Beauchamp”, there was no documentation of any nonpharmacologic trials of treatment for hip pain such as physical therapy.
11. Licensee described both Patient No. 1 and her boyfriend as drug abusers. Notwithstanding, only three (3) urine drug screens (UDS) were noted in the medical record, none of which were done during the first 16 months of treatment. Most notable, on June 16, 2016, a UDS was positive for methadone and cocaine. Licensee discontinued the methadone, stating that Patient No.1 “and her boyfriend were quite upset.” However, one month later on July 15, 2016, when the patient presented for follow up, a UDS was again taken. Despite the methadone having been previously discontinued, the UDS was positive for methadone, being a red flag as to possible abuse. Instead of declining to provide more controlled substances, Licensee re-prescribed 60 methadone 10 mg, all based on the patient’s promise not to abuse drugs again.
12. Patient No. 1’s last visit to Licensee occurred on August 15, 2016. The medical record for this date makes no reference to whether a UDS was run. In response to the patient’s complaint the “she is in a lot of pain,” Licensee increased the dosage of Methadone 10mg from two (2) to three (3) times per day. The Board’s medical expert opined that there was no medical justification for the increase in methadone dosage, such conduct deemed non-therapeutic and collectively outside the course of legitimate professional practice.
13. On August 20, 2018, just five (5) days after Licensee issued her last prescription for Patient No. 1 died. A coroner’s report attributed death to polysubstance abuse. The Death

Certificate identified the cause of death as respiratory failure, renal failure, sepsis and multidrug overdose.

14. At all times wherein Licensee treated Patient No. 1, said patient was deemed to being treated for Chronic Pain as a term is defined at Title 30, Part 2640, Rule 1.7.A(1) of the *Rules and Regulations Pertaining to the Prescribing, Administering and Dispensing of Medication*. Based on the fact that Patient No. 1 was being treated for Chronic Pain, Licensee was required, yet failed to maintain a Pain Management Contract (same as an Informed Consent Agreement) as required by Rule 1.7(C)(3).

PATIENT NO. 2

15. Based on the medical record for Patient No. 2, said patient was a 35-year-old female initially treated by Licensee on July 25, 2013. For the purpose of the investigation and prescription analysis, a prescription profile was run via the Mississippi Prescription Monitoring Program (MPMP) for a four-year (47-month) period from date of initial visit on July 25, 2013 through June 20, 2017. Licensee terminated the patient on June 20, 2017, stating in the medical record, "I'm not going to see her back." During the approximate four (4) year period of time, Licensee issued to Patient No. 2 prescriptions for the following controlled substances and other medications:

- 12 prescriptions for approximately 660 Norco 7.5-325 mg
- 30 prescriptions for approximately 2090 Norco 10-325 mg
- 1 prescription for approximately 30 Methadone HCL 10 mg
- 1 prescription for approximately 60 Suboxone 2mg-0.5 m SL Films

While the primary complaint was that of back pain, Patient No. 2 often requested narcotics (Norco) based on multiple complaints of pain originating from other sources, including, but not limited to tooth ache, neck pain, facial pain, headaches, eye pain, joint pain, "hurting all over", etc. Of particular significance was the fact that early on Licensee prescribed opioids (Norco) to Patient No. 2 over a period of almost six (6) months based on tooth aches, despite the patient's failure to see a dentist. The frequency and variation of the complaints, and repeated requests for more Norco was such as to put Licensee on notice of drug seeking behavior.

16. Based on the testimony of the medical expert, Dr. Andrew Watson, several concerns regarding Patient No 2 were noted. First, there was never a definitive diagnosis. The patient was noted to have mild scoliosis and the only attempt to render a definitive diagnosis was an entry in the file stating that the patient had back pain "probably from scoliosis." In addition to her complaints of back pain, the patient was noted to have a history of bipolar disorder and depression, which placed her in the high-risk category for abuse of opioids. There was no mention of any review of imaging or ordering of any imaging, including x-rays or MRI's to address the complaints of back pain.

17. The medical record for Patient No. 2 contains a number of warning letters from *SILVERxSCRIPT*, one of which, dated July 13, 2017, warned Licensee of the “unusual medication utilization patterns which may indicate possible drug overutilization and place them [Patient No. 2] at risk for drug induced adverse events.” Notwithstanding, the medical record for Patient No. 2 contains no urine drug screens or results of the same. Furthermore, the file does not contain any reference to a Pain Management Contract (Informed Consent Agreement) as required by Board rules and regulations.
18. On June 9, 2017, Patient No. 2 presented to Licensee with a complaint of opioid withdrawal. The patient was requesting to start Suboxone. Pending pre-authorization, she was placed on methadone. However, authorization was thereafter received, and the patient was directed not to fill the Methadone. Patient No. 2 was directed to return on Monday (June 12, 2017) to start the Suboxone. Patient No. 2 failed to present as scheduled but did present June 20, 2017. At that time the patient had been requested that she bring her methadone back so she could be started on Suboxone. The Patient No. 2 claimed that she had flushed the methadone down the toilet. Licensee decided to discontinue use of controlled substances, citing that Patient No. 2 had been “less than honest” and was discharged. It was also noted in the medical record that Patient No.2 had been obtaining controlled substances from other health care providers. Despite Licensee’s denial that Patient No. 2 was not a malingerer, the evidence produced during the hearing clearly revealed otherwise.
19. Notwithstanding the fact that Licensee ultimately discharged Patient No. 2, it was the undisputed opinion of the medical expert that there was a lack of any meaningful history, physical examination of abnormalities, imaging, lack of specialist consultation to properly address the patient’s pain.

PATIENT NO. 3

20. The third patient record examined was a 33-year-old female initially treated by Licensee on August 24, 2006 with a diagnosis of depression, chronic anxiety and postpartum cardiomyopathy. An October 12, 2007 entry referring to said patient, states “she is thinking she might be bipolar”. There was then an eight (8) year gap in treatment, during which time Patient No. 3 was diagnosed with Crohn’s disease. Patient No. 3 returned to Licensee on October 24, 2016 with a stated complaint of chronic pain due to Crohn’s disease. Licensee noted that the patient had been prescribed controlled substances (Norco and Buprenorphine) by other practitioners. Licensee then treated Patient No. 3 from October 24, 2016 until the doctor-patient relationship was terminated on or about June 19, 2019. During this period of time, Licensee issued to Patient No. 3 prescriptions for the following controlled substances:

- 31 prescriptions for approximately 2,220 Norco 10-325 mg
- 31 prescriptions for approximately 2,790 Buprenorphine 8 mg SL
- 8 prescriptions for approximately 390 Alprazolam 1 mg
- 15 prescriptions for approximately 420 Alprazolam 0.5 mg
- 1 prescription for approximately 75 Clonazepam 1mg

21. Licensee diagnosed Patient No. 3 with polyarthralgia or polyarthritis secondary to Crohn's disease, despite the fact that on February 8, 2017, a local gastroenterologist described a colonoscopy of Patient No. 3 to be normal and then on January 3, 2018, the same gastroenterologist affirmatively advised Licensee that the patient did not then have Crohn's disease. Despite this, Licensee continued to concomitantly prescribe large quantities of opioids, benzodiazepines and buprenorphine to the patient. Although Patient No. 3 was referred to a physician for her pelvic pain complaints, there was no referral to a rheumatologist to address pain related to autoimmune arthritis. Under such circumstances, a rheumatology evaluation would be warranted.
22. There were approximately sixteen (16) reports or Urine Drug Screens (UDS) in the medical record of Patient No. 3. Greater than 75% of those drug screens were found to be inconsistent because of either absence of the prescribed medication or the presence of medications which were not prescribed by Licensee, including oxycodone and methadone.
23. There is also no clear documentation as to why Patient No. 3 was being treated via concomitant use of Buprenorphine, benzodiazepines and an opioid (Norco). According to the Board expert, the prescription pattern was consistent with non-therapeutic prescribing of controlled substances.
24. On multiple occasions, Licensee was put on notice of possible drug abuse and/or diversion by the patient, including but not limited to, acknowledging that she "took her husband's methadone" (July 17, 2018); stating that the patient's "drug storage container was stolen" prompting her to obtain narcotics "off the streets" (September 16, 2018) and Licensee having to direct the patient not to "peel the label off of her drug test when she takes it" (May 13, 2019). In addition, licensee received advisory notices or inquiries from pharmacies and insurance carriers inquiring as to the rationale for treating Crohn's disease with controlled substances and cautioning against the concomitant use of opioids and benzodiazepines.
25. Despite Licensee's denial that Patient No. 3 was not a malingerer, the evidence produced during the hearing clearly revealed otherwise. Licensee ultimately discharged Patient No. 3 due to the drug seeking behavior. Notwithstanding, it was the undisputed opinion of the medical expert that Licensee failed to properly manage the patient, which should have been either terminated or referred to a drug treatment facility much earlier.

CONCLUSIONS OF LAW

1. The Board has jurisdiction in this matter pursuant to Sections 73-25-29, and 73-25-83(a), Mississippi Code of 1972, as amended. Venue is likewise properly placed before the Board to hear this matter in Hinds County, Mississippi.

2. These proceedings were duly and properly convened, and all substantive and procedural requirements under law have been satisfied. This matter is, therefore, properly before the Board.
3. The Board is authorized to license and regulate persons who apply for or hold medical licenses and prescribe conditions under which persons may practice in order to protect the public health, safety and welfare.
4. Based on the evidence and testimony presented, Licensee is guilty of **Counts I, IV and VII** of the Amended Affidavit, that is, guilty of administering, dispensing or prescribing any narcotic drug, or any other drug having addiction-forming or addiction-sustaining liability, otherwise than in the course of legitimate professional practice, all in violation of Miss. Code Ann., § 73-25-29(3).
5. Based on the evidence and testimony presented, Licensee is guilty of **Counts II and V** of the Amended Affidavit, that is, guilty failing to maintain a Pain Management Contract (same as an Informed Consent Agreement) in violation of Title 30, Part 2640, Rule 1.7.C(3) Rules and Regulations Pertaining to the Prescribing, Administering and Dispensing of Medication, all in violation of Miss. Code Ann., §73-25-29(13).
6. Based on the evidence and testimony presented, Licensee is guilty of **Counts III, VI and VIII** of the Amended Affidavit, that is, guilty of unprofessional conduct, which includes, but is not limited to being guilty of any dishonorable or unethical conduct likely to deceive, defraud, or harm the public, all in violation of Miss. Code Ann., §73-25-29(8)(d) and §73-25-83(a).

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

ORDER

IT IS THEREFORE ORDERED THAT Mississippi Medical license No. 12431, issued to Jean Marie Barker, M. D., is hereby indefinitely suspended.

IT IS FURTHER ORDERED that upon expiration of one (1) year from the date of this order, Licensee shall have the right, but not the obligation, to petition the Board for reinstatement and return to practice, provided that prior to such petition, Licensee shall have successfully completed, (1) a comprehensive clinical competency evaluation in the area of primary care and (2) a multidisciplinary psychiatric evaluation. As to both evaluations, the Board shall provide Licensee with a list of Board approved facilities. Licensee shall execute any and all releases so as to permit the Board to communicate with the facilities and receive directly from the facilities any and all evaluation results. Licensee shall adhere to all treatment and or training recommendations rendered by the aforementioned evaluation facilities.

IT IS FURTHER ORDERED that in the event Licensee chooses to petition for reinstatement of license after expiration of the aforementioned one (1) year, Licensee shall personally appear before the Board and present a plan of practice, consistent with the findings and recommendations of the aforementioned evaluation facilities. Notwithstanding, the Board reserves the right and its sole and absolute discretion to impose any other restriction deemed necessary to protect the public.

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

IT IS FURTHER ORDERED that Licensee shall cooperate with the Board, its attorneys, investigators, and other representatives in the investigation and monitoring of Licensee's practice and compliance with the provisions of this Determination and Order.

IT IS FURTHER ORDERED that if Licensee violates the terms of this Determination and Order or further violates the laws, rules and regulations governing the practice of medicine, the Board may take further disciplinary action against Licensee, up to and including revocation of his license.

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

SO ORDERED this, the 21st day of January, 2021.

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

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