

**BOARD MINUTES  
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE  
NOVEMBER 18, 2021**

The regularly scheduled meeting of the Mississippi State Board of Medical Licensure was held on Thursday, November 18, 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  
Kirk L. Kinard, D.O., Oxford  
Thomas Joiner, M.D., Jackson  
Daniel Edney, M.D., Vicksburg  
Roderick Givens, M.D., Natchez  
Wesley Breland, Hattiesburg, Consumer Member  
Major General (Ret.) Erik Hearon, Jackson, Consumer Member  
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  
Arlene Davis, IT Director  
Frances Carrillo, Staff Officer

**NOT PRESENT:**

Charles D. Miles, M.D., West Point

The meeting was called to order at 11:03 am, by Dr. McClendon, President. The invocation was given by Dr. Givens and the pledge was led by Dr. Lippincott.

Dr. McClendon introduced Alexis Morris, Special Assistant Attorney General as the Board's Hearing Officer and Julie Brown, Court Reporter with Brown Court Reporting.

**EXECUTIVE DIRECTOR REPORT**

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Dr. Cleveland provided an updated summary regarding Licensure and Investigative Division operations for the months of September through October 2021. Dr. Cleveland introduced the agency's new lobbying group, Capitol Resources, Claire Hester.

### **Review and Approval of the Corrected Minutes of the Board Meeting dated July 22, 2021.**

Upon review of the minutes of the Executive Committee Meeting dated July 22, 2021, Dr. Owens moved for approval of the minutes as submitted. Dr. Givens seconded the motion and it carried unanimously.

### **Review and Approval of the Executive Committee Meeting dated September 23, 2021.**

Upon review of the minutes of the Executive Committee Meeting dated September 23, 2021, Dr. Joiner 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 September 23, 2021.**

Upon review of the minutes of the Board Meeting dated September 7, 2021, Dr. Owens moved for approval of the minutes as corrected regarding members present for that meeting. Dr. Kinard seconded the motion and it carried unanimously.

### **Review and Approval of Minutes of the Board Meeting dated October 25, 2021.**

Upon review of the minutes of the Board Meeting dated October 25, 2021, Dr. Joiner moved for approval of the minutes as corrected regarding members present for that meeting. Dr. Edney seconded the motion and it carried unanimously.

### **Report of September 23, 2021, Executive Committee Meeting**

Dr. Lippincott reported on the matters discussed by the Executive Committee on September 23, 2021, and decisions that were made.

Two matters before the Executive Committee were considered, regarding requests seeking an exception to Rule 1.2 of Part 2615 of the regulation governing the practice of Physician Assistants. The first proposed practice protocol waiver request was granted with conditions to Michael Boggs, M.D., and Daniel Shreeve, M.D. In the matter of PA Jodi Clements, a waiver was granted for her collaborating physician who did not meet the 20-hour requirement.

A motion was made by Dr. Kinard, seconded by Dr. Givens, and carried, to accept the report and ratify the decisions as reported by the Executive Committee.

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

### **REPORTS FROM COMMITTEES**

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

Dr. Kinard 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. Kinard reported a change in the Physician Health Program staff and rise in referrals.

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

Dr. Edney advised the committee had a joint meeting with the Rules and Regulation Committee to discuss Part 2635 Chapter 5: Practice of Telemedicine Regulation. Change in language to update collaborative relationships in telemedicine and the definition of "Real Time Telemedicine."

A motion was made by Dr. Joiner, seconded by Dr. Givens, and carried, to accept the report and recommendations of the Rules, Regulation & Legislative Committee to adopt this regulation on an emergency basis.

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

**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 no new information to report.

**Physician Assistant Advisory Task Force - Dr. Owens (Chair), Dr. Kinard, Maj Gen Hearon Mr. Jonathan Dalton, Joanna Mason, PA-C, Tristen Harris, PA-C, Steven English, PA-C, Steve Martin, PA-C, Deb Munsell, PA-C, Vanessa Perniciaro, PA-C, Phyllis Johnson, Board of Nursing**

Dr. Owens reported that the task force continues to review and approve physician protocols.

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

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Dr. Owens reported the committee had a joint meeting with the Telemedicine committee to discuss changes in language regarding the regulation, Part 2615: Physician Assistants and Part 2630 Collaboration, Chapter 1: Collaboration with Nurse Practitioners in regard to telemedicine. It is recommended to the Board to adopt this regulation on an emergency basis.

A motion was made by Dr. Joiner, seconded by Dr. Givens, and carried, to accept the report and recommendations of the Rules, Regulation & Legislative Committee.

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

### **FOR INFORMATIONAL PURPOSES**

Mr. Barnes briefly summarized the following surrenders for: Hazem Barmada, M.D., Ocean Springs, MS, Medical License 16903; Surrender of Medical License, Larry Kenneth Cruel, D.P.M., Jackson, MS, Podiatric License 80152, Surrender of Podiatric License; and Cooper McIntosh, M.D., Oxford, MS, Medical License 13540, Surrender of Medical License.

Copies of the Orders are attached hereto and incorporated by reference.

### **HEARING IN THE CASE OF JAMES LEONARD WOOTTON, III, M.D., BROOKHAVEN, MS, MISSISSIPPI MEDICAL LICENSE 25172**

Mr. Barnes advised a second motion for a continuance was received from Dr. Wootton, who is represented by Whit Johnson.

A motion was made by Dr. Joiner, seconded by Dr. Owens, and carried unanimously to accept the motion for a continuance.

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

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

### **HEARING IN THE CASE OF ROBERT KENT OZON, M.D., GULFPORT, MS, MISSISSIPPI MEDICAL LICENSE 17909**

Mr. Barnes advised a motion for a continuance was received.

A motion was made by Dr. Kinard, seconded by Dr. Owens, and carried unanimously to accept the motion for a continuance.

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

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

**HEARING IN THE CASE OF TIMOTHY E. WHITTLE, M.D., WEST POINT, MS**  
**MISSISSIPPI MEDICAL LICENSE NUMBER 11439**

Mr. Barnes advised that Dr. Whittle has requested to be removed from the docket and placed on the January agenda.

A motion was made by Dr. Kinard, seconded by Dr. Owens, and carried unanimously to accept the motion for a continuance.

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

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

**THE BOARD RECESSED AT 11:28 PM FOR LUNCH AND RETURNED AT 12:30 PM**

**HEARING IN THE CASE OF TIMOTHY JACKSON, M.D., GULFPORT, MS**  
**MISSISSIPPI MEDICAL LICENSE NUMBER 14510**

Mr. Ingram advised this is a petition for a reinstatement of Dr. Jackson's medical license. Mr. Ingram briefly summarized the case and introduced documents into the record.

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

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 having passed the SPEX exam as stipulated by the Board on July 22, 2021.

Dr. Jackson and Mrs. Jackson were sworn in by the court reporter.

Mrs. Jackson requested to testify on behalf of her husband and briefly summarized the personal circumstances leading his convictions for income tax evasion. Mrs. Jackson exited the witness stand.

Dr. Jackson was called to the witness stand and Dr. Jackson answered questions from, Mr. Ingram, Mr. Whitfield and the Board.

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.

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A motion by Dr. Owens, seconded by Dr. Givens, 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. McClendon 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 for approval of reinstatement of the medical license with surgical privileges restricted until successful completion of a Board-approved re-entry program to be determined by the Executive Director.

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

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

**THE BOARD RECESSED FOR A BREAK AT 2:01 PM AND RETURNED AT 2:07 PM**

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

Mr. Ingram advised this is a petition for a reinstatement of Dr. Wade's medical license. Mr. Ingram briefly summarized the case in that Dr. Wade appeared before the Board in a hearing on March 24, 2021 and was found guilty of unprofessional conduct within a professional boundary violation with a patient and failing to maintain proper patient records for controlled substances. At that time, the Board suspended Dr. Wade's medical license.

Mr. Ingram introduced Dr. Wade and his attorney Mr. Johnny Wade.

Mr. Ingram introduced documents into the record.

Mr. Wade introduced documents into the record and briefly summarized Dr. Wade's current status and his request to return to the practice of medicine having completed certain conditions as stipulated by the Board on March 24, 2021.

Dr. Wade was sworn in by the court reporter.

Dr. J. Anthony Cloy, Medical Director of the Mississippi Physician Health Program was sworn in.

Dr. Wade was called to the witness stand and he answered questions from Mr. Ingram, Mr. Wade and the Board.

Dr. Cloy was called to the witness stand and answered questions pertaining to Dr. Wade's compliance to treatment recommendations. Dr. Cloy testified regarding Dr. Wade's compliance and future monitoring.

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A motion was made by Dr. Owens, seconded by Dr. Kinard, 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. Kinard, 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. Owens, 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 approve the reinstatement and for Dr. Wade to abide with the Mississippi Physician Health Program monitoring.

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

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

### **JANUARY 2022 BOARD MEETING DATES**

The next regularly scheduled meeting of the Board is set for Wednesday, January 19, 2022, and Thursday, January 20, 2022.

### **ADJOURNMENT**

There being no further business, the meeting was adjourned at 2:59 p.m.



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

**Minutes taken and transcribed.**

**By Frances Carrillo**

**Staff Officer**

**November 18, 2021**

## **Part 2615: Physician Assistants**

### *Rule 1.7 | Supervising Physician Limited*

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 utilize 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, either in person or via video conferencing, with a supervisory physician once per quarter for the purpose of quality assurance, and this meeting ~~should~~must be documented.

## **Part 2630 Collaboration**

### **Chapter 1: Collaboration with Nurse Practitioners**

#### *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, either in person or via video conferencing, 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).*

**Part 2640 Rules Pertaining to Prescribing, Administering and Dispensing of Medication**  
**Rule 1.14 | Pain Management Medical Practice**

*Rule 1.14 Pain Management Medical Practice.*

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

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

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

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

- c. Excess hours may not be carried over to another two-year cycle. For the purpose of this regulation, the two-year period begins with the fiscal year July 1, 2014, and every two years thereafter to be concurrent with the licensure requirement.
- J. Physicians and physician assistants practicing in a registered pain management medical practice must be registered with the Mississippi Prescription Monitoring Program (MPMP). A report from the MPMP must be obtained on the initial visit for each patient. Subsequent reports must be obtained for each patient at every visit.
- K. Requirements for physician assistants practicing in pain management medical practices. Physician assistants must meet the following qualifications prior to practicing in a registered pain management practice:
  - 1. A Board approved protocol in the practice of pain management as required by Part 2615, Chapter 1, Rules 5 and 6, with a physician who holds a license that is not designated as limited, restricted, retired, temporary, or in-training;
  - 2. Physician assistants with approved prescriptive authority must obtain 10 hours as required by the licensure requirement plus 5 hours of Category 1 CME related to prescribing and pain management for every year the physician assistant is practicing in a pain management medical practice;
  - 3. Physician assistants with prescriptive authority must be familiar with and adhere to the Administrative Rule Pertaining to Prescribing, Administering and Dispensing of Medication, Part 2640, Chapter 1; and
  - 4. Physician assistants with prescriptive authority must be registered with the Mississippi Prescription Monitoring Program (MPMP).
- L. A physician who is a current participant in the Mississippi Professionals Health Program (MPHP) may not be the primary physician owner of a pain practice. This does not prohibit a MPHP participant from working in a pain practice.
- M. Prior to the initial prescription for the treatment of chronic non-cancer/non-terminal pain, each patient in a pain management practice must have an in-person evaluation by a licensed provider in a registered pain management practice medically directed by a physician having the necessary credentials as set forth by the Board. Thereafter, the patient must be seen and evaluated by a pain management physician within the next ninety (90) days.
- N. Certificates are valid for one year and must be renewed annually. There is a thirty-day grace period for renewal after which the owner or operator must reapply for an original certificate. The physician owner or operator of the practice must post the certificate in a conspicuous location so as to be clearly visible to patients. The practice may not continue to operate while the certificate has expired.
- O. The Board has the authority to inspect a pain management medical practice. During such inspections, authorized representatives of the Board, who may be accompanied by investigators from state or federal law enforcement agencies, may inspect documents and medical records to ensure compliance with any applicable laws and rules.
- P. If the Board finds that a registered pain management practice no longer meets any of the requirements to operate as a pain practice, the Board may immediately revoke or suspend the physician's certificate to operate a pain management medical practice. The physician owner or operator shall have the right to an administrative hearing before the Board at the next available and scheduled meeting of the Board. Further, the Board has the discretion to lift the suspension of a certificate when the pain management medical practice demonstrates compliance with applicable rules and regulations.

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

**BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE  
IN THE MATTER OF THE PHYSICIAN'S LICENSE  
OF  
HAZEM BARMADA, M.D.**

**SURRENDER OF MEDICAL LICENSE**

**WHEREAS, HAZEM BARMADA, M.D.**, hereinafter referred to as "Licensee," is the current holder of License Number 16903, issued on August 14, 2000, and which expires on June 30, 2022;

**WHEREAS**, Licensee is currently subject to an active investigation by the Board;

**WHEREAS**, Licensee has no desire to continue his practice of medicine in the state of Mississippi.

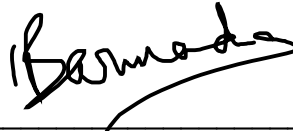
**NOW THEREFORE**, in order to resolve this matter now pending before the Board, Licensee agrees to voluntarily surrender his medical license (No. 16903) to practice medicine in the State of Mississippi, and understands said Surrender shall be effective immediately upon execution. Licensee understands this is an unconditional surrender, is reportable to the National Practitioner Data Bank and other entities, such as the Federation of State Medical Boards, and is a public record of the State of Mississippi.

Further, Licensee understands and agrees that, should Licensee seek reinstatement, he shall comply with all requirements set forth in Miss. Code Ann., §73-25-32 governing reinstatement after revocation or suspension of a license.

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, **HAZEM BARMADA, M.D.**, nevertheless, hereby

waives his right to notice and a formal adjudication of charges and hereby voluntarily executes this Surrender of Medical License to practice medicine in the State of Mississippi.

**EXECUTED AND EFFECTIVE**, this the 24th day of October, 2021.

A handwritten signature in black ink, appearing to read 'Barmada', is written over a horizontal line.

**Hazem Barmada, M.D.**

**ACCEPTED AND APPROVED**, this the \_\_\_\_\_ day of \_\_\_\_\_, 2021,  
by the Mississippi State Board of Medical Licensure.

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**Kenneth E. Cleveland, M.D.**  
**Executive Director**  
**Mississippi State Board of Medical Licensure**

**BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE  
IN THE MATTER OF THE PODIATRIC LICENSE  
OF  
LARRY KENNEITH CRUEL, D.P.M.**

**SURRENDER OF MEDICAL LICENSE**

**WHEREAS, LARRY KENNEITH CRUEL, D.P.M.,** hereinafter referred to as "Licensee," is the current holder of License Number 80152, issued on November 16, 1998, and which expires on June 30, 2022;

**WHEREAS,** Licensee has pled guilty to filing a false or fraudulent claim for Medicaid benefits, in violation of Miss. Code Ann., § 43-13-213;

**WHEREAS,** the aforementioned guilty plea constitutes conviction of a felony or misdemeanor involving moral turpitude which is directly related to the practice of medicine, and unprofessional conduct, in violation of Miss. Code Ann., § 73-25-29 (6) and (8).

**NOW THEREFORE,** in order to resolve this matter now pending before the Board, Licensee agrees to voluntarily surrender his medical license (No. 80152) to practice podiatric medicine in the State of Mississippi, and understands said Surrender shall be effective immediately upon execution. Licensee understands this is an unconditional surrender, is reportable to the National Practitioner Data Bank and other entities, such as the Federation of State Medical Boards, and is a public record of the State of Mississippi.

Further, Licensee understands and agrees that, should Licensee seek reinstatement, he shall comply with all requirements set forth in Miss. Code Ann., §73-25-32 governing reinstatement after revocation or suspension of a license.



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, **LARRY KENNEITH CRUEL, D.P.M.**, nevertheless, hereby waives his right to notice and a formal adjudication of charges and hereby voluntarily executes this Surrender of Medical License to practice podiatric medicine in the State of Mississippi.

**EXECUTED AND EFFECTIVE**, this the 27<sup>th</sup> day of October, 2021.

A handwritten signature in black ink, appearing to read 'L. Cruel', is written over a horizontal line.

**Larry Kenneith Cruel, M.D.**

**ACCEPTED AND APPROVED**, this the \_\_\_\_\_ day of \_\_\_\_\_, 2021,  
by the Mississippi State Board of Medical Licensure.

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**Kenneth E. Cleveland, M.D.**  
**Executive Director**  
**Mississippi State Board of Medical Licensure**

Cooper McIntosh

October 11, 2021

Mississippi State Board of Medical Licensure  
1867 Crane Ridge Dr # 200B  
Jackson, MS 39216

Re: License #13540 – Cooper Anderson McIntosh, M.D.

Ladies and Gentlemen,

It is with deep regret that I have decided to surrender my license to practice Medicine in the State of Mississippi.

I have hopes that this is a temporary situation and that I might eventually be in a place to ask for reinstatement,

Sincerely,



Cooper A. McIntosh

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**BEFORE THE MISSISSIPPI STATE  
BOARD OF MEDICAL LICENSURE**

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IN THE MATTER OF THE LICENSE OF:

JAMES LEONARD WOOTTON, M.D.

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**ORDER OF CONTINUANCE**

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**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 November 18, 2021, made by James Leonard Wootton, M.D. (hereinafter "Licensee"). The Board notes that this is Dr. Wootton's second request for a continuance, as he initially requested a continuance of the hearing set for September 23, 2021, which the Board granted. After consideration of the matter, the Board finds Licensee's second request for a continuance to be well-taken.

**IT IS, THEREFORE, ORDERED**, that this matter is continued until January 20, 2021, at 9:00 a.m.

**SO ORDERED** this the 18th day of November 2021.

**MISSISSIPPI STATE BOARD OF  
MEDICAL LICENSURE**

BY:   
WILLIAM D. MCCLENDON, JR., M.D.  
PRESIDENT

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**BEFORE THE MISSISSIPPI STATE  
BOARD OF MEDICAL LICENSURE**

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IN THE MATTER OF THE LICENSE OF:

ROBERT KENT OZON, M.D.

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**ORDER OF CONTINUANCE**

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**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 May 20, 2021, made by Robert Kent Ozon, 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 January 20, 2021, at 9:00 a.m.

**SO ORDERED** this the 18th day of November 2021.

**MISSISSIPPI STATE BOARD OF  
MEDICAL LICENSURE**

BY:   
WILLIAM D. MCCLENDON, JR., M.D.  
PRESIDENT

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**BEFORE THE MISSISSIPPI STATE  
BOARD OF MEDICAL LICENSURE**

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IN THE MATTER OF THE LICENSE OF:

TIMOTHY D. JACKSON, M.D.

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**ORDER GRANTING REINSTATEMENT OF LICENSE**

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THIS MATTER came on regularly for hearing on November 18, 2021, before the Mississippi State Board of Medical Licensure (hereinafter “Board”), pursuant to Title 73, Chapter 25 of Mississippi Code (1972) Annotated. Timothy D. Jackson, M.D. (“Licensee”) is seeking reinstatement of licensure pursuant to Miss. Code Ann. Section 73-25-32. The last formal action of the Board occurred on July 22, 2021, wherein the Board denied Licensee’s petition for reinstatement. While denying the petition, the Board advised Licensee that upon successful completion of the Special Purpose Examination (hereinafter “SPEX”), Licensee could request reconsideration. Further, in the event that Licensee successfully completes the SPEX examination, issuance of a Mississippi Medical License is subject to any and all re-entry requirements set forth in the Center for Personalized Education for Professionals (hereinafter “CPEP”) Education Plan. Licensee is now submitting such a petition.

Licensee was present and represented by Honorable William Whitfield. Complaint Counsel for the Board was Honorable Stan T. Ingram. Also present was Honorable Paul Barnes, Board Attorney. Sitting as legal advisor and hearing officer to the Board was Honorable Alexis E. Morris, Special Assistant Attorney General. Board members present for the proceedings were David McClendon, M.D, President; Michele Owens, M.D.; Ken Lippincott, M.D.; Daniel Edney, M.D.; Kirk Kinard, D.O.; Thomas Joiner, M.D.; Allen Gersh, M.D. and Roderick Givens, M.D. Consumer members present were Koomarie “Shoba” Gaymes; Major Gen. (Ret.) Erik Hearon and Wesley Breland.

During the hearing, a number of exhibits were introduced including Licensee’s request-for-reinstatement letter; the Final Order from the Board dated July 22, 2021; the SPEX Examination Score; Licensee’s CPEP Assessment Report; a recommendation letter from Dr. John Logan (Licensee’s Proctor/Sponsor); Licensee’s Continuing Medical Education (hereinafter “CME”) certificates of completion and Course Transcripts.

Based on Licensee’s lapse of time in the practice of medicine, the Board determined Licensee must participate in a Board-approved re-entry program prior to the reinstatement of surgical privileges. Accordingly, the Board will permit reinstatement with restrictions.

**NOW THEREFORE, IT IS ORDERED**, that the request of Timothy D. Jackson, M.D. for reinstatement of licensure is hereby granted. However, surgical privileges are restricted until Timothy D. Jackson, M.D. participates in and

successfully completes a Board-approved re-entry program, the specifics of which shall be determined by the Executive Director. All costs and expenses associated with conducting the successful completion of the re-entry program shall be borne by Dr. Jackson. Upon successful completion of the re-entry program and approval by the Executive Director, Dr. Jackson may petition to have the surgical restriction removed.

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

**SO ORDERED** this the 18th day of November 2021.

**MISSISSIPPI STATE BOARD OF  
MEDICAL LICENSURE**

BY:   
WILLIAM D. MCCLENDON, JR., M.D.,  
PRESIDENT

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**BEFORE THE MISSISSIPPI STATE  
BOARD OF MEDICAL LICENSURE**

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IN THE MATTER OF THE LICENSE OF:

FRANK COLVIN WADE, M.D.

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**ORDER GRANTING REINSTATEMENT OF LICENSE**

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THIS MATTER came on regularly for hearing on November 18, 2021, before the Mississippi State Board of Medical Licensure (hereinafter “Board”), pursuant to Title 73, Chapter 25 of Mississippi Code (1972) Annotated. Frank C. Wade, M.D. (“Licensee”) is seeking reinstatement of licensure pursuant to Miss. Code Ann. Section 73-25-32. The last formal action of the Board occurred on March 24, 2021, wherein the Board suspended Licensee’s Mississippi medical license. While suspending Licensee’s medical license, the Board advised Licensee that upon expiration of no-less than 4 months from the date of the previous order, Licensee had the right to petition for reinstatement and return to practice, provided that, prior to the petition, Licensee undergo a comprehensive psychosexual evaluation from a Board-approved facility. Licensee was also ordered to 1) complete Board-approved Continuing Medical Education (hereinafter “CME”) courses, 2) appear before the



Board and present a plan of practice, and 3) pay a total assessment, not to exceed \$10,000. Licensee is now submitting such a petition.

Licensee was present and represented by Honorable Johnny Wade. Complaint Counsel for the Board was Honorable Stan T. Ingram. Also present was Honorable Paul Barnes, Board Attorney. Sitting as legal advisor and hearing officer to the Board was Honorable Alexis E. Morris, Special Assistant Attorney General. Board members present for the proceedings were David McClendon, M.D, President; Michele Owens, M.D.; Ken Lippincott, M.D.; Daniel Edney, M.D.; Kirk Kinard, D.O.; Thomas Joiner, M.D.; Allen Gersh, M.D. and Roderick Givens, M.D. Consumer members present were Koomarie “Shoba” Gaymes; Major Gen. (Ret.) Erik Hearon and Wesley Breland.

During the hearing, a number of exhibits were introduced including the Licensee’s request for reinstatement letter dated November 15, 2021; the Determination and Final Order from the Board dated March 24, 2021; copies of Licensee’s CME certificates of completion; a copy of the Certified Check to satisfy the assessment in the amount of \$9,368.47; the results of Licensee’s Psychosexual Evaluation (sealed); Licensee’s Comprehensive Treatment and Discharge Summary (sealed); Licensee’s recommendations and Return to Work Plan; the Mississippi Physician Health Program (hereinafter “MPHP”) Monitoring agreement; four letters of recommendation; and a letter from Leigh Ann Germany, LPC.


As a result of Licensee’s completion of all the terms and conditions outlined in the Board’s final order dated March 24, 2021, the Board will permit reinstatement.

**NOW THEREFORE, IT IS ORDERED**, that the request of Frank C. Wade, M.D. for reinstatement of licensure is hereby granted. Licensee shall abide by the terms and conditions set forth in the MPHP monitoring contract.

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

**SO ORDERED** this the 18th day of November 2021.

**MISSISSIPPI STATE BOARD OF  
MEDICAL LICENSURE**

BY:   
WILLIAM D. MCCLENDON, JR., M.D.,  
PRESIDENT