

**BOARD MINUTES
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
JULY 22, 2021**

The regularly scheduled meeting of the Mississippi State Board of Medical Licensure was held on Thursday, July 22, 2021, in Hinds County, Jackson, Mississippi, after being duly noticed on the websites of the Mississippi Public Meeting Notice and this Board, in accordance with law.

THE FOLLOWING MEMBERS WERE PRESENT:

David W. McClendon, Jr., M.D., Ocean Springs, President
Michelle Y. Owens, M.D., Jackson, Vice President
C. Kenneth Lippincott, M.D., Tupelo, Secretary
H. Allen Gersh, M.D., Hattiesburg
Thomas Joiner, M.D., Jackson
Daniel Edney, M.D., Vicksburg
Roderick Givens, M.D., Natchez
Shoba Gaymes, Jackson, Consumer Member

ALSO PRESENT:

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

NOT PRESENT:

Charles D. Miles, M.D., West Point
Kirk L. Kinard, D.O., Oxford
Major General (Ret.) Erik Hearon, Jackson, Consumer Member
Wesley Breland, Hattiesburg, Consumer Member

The meeting was called to order at 10:00 am, by Dr. McClendon, President. The invocation was given by Dr. Givens and the pledge was led by Dr. Edney.

Certificates of the Board Commission were presented to Dr. Lippincott, Dr. Owens and Dr. Givens by Ms. Emily Kruger with the Office of Governor Tate Reeves.

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Dr. McClendon introduced Alexis Morris, Special Assistant Attorney General as the Board's Hearing Officer and Tammi 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 May through June 2021. Dr. Cleveland reported the renewal licensure data FYI 2021-22.

Review and Approval of Minutes of the Executive Committee Meeting dated May 20, 2021.

Upon review of the minutes of the Executive Committee Meeting dated May 20, 2021, Dr. Edney moved for approval of the minutes as submitted. Dr. Owens seconded the motion and it carried unanimously.

Review and Approval of Minutes of the Board Meeting dated May 20, 2021.

Upon review of the minutes of the Board Meeting dated May 20, 2021, Dr. Joiner moved for approval of the minutes as corrected regarding members present for that meeting. Dr. Owens seconded the motion and it carried unanimously.

Report of July 22, 2021, Executive Committee Meeting

Dr. McClendon reported the Executive Committee Meeting was canceled on this date.

Dr. McClendon reviewed changes in leadership for the following Committees:

- Scope of Practice Committee Chair will be Dr. Kinard, and a new member has been added, Dr. Givens.
- Telemedicine | Interstate Licensure Compact Committee Chair will be Dr. Edney, and a new member has been added, Dr. Givens.
- Physician Assistant Advisory Task Force Chair will be Dr. Owens.

REPORTS FROM COMMITTEES

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

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Dr. Owens advised there were no issues brought up to the Scope of Practice Committee, no report.

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

Dr. Lippincott introduced Dr. Anthony Cloy as the new Director and Kristin Powell as the Associate Director of the Mississippi Physician Health Program. Dr. Scott Hambleton is now serving as the Chairman to the Physicians Health Committee. He is also serving as President of the Federation of the State Physicians' Health Programs. The Mississippi Physician Health Program currently has about 130 active participants.

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 in keeping everyone informed the Medical Board quarterly newsletter is in process and will be available soon.

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 reported that he will miss participating in this committee getting a pulse of the healthcare across the state.

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

In the absence of Dr. Miles, Dr. Owens reported on the meeting of the Rules, Regulation & Legislative Committee and that the Committee recommended to the Board to initial adoption.

- Part 2635: Chapter 15: Medical Examiners Regulation
- Part 2635: Chapter 5 Practice of Telemedicine Regulation

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A motion was made by Dr. Joiner, seconded by Dr. Givens, and carried to accept the recommendations of the Occupational Licensing Review Commission on June 7, 2021.

Copies of the proposed regulations are attached hereto and incorporated by reference.

OTHER BUSINESS

Dr Cleveland introduced Paul Barnes as the first full time Board attorney. Mr. Barnes' graduated from the School of Law at Mississippi State University, Oxford, MS. Mr. Barnes previously worked 15 years in private practice before joining the Attorney General's Office in civil litigation.

**SHAILESH VORA, M.D., SOUTHLAKE, TX, MISSISSIPPI MEDICAL LICENSE 25328
PETITION TO LIFT RESTRICTIONS**

Mr. Ingram introduced Dr. Vora and his attorney Ms. Elizabeth Hyde.

Dr. Vora has requested to lift the Consent Order dated January 16, 2020, based on action taken by the Medical Boards of Arkansas and Texas. Mr. Ingram briefly summarized the case and introduced documents into the record.

Ms. Hyde addressed the Board and briefly summarized Dr. Vora's compliance with the Texas, Arkansas and Mississippi Medical Boards since execution of the Consent Order.

Dr. Vora was sworn in by the court reporter.

Dr. Vora was questioned and answered questions from the Board and Mr. Ingram. Dr. Vora briefly summarized his evaluation and recommendations.

Dr. Vora summarized the professional boundary conduct resulting in Board action by Arkansas and Texas.

Ms. Hyde made a closing statement.

A motion was made by Dr. Owens, seconded by Dr. Edney, and carried that the Board meeting be closed to discuss whether to enter into executive session on this matter.

A motion by Dr. Owens, seconded by Dr. Joiner, and carried that the Board enter into executive session to discuss investigative proceedings regarding allegations of misconduct or violations of law by Licensee.

Upon a motion by Dr. Edney, seconded by Dr. Gersh, and carried, the Board came out of executive session, at which time Dr. McClendon asked Dr. Lippincott to report on its decision. Dr. Lippincott reported that the Board's decision was to lift restrictions on Dr. Vora's medical license contingent upon compliance with the Arkansas Health Foundation contract, with full reporting to the Mississippi Physician Health Program (MPHP). Upon the successful completion of the Arkansas program contract, Dr. Vora is to notify the Board.

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

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

THE BOARD RECESSED AT 11:24 PM FOR LUNCH AND RETURNED AT 12:30 PM

SHOW CAUSE HEARING IN THE CASE OF TIMOTHY D. JACKSON, M.D.
APPLICANT

Mr. Ingram introduced Dr. Jackson and his attorney Mr. Bill Whitfield.

Mr. Ingram briefly summarized the case and introduced documents into the record. Dr. Jackson had previously held a medical license and in lieu of a hearing before the Board permitted his license to lapse after being convicted for Tax Evasion and filing a false Tax Return. On June 21, 2021, the Board issued an Order to Show Cause charging Dr. Jackson as a basis for denial on two grounds, 1) having been found guilty of a felony or misdemeanor involving moral turpitude (Income tax evasion and giving false statements to the IRS) and, 2) guilty of unprofessional conduct.

Mr. Whitfield introduced documents into the record and briefly summarized Dr. Jackson's current status and his request to return to the practice of medicine.

Dr. Jackson was sworn in by the court reporter.

Dr. Jackson briefly summarized his background, training and practice prior to his conviction. Dr. Jackson summarized the circumstances and subsequent conviction pertaining to evasion of taxes and filing a false tax return. Dr. Jackson answered questions from Mr. Whitfield, Mr. Ingram and the Board.

Mr. Whitfield made a closing statement.

Mr. Ingram made a closing statement.

A motion was made by Dr. Owens, seconded by Dr. Joiner, and carried that the Board meeting be closed to discuss whether to enter into executive session on this matter.

A motion by Dr. Edney, seconded by Dr. Owens, and carried that the Board enter into executive session to discuss investigative proceedings regarding allegations of misconduct or violations of law by Licensee.

Upon a motion by Dr. Givens, seconded by Dr. Joiner and carried, the Board came out of executive session at which time Dr. McClendon asked Dr. Lippincott to report on its decision. Dr. Lippincott reported that it was the decision of the Board to deny the application of Dr. Jackson. However, Dr. Jackson may request reconsideration after successful completion of the SPEX examination.

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

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

Dr. McClendon Announced That the Board Would Enter Executive Session to Discuss a Personnel Matter.

The Board Returned to Open Session.


Dr. Lippincott reported that it was the decision of the Board to request that the Executive Director meet with the Executive Committee at the regular Executive Committee Meetings for an executive summary of significant interim actions.

SEPTEMBER BOARD MEETING DATES

The next regularly scheduled meeting of the Board is set for Wednesday, September 22, and Thursday, September 23, 2021.

ADJOURNMENT

There being no further business, the meeting was adjourned at 3:47 p.m.



William David McClendon, Jr., M.D.
President

Minutes taken and transcribed.
By Frances Carrillo
Staff Officer
July 22, 2021

Part 2635: Chapter 15: Medical Examiners

Rule 15.1 | Scope and Purpose

The purpose of this regulation is to set forth certain exemptions, stipulations, and expectations as to the practice of medicine within Mississippi by physicians who serve as the State Medical Examiner or a Deputy Medical Examiner. Further, it is the intent of this regulation to set forth the requirements of those physicians to practice medicine in Mississippi, temporarily, without obtaining an unrestricted Mississippi medical license. The Board defers to state statute on any duties or requirements not specifically mentioned within this regulation.

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

Rule 15.2 | Definitions

For the purpose of Part 2635, Chapter 15 only, the following terms have the meanings indicated:

- A. “Medical Examiner” means the person appointed by the Commissioner of Public Safety pursuant to Miss. Code Ann., §41-61-55 to investigate and certify deaths that affect the public interest.
- B. “Deputy Medical Examiner” means those professional individuals employed by The Department of Public Safety who serve under the direction of the Medical Examiner, and who perform autopsies and post-mortem examinations to determine cause of death via medical processes, such as pathology, and who may testify as an expert regarding their findings.

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

Rule 15.3 | Temporary Practice

Recognizing the unique challenges in hiring and retaining Deputy Medical Examiners, along with the need to expeditiously conduct autopsies in order to avoid evidentiary spoilage, applicants for licensure to serve in the role of Deputy Medical Examiner may practice within Mississippi temporarily, without an unrestricted medical license, while going through the licensure process. Said physicians must first submit their application, thereby starting the licensure process, and must verify they are licensed in good standing in another state or acceptable jurisdiction. This temporary practice period shall not exceed six (6) months from the date the application is received.

Further, contract physicians who are hired on a temporary basis by The Department of Public Safety may also practice without a license, after verifying their unrestricted licensure as described above, for a period of up to one (1) month. Thereafter, said physicians must apply for a full license in Mississippi.

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

Rule 15.4 | Violation of Rules

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

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

Part 2635 Chapter 5: Practice of Telemedicine

Rule 5.1 | Definitions

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

- A. “Physician” means any person licensed who holds an unrestricted license to practice allopathic or osteopathic medicine in the state of Mississippi.
- B. “Telemedicine” is the practice of medicine by a licensed health care provider using HIPAA-compliant telecommunication systems, including information, electronic, and communication technologies, remote monitoring technologies and store-and-forward transfer technology. ~~interactive audio, video, store and forward, or other telecommunications or electronic technology by a licensed health care provider to deliver a health care service within the scope of practice of the health care provider at a site other than the site at which the patient is located, and which is~~ These technologies may be used to facilitate, but are not limited to, provider to patient or provider to provider interactions. The technology must be capable of replicating the interaction of a traditional in-person encounter between a provider and a patient. This definition does not include the practice of medicine through postal or courier services.
- C. “Emergency Telemedicine” is a unique combination of telemedicine used in a consultative interaction between a physician board certified, or board eligible, in emergency medicine, and an appropriate skilled health professional (nurse practitioner or physician assistant).
- D. “Primary Center” is any facility providing telemedicine services to Satellite Centers, as defined in definition ‘G’.
- E. “Remote Monitoring” is defined as the use of technology to remotely track health care data for a patient released to his or her home or a care facility, usually for the intended purpose of reducing readmission rates.
- F. “Real-Time Telemedicine” is defined as real-time communication using interactive audio and visual equipment, such as a video conference with a specialist, also known as ‘synchronous communication.’
- G. “Satellite Center” is any facility receiving telemedicine services from a Primary Center, as defined in definition ‘D’.
- H. “Store-and-Forward Transfer Technology” is defined as technology which facilitates the gathering of data from the patient, via secure email or messaging service, which is then used for formulation of a diagnosis and treatment plan, also known as ‘asynchronous communication.’

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

Rule 5.2 | Licensure

The practice of medicine is deemed to occur in the location of the patient. Therefore, only physicians holding a valid Mississippi license are allowed to practice telemedicine in Mississippi. The interpretation of clinical laboratory studies as well as pathology and histopathology studies performed by physicians without Mississippi licensure is not the practice of telemedicine provided a Mississippi licensed physician is responsible for accepting, rejecting, or modifying the interpretation. The Mississippi licensed physician must maintain exclusive control over any subsequent therapy or additional diagnostics.

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

Rule 5.3 | Informed Consent

The physician using telemedicine should obtain the patient's informed consent before providing care via telemedicine technology. In addition to information relative to treatment, the patient should be informed of the risk and benefits of being treated via a telemedicine network including how to receive follow-up care or assistance in the event of an adverse reaction to treatment or if there is a telemedicine equipment failure.

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

Rule 5.4 | Physician Patient Relationship

In order to practice telemedicine a valid "physician patient relationship" must be established. The elements of this valid relationship are:

- A. verify that the person requesting the medical treatment is in fact who they claim to be;
- B. conducting an appropriate history and physical examination of the patient that meets the applicable standard of care;
- C. establishing a diagnosis through the use of accepted medical practices, i.e., a patient history, mental status exam, physical exam and appropriate diagnostic and laboratory testing;
- D. discussing with the patient the diagnosis, risks and benefits of various treatment options to obtain informed consent;
- E. insuring the availability of appropriate follow-up care; and
- F. maintaining a complete medical record available to patient and other treating health care providers.

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

Rule 5.5 | Examination

Physicians using telemedicine technologies to provide medical care to patients located in Mississippi must provide an appropriate examination prior to diagnosis and treatment of the patient. However, this exam need not be in person if the technology is sufficient to provide the same information to the physician as if the exam had been performed face to face.

Non-store-and-forward and non-remote patient monitoring telemedicine must be real-time audiovisual, except that audio-only interactions are allowed when (i) audio-video interactions are

technologically unavailable, and (ii) audio-only interactions are considered medically appropriate for the corresponding health care services being delivered. An audio-only interaction is also allowed when conducted in conjunction with a store-and-forward transfer when the store-and-forward transfer is directly related to the patient condition presented.

Other exams may be appropriate if a licensed health care provider is on site with the patient and is able to provide various physical findings that the physician needs to complete an adequate assessment. However, a simple questionnaire without an appropriate exam is in violation of this policy and may subject the physician to discipline by the Board.

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

Rule 5.6 | Medical Records

The physician treating a patient through a telemedicine network must maintain a complete record of the patient's care. The physician must maintain the record's confidentiality and disclose the record to the patient consistent with state and federal laws. If the patient has a primary treating physician and a telemedicine physician for the same medical condition, then the primary physician's medical record and the telemedicine physician's record constitute one complete patient record.

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

Rule 5.7 | Consultative Physician Limited

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

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

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

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

Rule 5.8 | Reporting Requirements

Annual reports detailing quality assurance activities, adverse or sentinel events shall be submitted for review to the Mississippi State Board of Medical Licensure by all institutions and/or hospitals operating telemergency programs.

Rule 5.9 | Automated Dispensaries

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

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

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

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

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE LICENSE OF:

SHAILESH CHHOTALLAL VORA, M.D.

FINAL ORDER

The above-titled matter came before the Mississippi State Board of Medical Licensure in Jackson, Hinds County, Mississippi, on July 22, 2021, pursuant to the petition or request of Shailesh Chhotallal Vora, M.D. for removal of all restrictions imposed by that certain Consent Order dated January 6, 2020. A quorum of Board members was present throughout the hearing and deliberation in the matter.

Shailesh Chhotallal Vora, M.D. (hereinafter “Licensee”) was represented by Elizabeth Hyde, Esq. Responding as complaint counsel for the Board was Stan Ingram, Esq. The case was called to hearing without objection from either party.

Alexis Morris, 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.
2. On April 17, 2019, the Arkansas Medical Board issued an emergency suspension of Licensee’s certificate to practice medicine in that state based upon allegations that he with words or actions sexually harassed patients within a clinic or hospital setting. The disciplinary hearing before the Arkansas Medical Board was set for June 6, 2019.
3. On May 9, 2019, this Board reciprocated and issued an Order of Temporary Suspension of Licensee’s Mississippi medical license, pending a hearing then set for May 21, 2019. The

May 21, 2019 hearing was thereafter continued pending the outcome of the scheduled hearing in Arkansas.

4. Prior to any hearing, Licensee submitted to a comprehensive evaluation through the Arkansas Medical Foundation (AMF), which is the Arkansas counterpart to the Mississippi Physicians Health Program (MPMP). Thereafter, on June 6, 2019, a hearing was conducted before the Arkansas Medical Board, resulting in Licensee's certificate to practice medicine in that state being revoked, but with the revocation automatically stayed, subject to certain conditions, one of which was continued affiliation with AMF.
5. At all times wherein disciplinary action was pending before the Arkansas Board, Licensee was practicing in the state of Texas. On December 6, 2019, Licensee entered into an Agreed Order with the Texas Medical Board. By virtue of the Agreed Order, Licensee acknowledged making inappropriate comments to one patient. Licensee's certificate to practice medicine in Texas was made subject to successful completion of a jurisprudence examination, 12 hours of continuing medical education in ethics and boundaries and a \$3000 administrative penalty.
6. By virtue of the actions taken in Arkansas and Texas, on January 6, 2020, Licensee entered into a Consent Order with this Board placing certain restrictions on his license, including successful completion of the Mississippi Medical jurisprudence examination and full compliance with all conditions imposed by the states of Arkansas and Texas.
7. During the hearing, Licensee introduced evidence in the form of orders confirming that the states of Arkansas and Texas have now removed all restrictions, the result being that Licensee now holds unrestricted licenses in both states. Notwithstanding Licensee's current practice in Texas, he remains a participant with the Arkansas Medical Foundation by virtue of a monitoring agreement. During the hearing, Licensee also acknowledged that he has not communicated or sought affiliation with the MPHP. He agreed to take all necessary steps to insure that the MPHP has an unrestricted line of communication or free flow of information to and from the Arkansas Medical Foundation.

CONCLUSIONS OF LAW

1. The Board has jurisdiction in this matter pursuant to Section 73-25-29, 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. The Applicant bears the burden of establishing that he satisfies the requirements for licensure as a medical doctor.
5. Based on the January 6, 2020 Consent Order which Licensee executed, and which was approved by the Board on January 16, 2020, the Board has the discretion to deny the request for removal of any or all restrictions imposed therein.

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

ORDER

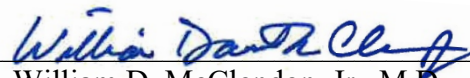
IT IS THEREFORE ORDERED that Licensee's petition for removal of all conditions imposed by virtue of the January 6, 2020, Consent Order which Licensee executed, and which was approved by the Board on January 16, 2020, is hereby granted.

IT IS FURTHER ORDERED that Licensee shall take all necessary steps to (i) insure that the Mississippi Physicians Health Program has an unrestricted line of communication or free flow of information to and from the Arkansas Medical Foundation and (ii) has the right to contact any and all parties or entities to insure compliance with the requirements of the Mississippi Physicians Health Program. This includes executing any and all releases and/or waivers so as to accomplish this purpose. In this regard, Licensee is further reminded that in the event he ever chooses to return to the state of Mississippi, he must promptly notify this Board and Mississippi Physicians Health Program.

IT IS FURTHER ORDERED that this action and order of the Board 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 22nd day of July, 2021.

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

BY: 
William D. McClendon, Jr., M.D.
President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE APPLICATION FOR THE LICENSURE OF:

TIMOTHY D. JACKSON, M.D.

FINAL ORDER

The above-titled matter came before the Mississippi State Board of Medical Licensure in Jackson, Hinds County, Mississippi, on July 22, 2021, pursuant to a Notice to Show Cause issued to Timothy D. Jackson, 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 regarding the application for licensure. Timothy D. Jackson, M.D. (hereinafter “Applicant”), having been served with the Notice to Show Cause, and being fully informed of his rights to a formal hearing before the Board, was represented by William Whitfield, Esq. The case was called to hearing without objection from either party.

Alexis Morris, 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.
2. Sections 73-25-29 and 73-25-83 of the Miss. Code Ann. (1972) as amended provide that the board may deny an application for license if the applicant has violated any provisions therein.
3. Applicant has applied for a new license to practice medicine in the state of Mississippi. He previously held a Mississippi License but, in lieu of a hearing before the Board, permitted it to lapse for reason hereinafter shown.

4. Specifically, on February 5, 2014, Applicant was indicted in a five (5) Count Criminal Indictment before the U.S. District Court for the Southern District of Mississippi, styled *United States of America vs. Timothy Dale Jackson, in Criminal Case No. 1:14cr3-HSO-JCG-001*, charging him with four (4) counts of violation of Section 7201, Title 26, US Code, failure to report income to the Internal Revenue Service (*Tax Evasion*) and one (1) count of violation of Section 7212(a), Title 26, US Code, giving false statements (*Corrupt Interference with Administration of Internal Revenue Laws*).
5. After a jury trial, Applicant was found guilty as charged and on December 19, 2014 was sentenced by the U.S. District Court to 75 months incarceration; 36 months of supervised release upon release from incarceration; and restitution to the IRS in the total amount of \$806,982,90.
6. In lieu of formal charges by the Board, Applicant allowed his license (No. 14510) to lapse without renewal.
7. On January 17, 2020, Applicant was released from custody from the U.S. Bureau of Prisons and on June 22, 2020 filed his application for a new Mississippi medical license.
8. On June 21, 2021, the Board issued its Order to Show Cause charging Applicant as a basis for denial of licensure, (i) having been found guilty of a felony or misdemeanor involving moral turpitude in violation of 73-25-29(6) and (ii) guilty of unprofessional conduct, which includes, but is not limited to, any dishonorable or unethical conduct likely to deceive, defraud or harm the public in violation of 73-25-29(8)(d) and §73-25-83(a)
9. Applicant has not practiced medicine since 2014. In that regard, Title 30, Part 2601, Rule 1.3, *Duty to Obtain License*, of the Rules and Regulations of the Board Governing Licensure, provides in part:

Prior to the issuance of, or reinstatement of a license, any physician, physician assistant, radiologist assistant or acupuncturist who has not actively practiced for a three (3) year period shall be required to participate in a Board approved assessment program, clinical skills assessment program or re-entry program to assure post-licensure competency

In compliance with the above regulation, on or about August 31, 2020, Applicant submitted to a professional competency assessment by the Center for Personalized Education for Professionals (CPEP). The assessment report was entered as evidence. In summary, the report found Applicant competent to practice, but did make recommendations regarding supervision and proctoring in the event Applicant is re-licensed and authorized to re-enter the practice of medicine in the specialty of orthopedics.

10. In addition to the above, Title 30, Part 2605, Rule 1.1.E, *Licensure by Credentials*, of the Rule and Regulations of the Board Governing Licensure, provides in part:

An applicant who otherwise possesses all of the qualifications for licensure by credentials but has not taken a medical proficiency examination or licensure examination within ten (10) years prior to filing his or her application, must pass the SPEX...., unless the applicant:

1. Submits satisfactory proof of current certification by an ABMS and participating in Maintenance of Certification (MOC) or AOA approved specialty board and participating in Osteopathic Continuous Certification (OCC); or
2. Submits proof that the applicant's sole purpose for seeking licensure is to serve as the Dean, Chairman of the Department or Faculty of an ACGME or AOA approved training program. In such case, a license shall remain in effect so long as licensee is a member of the faculty of the ACGME or AOA approved training program

Applicant is not currently board certified and is not seeking licensure to serve on faculty at a training program. Therefore, it will be necessary that he successfully take the SPEX examination.

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 to protect the public health, safety, and welfare.
4. The Applicant bears the burden of establishing that he satisfies the requirements for licensure as a medical doctor.
5. According to Sections 73-25-29 and 73-25-83 (a), the Board may deny an application for a Mississippi license to practice medicine.

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 Applicant's petition for a new license to practice medicine in the state of Mississippi is hereby denied. However, Applicant may request reconsideration at such time as he successfully completes the SPEX examination and submits proof of the same to the Board.

IT IS FURTHER ORDERED that in the event Applicant successfully completes SPEX as provided above, issuance of a Mississippi medical license shall be subject to any and all re-entry requirements set forth in the CPEP Education Plan.

IT IS FURTHER ORDERED that this action and order of the Board 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 22nd day of July 2021.

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

BY: 
William D. McClendon, Jr., M.D.
President