BOARD MINUTES
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
JANUARY 20, 2022

The regularly scheduled meeting of the Mississippi State Board of Medical Licensure was held on Thursday, January 20, 2022, 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
Charles D. Miles, M.D., West Point
H. Allen Gersh, M.D., Hattiesburg (Attended via Zoom)
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
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:

Major General (Ret.) Erik Hearon, Jackson, Consumer Member

The meeting was called to order at 11:00 am, by Dr. McClendon, President. The invocation was given by Dr. Edney, and the pledge was led by Dr. Kinard.

Dr. McClendon introduced Alexis Morris, Special Assistant Attorney General as the Board's Hearing Officer and Lori Busick, 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 and December 2022.

COVID-19 UPDATE – DAN EDNEY, M.D.

Dr. Edney reported updates regarding Covid-19 and the variant Omicron. He briefly summarized the data regarding new cases, hospitalizations, vaccinations and treatment.

Review and Approval of the Executive Committee Meeting dated November 18, 2021.

Upon review of the minutes of the Executive Committee Meeting dated November 18, 2021., Dr. Joiner moved for approval of the minutes as submitted. Dr. Kinard seconded the motion and it carried unanimously.

Review and Approval of Minutes of the Board Meeting dated November 18, 2021.

Upon review of the minutes of the Board Meeting dated November 18, 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 Minutes of the Special Called Board Meeting dated November 22, 2021.

Upon review of the minutes of the Board Meeting dated November 22, 2021, Dr. Owens moved for approval of the minutes as corrected regarding members present for that meeting. Dr. Miles seconded the motion and it carried unanimously.

Review and Approval of Minutes of the Special Called Board Meeting dated December 9, 2021.

Upon review of the minutes of the Board Meeting dated December 9, 2021, Dr. Miles moved for approval of the minutes as corrected regarding members present for that meeting. Dr. Kinard seconded the motion and it carried unanimously.

Report of January 20, 2022, Executive Committee Meeting

Dr. Lippincott reported on the matters discussed by the Executive Committee on January 20, 2022, and decisions that were made.

Two matters before the Executive Committee were considered, regarding requests seeking an exception to Rule 1.2 of Part 2630 governing the Collaboration with Nurse Practitioners in not meeting the 20-hour requirement. The request by Sunil Parashar, M.D. and Hena Zaki, D.O. for an exception was granted.

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

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 COMMITEES

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

Dr. Kinard advised no new information to report.

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

Dr. Kinard advised no new information to report.

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

Dr. Edney advised 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 reported the next newsletter will be released soon.

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 advised no new information to report.

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

Regulation for final Adoption:
Part 2615 - Physician Assistants
Part 2630 Chapter 1 - Collaboration with Nurse Practitioners
Part 2640 R.1.14 Rules Pertaining to Prescribing, Administering, and Dispensing of Medication - Pain Management Medical Practice

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

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

PURSUANT TO MS CODE § 73-25-27, INVESTIGATIVE SUBPOENA FOR APPROVAL (CASE NUMBER 2020-129 AND 2020-050)

Dr. McClendon advised that the Board consider approving an Investigative Subpoena, for Case Number 2020-129 and Case Number 2020-050. Dr. McClendon requested a motion to close the meeting.

A motion was made by Dr. Gersh, seconded by Dr. Miles, and carried, to close the meeting to consider whether to enter into executive session on this matter. A motion was made by Dr. Joiner**,** seconded by Dr. Owens, and carried, that the Board enter into executive session for the purpose of discussing whether to issue a subpoena regarding investigation of alleged misconduct and violations of the statutes and regulations governing the practice of medicine for Case Number 2022-129 and Case Number 2020-050.

Upon a motion by Dr. Owens seconded by Dr. Kinard, and carried unanimously, the Board came out of executive session. It was reported that the Board unanimously authorized the issuance of an investigative subpoena in Case Number 2022-129 and Case Number 2020-050. Pursuant Miss. Code Ann. §73-25-27, the Executive Director of the Board is hereby authorized to issue the aforementioned investigative subpoena and this authorization shall be deemed an order entered on the minutes of the Board.

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

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

A motion was made by Dr. Owens, seconded by Dr. Kinard, and carried that the

Board enter into executive session for the purpose of considering confidential information pursuant to the Disabled Physician Law.

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

Dr. Lippincott reported that it was the Board's decision to approve the recommendations and the reports of the Examining Committee for report #2022-028 and report #2022-129.

HEARING IN THE CASE OF KALLOL K. SAHA, M.D., COLLIERVILLE, TN MISSISSIPPI MEDICAL LICENSE 25014

Mr. Barnes advised a request was received from Dr Saha for a continuance who is represented by Mr. Tim Sensing.

Upon a motion by Dr. Owens, 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 Lori Busick, Court Reporter, Brown Court Reporting, Inc.

HEARING IN THE CASE OF INDIRA K. VEERISETTY, M.D., MADISON, MS MISSISSIPPI MEDICAL LICENSE 10202

Mr. Barnes advised a request was received from Dr Veerisetty for a continuance who is represented by Mr. Whit Johnson.

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 Lori Busick, Court Reporter, Brown Court Reporting, Inc.

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

Mr. Barnes advised a request was received from Dr. Ozon, who is represented by Mr. Jeffery Moore for a third continuance.

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

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

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

HEARING IN THE CASE OF TAMMY HENDERSON-BROWN, M.D., COLLINSVILLE, MS, MISSISSIPPI MEDICAL LICENSE 13886

Mr. Barnes advised that the Board consider entering into executive session on this matter for the purpose of considering confidential information pursuant to the Disabled Physician Law.

A motion was made by Dr. Kinard, seconded by Dr. Miles, and carried that the Board enter into executive session on this matter.

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

Dr. Lippincott reported that it was the Board's decision to grant a Continuance until the next regularly scheduled meeting of the Board.

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

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

THE BOARD RECESSED FOR LUNCH AT 12:05 PM, RECONVENED AT 1:15 PM

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

Mr. Barnes advised that due to Covid protocol Dr. Wootton accompanied by his spouse will be appearing via Zoom. Mr. Barnes advised Dr. Wootton’s request is to resolve this matter with a proposed Consent Order for the Board’s approval. Mr. Barnes briefly summarized the facts, the Consent Order executed by Dr. Wootton and placed documents into the record. Mr. Whit Johnson is present as Dr. Wootton’s counsel.

Mr. Johnson made an opening statement.

Dr. Wootton was sworn in by the court reporter.

Mr. Barnes addressed Dr. Wootton with questions regarding the violations and the proposed consent order. Mr. Barnes introduced an exhibit into the record under seal.

Mr. Barnes made a closing statement.

Mr. Johnson made a closing statement.

A motion was made by Dr. Kinard, seconded by Dr. Givens, 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 Lori Busick, Court Reporter, Brown Court Reporting.

HEARING IN THE CASE OF TIMOTHY WHITTLE, M.D.
MISSISSIPPI MEDICAL LICENSE 11439

DR. MILES RECUSED HIMSELF AND EXITED THE MEETING

Mr. Barnes introduced Dr. Whittle and his attorney Mr. Forrest Allgood. Mr. Barnes briefly summarized the case. Mr. Barnes advised this is a petition lift the Determination and Order of the Board which was issued on June 3, 2020. Dr. Whittle is requesting to be relieved of the Board order requirement that he undergo the Clinical Competency Evaluation. In exchange Dr. Whittle is offering to voluntarily restrict the scope of his practice to office-based gynecology.

Mr. Barnes introduced documents into the record.

Dr. Whittle was sworn in by the court reporter. Dr. Whittle answered questions by Mr. Allgood, Mr. Barnes and Board members.

Mr. Barnes made a closing statement.

Mr. Allgood 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. 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. Joiner, seconded by Dr. Kinard 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 request for reinstatement of license due to failure to meet the conditions of the original order.

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

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

MARCH 2022 BOARD MEETING DATES

the next regularly scheduled meeting of the board is set for Wednesday, March 23, 2022, and Thursday, March 24, 2022.

ADJOURNMENT

There being no further business, the meeting was adjourned at 2:50 p.m.

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

Minutes taken and transcribed.
By Frances Carrillo
Staff Officer
January 20, 2022

Regulation for final Adoption:

Part 2635 Chapter 5 - Practice of Telemedicine

ATA Comment Telemedicine

MAFP Comment Telemedicine

Part 2615 - Physician Assistants

Part 2630 Chapter 1 - Collaboration with Nurse Practitioners

Part 2640 R.1.14 Rules Pertaining to Prescribing, Administering, and Dispensing of Medication - Pain Management Medical Practice

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME		CONTACT PERSON	TELEPHONE NUMBER	
Mississippi State Board of Medical Licensure		Jonathan Dalton	601-987-0248	
ADDRESS		CITY	STATE	ZIP
1867 Crane Ridge Drive, Suite 200-B		Jackson	MS	39216
EMAIL	SUBMIT DATE	Name or number of rule(s):		
mboard@msbml.ms.gov	11/29/21	Part 2635 Chapter 5: Practice of Telemedicine		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Revision of the definitions and other sections regarding telemedicine to clarify certain terms common to the telemedicine industry and for other purposes.

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: R. 5.1, 5.2, 5.3, 5.5, and 5.6

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

Printed name and Title of person authorized to file rules: Jonathan Dalton, Director of Investigations

Signature of person authorized to file rules: _____

DO NOT WRITE BELOW THIS LINE

OFFICIAL FILING STAMP	OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
	FILED NOV 29 2021 MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	**Accepted for filing by** 2003 PM	**Accepted for filing by**

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

Part 2635 Chapter 5: Practice of Telemedicine

Rule 5.1 | Definitions

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

A. "Provider" means any physician or physician assistant who holds an unrestricted license to practice medicine in the state of Mississippi.
B. "Telemedicine" is the practice of medicine by a licensed healthcare provider using HIPAA-compliant telecommunication systems, including information, electronic, and communication technologies, remote monitoring technologies and store-and-forward transfer technology. 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 providers 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 provider is responsible for accepting, rejecting, or modifying the interpretation. The Mississippi licensed provider 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 provider 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

Providers 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.

Store-and-Forward Transfer Technology may be used to enhance, but never replace, real-time provider-patient interaction. Provider-patient interaction may be audio-visual or audio only where medically appropriate.

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 provider treating a patient through a telemedicine network must maintain a complete record of the patient's care. The provider 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 provider for the same medical condition, then the primary physician's medical record and the telemedicine provider'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).

Part 2635 Chapter 5: Practice of Telemedicine

Rule 5.1 | Definitions

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A. "~~Physician~~Provider" means any ~~person licensed~~ physician or physician assistant 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 provier 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).

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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.

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

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

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

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

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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).

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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.

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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~~provider treating a patient through a telemedicine network must maintain a complete record of the patient's care. The ~~physician~~provider 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~~provider for the same medical condition, then the primary physician's medical record and the telemedicine ~~physician~~provider'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)

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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).

December 13, 2021

William D. McClendon, M.D.
Interim President, Mississippi State Board of Medical Licensure
1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216

Michelle Y. Owens, M.D.
Interim Vice President, Mississippi State Board of Medical Licensure
1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216

RE: ATA COMMENTS ON PROPOSED TELEMEDICINE RULES

Dear Dr. McClendon, Dr. Owens, and members of the Board:

On behalf of the American Telemedicine Association (ATA) and the over 400 organizations we represent, I am writing to comment on revisions to Part 2635 Chapter 5: Practice of Telemedicine.

The ATA is the only national organization completely focused on advancing telehealth, and we are committed to ensuring that everyone has access to safe, affordable, and high-quality health care whenever and wherever they need it. The practice of telehealth empowers the health care system to provide services to millions more patients every year in an efficient and efficacious manner. The ATA represents a broad and inclusive coalition of technology solution providers and payers, as well as partner organizations and alliances, working to advance industry adoption of telehealth, promote responsible policy, advocate for government and market normalization, and provide education and resources to help integrate virtual care into emerging, value-based modalities.

Our organization is concerned by language in the proposed rule regarding store-and-forward (also known as asynchronous) technologies. The proposed regulation mandates that such technologies may be used "to enhance, but never replace, real-time provider-patient interaction."

The ATA believes that telemedicine regulations should be technology neutral, meaning that they do not mandate which technologies are more appropriate than others in the provision of telemedicine services so long as the standard of care is met for the condition presented by the patient. Medical boards should enable licensed providers to use their professional judgment to determine which technologies are appropriate – whether real-time or non-real time – to meet the standard of care during any given telemedicine interaction instead of promulgating regulations which make this determination for providers and patients alike. Our organization maintains that the standard of care should govern decisions regarding which technologies are appropriate for use in the delivery of telemedicine services to ensure that a wide breadth of telemedicine technologies can be utilized without sacrificing the quality of that care.

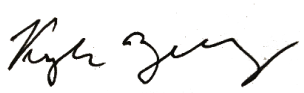
Given advances in telehealth technology and delivery, the proposed rule's mandate for synchronous interaction is an unnecessary and clinically unsubstantiated barrier to quality care that fails to consider how asynchronous telemedicine can address some of the significant provider shortages and health care disparities in the state. According to data from the U.S. Health Resources and Services Administration (HRSA), all except 14 of Mississippi's 82 counties are considered health professional shortage areas, and the rest have partial shortage areas within the county. Additionally, Mississippi ranks 42nd nationally in terms of broadband access according to BroadbandNow, an organization that tracks internet availability in the United States. Over 368,000 people in the state do not have consistent access to the high-speed internet services needed to engage in real-time interactions. By prohibiting the utilization of store-and-forward technologies independently of synchronous modalities, the Board would make it much more difficult for unserved and underserved individuals, especially those in rural areas, to access the care they want and need.

Across the country, providers are increasingly relying on asynchronous (or "store-and-forward") telehealth technologies to ***establish new patient*** relationships, perform patient evaluations, and prescribe medication appropriately in many fields. Store-and-forward technologies are critical to the industry as they are used to transmit a patient's health data, vital signs, digital diagnostic images, and other physiologic data quickly and conveniently. We encourage the Board to consider the unintended consequences of language which deliberately gives preference to specific modalities and technologies rather than ensuring all providers, whether meeting with patients virtually or in person, meet the standard of care. While there are some important clinical differences that should be recognized and appropriately regulated, the provision of telemedicine should not be regulated differently or held to a different standard than in-person care.

Thank you for the opportunity to comment on this proposed regulation. We urge the Board to reconsider its language regarding store-and-forward technologies in the interest of expanding easy and efficient access to affordable, quality health care across the state. Were the proposed regulation to be approved, Mississippi would have some of the most restrictive telemedicine rules in the country. In the context of the ongoing pandemic and in light of continuous patient satisfaction with telemedicine as a mode of receiving health care, state medical boards should be expanding – not restricting – access to telemedicine services.

Please do not hesitate to let us know if there is anything else we can do to help in your efforts to craft practical telemedicine regulations in Mississippi. If you have any questions or would like to discuss further the telemedicine industry's perspective, please contact me at kzebley@americantelemed.org.

Kind regards,



Kyle Zebley
Vice President of Public Policy
American Telemedicine Association

MISSISSIPPI ACADEMY OF FAMILY PHYSICIANS
755 Avignon Drive
Ridgeland, MS 39157
601-853-3302 (P)
601-853-3002 (F)
www.msafp.org

December 22, 2021

Mississippi State Board of Medical Licensure
1867 Crane Ridge Drive, Suite 200B
Jackson, MS 39216
Attn: Jonathan Dalton

RE: Part 2635, Chapter 5: Practice of Telemedicine

Dear Mr. Dalton,

In response to the public comment period for Part 2635, Chapter 5: Practice of Telemedicine, post on November 29,2021, the Mississippi Academy of Family Physicians (MAFP) is writing a letter of support for the Board's efforts to responsibly regulate telemedicine in Mississippi.

MAFP was pleased to see that the board did not relax the regulation regarding the necessity for a valid physician patient relationship in order to utilize telemedicine with a patient. We also were pleased that the board did not relax the regulation regarding the requirement that the technology used for the exam must be able to provide the same information as if the exam had been performed face to face.

We think these provisions with the addition in Section 5.5 stating "Provider-patient interaction may be audio-visual or audio only where medically appropriate" provide sufficient guardrails to allow the board to take action if wayward providers try to misuse telemedicine and jeopardize patient safety.

We have two minor suggestions that, if you choose to consider, would not be considered a substantive change. As there are multiple types of telemedicine defined in Section 5.1, MAFP suggests that the regulation clarify that all types of telemedicine defined must meet the requirements of the regulation. This could be accomplished by placing "any form of" before the word "telemedicine" and "defined in Section 5.1" after the word "telemedicine" in sections 5.2 –second sentence, 5.3 – first sentence, and 5.4 – first sentence.

MAFP also wants to note to the board that "real-time telemedicine" is defined, but not utilized anywhere in the regulation. We were unclear if it was supposed to be a definition just of "real-time" or if it serves a purpose as defined.

Thank you for your consideration.

Sincerely,

Carlos A. Latorre, MD, FAAFP
President

cc'd by email: Kenneth Cleveland, M.D., David McClendon, M.D.

MISSION: Supporting Family Medicine physicians as they improve the health of all Mississippians.

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME		CONTACT PERSON	TELEPHONE NUMBER	
Mississippi State Board of Medical Licensure		Jonathan Dalton	601-987-0248	
ADDRESS		CITY	STATE	ZIP
1867 Crane Ridge Drive, Suite 200-B		Jackson	MS	39216
EMAIL	SUBMIT DATE	Name or number of rule(s):		
mboard@msbml.ms.gov	11/29/21	Part 2615: Physician Assistants, Rule 1.7 *Supervising Physician Limited*		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Revision of the face-to-face quarterly review requirements to allow for video conferencing as an option.

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

Printed name and Title of person authorized to file rules: Jonathan Dalton, Director of Investigations

Signature of person authorized to file rules: _____

DO NOT WRITE BELOW THIS LINE

OFFICIAL FILING STAMP	OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
	FILED NOV 29 2021 MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	**Accepted for filing by** 26002	**Accepted for filing by**

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

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 must be documented.

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:

5. The protocol is between a primary care physician and a primary care physician assistant.
6. The physician is in a compatible practice (e.g., same specialty, treat the same patient population) with the physician assistant.
7. 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.
8. 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.

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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.

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME		CONTACT PERSON	TELEPHONE NUMBER	
Mississippi State Board of Medical Licensure		Jonathan Dalton	601-987-0248	
ADDRESS		CITY	STATE	ZIP
1867 Crane Ridge Drive, Suite 200-B		Jackson	MS	39216
EMAIL	SUBMIT DATE	Name or number of rule(s):		
mboard@msbml.ms.gov	11/29/21	Part 2630 Collaboration with Nurse Practitioners, Rule 1.8 *Quality Improvement*		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Revision of the face-to-face quarterly review requirements to allow for video conferencing as an option.

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 1.8 Quality Improvement

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

Printed name and Title of person authorized to file rules: ~~Jonathan~~ Dalton, Director of Investigations

Signature of person authorized to file rules: _____

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
	FILED NOV 29 2021 MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	**Accepted for filing by** 26001 POM	**Accepted for filing by**

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

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).

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).

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME		CONTACT PERSON	TELEPHONE NUMBER	
Mississippi State Board of Medical Licensure		Jonathan Dalton	601-987-0248	
ADDRESS		CITY	STATE	ZIP
1867 Crane Ridge Drive, Suite 200-B		Jackson	MS	39216
EMAIL	SUBMIT DATE	Name or number of rule(s):		
mboard@msbml.ms.gov	11/29/21	Part 2640 Rules Pertaining to Prescribing, Administering, and Dispensing of Medication, Rule 1.14 *Pain Management Medical Practice*		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Lifting of the permanent prohibition against practicing in pain if the licensee has previous discipline related to prescribing controlled substances and to allow CME to be obtained via video conferencing.

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 1.14 Pain Management Medical Practice

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	**Action proposed:**	**Date Proposed Rule Filed:** _____
_____ Renewal of effectiveness	_____ New rule(s)	**Action taken:**
To be in effect in ____ days	__X__ Amendment to existing rule(s)	_____ Adopted with no changes in text
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____ Other (specify): ____	**Proposed final effective date:**	_____ Withdrawn
	__X__ 30 days after filing	_____ Repeal adopted as proposed
	_____ Other (specify): ____	**Effective date:**
		_____ 30 days after filing
		_____ Other (specify): ____

Printed name and Title of person authorized to file rules: Jonathan Dalton, Director of Investigations

Signature of person authorized to file rules: _____

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
	FILED NOV 29 2021 MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	**Accepted for filing by** 26000 BM	**Accepted for filing by**

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

Part 2640 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).

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 LICENSE OF:

KALLOL K. SAHA, 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 20, 2022, made by Kallol K. Saha, 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 24, 2022, at 9:00 a.m.

SO ORDERED this the 20th day of January 2022.

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 LICENSE OF:

INDIRA K. VEERISETTY, 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 20, 2022, made by Indira K. Veerisetty, 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 24, 2022, at 9:00 a.m.

SO ORDERED this the 20th day of January 2022.

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 LICENSE OF:

ROBERT KENT OZON, 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 20, 2022, made by Robert Kent Ozon, M.D. (hereinafter "Licensee"). The Board notes that this is Dr. Ozon's second request for a continuance, as he initially requested a continuance of the hearing set for November 18, 2021. 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 24, 2022, at 9:00 a.m.

SO ORDERED this the 20th day of January 2022.

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 LICENSE OF:

TAMMY HENDERSON-BROWN, 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 20, 2022, made by Tammy Henderson Brown, 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 24, 2022, at 9:00 a.m.

SO ORDERED this the 20th day of January 2022.

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 PHYSICIAN'S LICENSE

OF

JAMES LEONARD WOOTTON, III, M.D.

CONSENT ORDER

WHEREAS, JAMES LEONARD WOOTTON, III, M.D., hereinafter referred to as "Licensee," is the current holder of Mississippi Medical License No. 25172, issued July 28, 2017, and said license number expires on June 30, 2022;

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

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

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

(1) Licensee's certificate (No. 25172) to practice medicine in the State of Mississippi is hereby **suspended** for an indefinite period of time from the date of execution

of the order, with no stay of the suspension. However, upon expiration of six (6) months from the date of execution of this order, Licensee shall have the right, but not the obligation, pursuant to Miss. Code Ann. § 73-25-32, to petition the Board for reinstatement of licensure.

(2) Prior to filing a petition for reinstatement of Licensee's certificate, Licensee shall enroll and successfully complete AMA Category 1 CME (Continuing Medical Education) courses in the areas of (1) Prescribing, and (2) Record Keeping, said courses to be selected from the list of Board-approved courses attached hereto as Exhibit "A." Following completion of the courses, Licensee shall submit to the Board documentary proof of successful completion. This is in addition to the forty (40) hours of Category 1 CME requirements, as cited in Title 30, Part 2610, Chapter 2 of the Board's Rules and Regulations.

(3) In addition, prior to filing a petition for reinstatement of Licensee's certificate, Licensee shall complete a Board-approved intensive treatment program at either the residential or partial-hospitalization level of care as recommended and specified by Pine Grove Behavioral Health & Addiction Services in its Preliminary Report dated December 16, 2021, for a minimum of six (6) weeks. This treatment shall specialize in addressing inappropriate and/or disruptive behavior among physicians, including sexual and non-sexual boundary concerns as well as problematic personality/relational issues. Prior to seeking reinstatement, Licensee shall therefore also submit documentary proof of successful completion of the intensive treatment program and his fitness to resume the practice of medicine with reasonable skill and safety. Licensee shall execute any and all releases so as to permit the Board to communicate with the treatment facility and receive directly from the facility any records related to Licensee's treatment. Licensee shall adhere to all treatment and/or training recommendations rendered by the facility. The Board shall be under no obligation to consider licensure reinstatement until such time as it has received written proof

of successful completion of each CME course, the intensive treatment program, and Licensee's fitness to resume the practice of medicine.

(4) In the event Licensee chooses to petition for reinstatement of his license, Licensee shall personally appear before the Board and present a plan of practice, consistent with the findings and recommendations of the aforementioned facility. Notwithstanding, the Board reserves the right in its sole and absolute discretion to impose any other restriction deemed necessary to protect the public.

(5) Licensee shall obey all federal, state, and local laws, and all rules and regulations governing the practice of medicine. Any further acts of misconduct will result in further action.

(6) 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.

Licensee understands and expressly acknowledges that this Consent Order 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 DEA, 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 based upon written findings of fact and conclusions of law, **JAMES LEONARD WOOTTON, III, M.D.**, nevertheless, hereby waives his right to notice and a formal adjudication of charges and authorizes the Board to enter an order accepting this Consent Order, subject to those terms and conditions listed above.

EXECUTED this, 20th day of January, 2022.

James Leonard Wootton III, MD
JAMES LEONARD WOOTTON, III, M.D.

APPROVED AND EFFECTIVE this, the 20th day of January, 2022.

William McClendon MD FACP
WILLIAM D. MCCLENDON, M.D.
BOARD PRESIDENT

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE LICENSE OF:

TIMOTHY D. WHITTLE, M.D.

ORDER

THIS MATTER came on regularly for hearing on January 20, 2022, before the Mississippi State Board of Medical Licensure (hereinafter "Board"), pursuant to Title 73, Chapter 25 of Mississippi Code (1972) Annotated. Timothy Whittle, M.D. ("Licensee") is seeking reinstatement of licensure pursuant to Miss. Code Ann. Section 73-25-32.

Licensee was present and represented by Honorable Forrest Allgood. Complaint Counsel for the Board was Honorable Paul Barnes. Also present was Complaint Co-Counsel Honorable Stan T. Ingram. 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; Michelle Owens, M.D., Vice President; Ken Lippincott, M.D., Secretary; Daniel Edney, M.D.; Charles Miles, M.D.; Kirk Kinard, D.O.; Thomas Joyner, M.D.; Roderick Givens, M.D. and Allen Gersh, M.D., was present via

videoconference. Consumer members present were Koomarie "Shoba" Gaynes, and Wesley Breland. Dr. Miles recused and did not participate in the deliberations with the other board members.

The last formal action of the Board occurred on June 3, 2020, wherein the Board suspended Licensee's certificate to practice medicine in Mississippi for a period of not less than one (1) year. In addition to the suspension, Licensee was ordered to submit to the Board proof of compliance with all recommendations of Acumen Institute; proof of successful completion of a Board-approved continuing medical education course in the area of professional boundaries; proof of successful completion of a board-approved continuing education course in the area of medical ethics; and proof of successful completion of a competency evaluation in obstetrics and gynecology by the Center for Personalized Education for Professionals (CPEP) before any consideration is given to reinstate his license.

During this hearing, exhibits were introduced including Licensee's request-for-reinstatement letter; the Final Order from the Board dated June 3, 2020; Licensee's Acumen Assessment Recommendations; and a letter from Licensee's therapist detailing Licensee's progress towards his treatment goals.

Licensee testified that he had not completed the CPEP evaluation due to monetary issues even though the June 2020 Final Order required full compliance with the terms and conditions prior to release of the suspension. Accordingly, the Board found that without the results of the competency evaluation in obstetrics and gynecology, they could not determine whether Licensee was fit to return to practice.

NOW THEREFORE, IT IS ORDERED, that the request of Timothy Whittle, M.D. for reinstatement of licensure is hereby denied for failure to complete the terms and conditions in the June 2020 Order.

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

SO ORDERED this the 20th day of January 2022.

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

BY: 

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