

**BOARD MINUTES  
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE  
MARCH 23, 2022**

The regularly scheduled meeting of the Mississippi State Board of Medical Licensure was held on Thursday, March 23, 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  
Avery Lee, Special Assistant Attorney General  
Kenneth Cleveland, Executive Director  
Mike Lucius, Deputy Director  
Jay Ledbetter, Chief of Staff  
Arlene Davis, IT Director  
Anna Boone, Director of Licensure Division  
Kristin Wallace, Clinical Director of Physician Compliance  
Jonathan Dalton, Investigations Supervisor  
Frances Carrillo, Staff Officer

**NOT PRESENT:**

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

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The meeting was called to order at 10:42 am, by Dr. McClendon, President. The invocation was given by Dr. Owens, and the pledge was led by Dr. Joiner.

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

### **EXECUTIVE DIRECTOR REPORT**

Dr. Cleveland provided an updated summary regarding Licensure and Investigative Division operations for the months of January and February 2022.

#### **Review and Approval of the Executive Committee Meeting dated January 20, 2022.**

Upon review of the minutes of the Executive Committee Meeting dated January 20, 2022, Dr. Owens 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 January 20, 2022.**

Upon review of the minutes of the Board Meeting dated January 20, 2022, Dr. Miles moved for approval of the minutes as submitted. Dr. Owens seconded the motion and it carried unanimously.

#### **Report of March 23, 2022, Executive Committee Meeting**

Dr. Lippincott reported on the matters discussed by the Executive Committee on March 23, 2022, and the recommendations made.

A motion was made by Dr. Miles, seconded by Dr. Owens, and carried, to accept the report and ratify the recommendations 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 COMMITTEES**

**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.

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

Dr. Lippincott 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 advised that the quarterly newsletter had been completed with the focus on Women's history month by featuring the history of significant women who have served on the Mississippi State Board of Medical Licensure Board.

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

Dr. Owens reported on the Physician Assistant Advisory Task Force meeting of March 4, 2022. She advised that a recommendation was made to change the CME requirement in Part 2615, Practice of Physician Assistants, Rule 1.10, Continuing Education. The proposed regulation changes the time from one year to a two-year cycle and the number of CME required for the prescribing of medications with emphasis on controlled substances.

A motion was made by Dr. Joiner, seconded by Dr. Givens, and carried, of the Board's decision to adopt the amended regulation for initial approval.

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

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

Dr. Miles reported the Rules, Regulation & Legislative Committee is recommending that the Board approve final adoption of amendments to Part 2635, Chapter 5, Practice of Telemedicine and approve the initial adoption of a new proposed regulation, Part 2640, Chapter 2, Cannabis Certification.

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By motion made by Dr. Edney, seconded by Dr. Owens, and carried, the Board approved final adoption of amendments to Part 2635, Chapter 5, Practice of Telemedicine.

By motion made by Dr. Lippincott, seconded by Dr. Givens, and carried, the Board approved initial adoption of the proposed new regulation, Part 2640, Chapter 2, Cannabis Certification.

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

### **APPROVAL OF CONSENT ORDER FOR ALLYN RESCH, M.D., RIDGELAND, MS MISSISSIPPI MEDICAL LICENSE 21152**

Mr. Barnes introduced Dr. Resch and her counsel Julie Mitchell. Mr. Barnes advised this is a request by Dr. Resch for approval of a Consent Order. Mr. Barnes advised that the Board consider entering into executive session on this matter for the purpose of considering confidential information.

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

A motion was made by Dr. Owens, seconded by Dr. Miles and carried that the Board enter into executive session to consider the proposed consent order which the consideration could lead to an appeal of the Board's decision.

Upon a motion by Dr. Miles, seconded by Dr. Joiner, and carried, the Board came out of executive session at which time Dr. McClendon asked Dr. Lippincott to report on its decision. Dr. Lippincott reported that it was the Board's decision to reject the Consent Order and dismiss this case.

### **THE BOARD RECESSED FOR LUNCH AT 12:26 PM AND RECONVENED AT 1:15 PM**

**Dr. McClendon introduced Ms. Avery Lee, Special Assistant Attorney General to preside as hearing officer for the remainder of the Board Meeting**

### **APPROVAL OF CONSENT ORDER FOR INDIRA K. VEERISSETTY, M.D., MADISON, MS MISSISSIPPI MEDICAL LICENSE 10202**

Mr. Barnes introduced Dr. Veerisetty and her counsel Whit Johnson. Mr. Barnes advised this is a request by Dr. Veerisetty for approval of a Consent Order. Mr. Barnes briefly summarized the circumstances leading to the Consent Order. Dr. Veerisetty was involved with a practice that was utilizing telemedicine in a hydration therapy practice. Dr. Veerisetty had not established a doctor / patient relationship prior to the issuance of therapies and did not have complete records.

Mr. Johnson made an opening statement.

Dr. Veerisetty was sworn in by the court reporter.

Dr. Veerisetty answered questions by Board members and Mr. Barnes.

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

A motion was made by Dr. Owens, seconded by Dr. Miles and carried that the Board enter into executive session to consider the proposed consent order which the consideration could lead to an appeal of the Board's decision.

Upon a motion by Dr. Miles, seconded by Dr. Givens, 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 Board's decision to accept the Consent Order.

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

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

For informational purposes, Mr. Barnes briefly summarized the circumstances of Dr. Saha's voluntarily surrendering his medical license. Dr. Saha plead guilty to one count of healthcare fraud in another state. Dr. Saha prescribed durable medical equipment without a physical examination of patients in violation of the requirements. He was sentenced to three years in prison and three years supervised release.

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

**APPROVAL OF CONSENT ORDER FOR LORI H. MARSHALL, M.D., JACKSON, MS  
MISSISSIPPI MEDICAL LICENSE 19836**

Mr. Barnes introduced Dr. Marshall who is appearing via Zoom and her counsel Mr. Whit Johnson. Mr. Barnes briefly summarized the case regarding the prescribing of a fast-acting fentanyl – Subsys, a medication the FDA had issued a Risk Evaluation and Mitigating Strategy (REMS) indicating this medication is to treat only cancer patients, break through pain and opioid tolerant cancer patients. A Consent Order issuing a public reprimand is provided for Board approval.

Mr. Johnson makes an opening statement.

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Dr. Marshall is sworn in by the court reporter.

Dr. Marshall answered questions by Board members and Mr. Barnes.

Mr. Johnson makes a closing statement.

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

A motion was made by Dr. Miles, seconded by Dr. Owens and carried that the Board enter into executive session to consider the proposed consent order which the consideration could lead to an appeal of the Board's decision.

Upon a motion by Dr. Owens, seconded by Dr. Miles, 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 Board's decision to not accept the Consent Order, to dismiss any potential charges against Dr. Marshall and take no further action.

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

### **HEARING IN THE CASE OF OSCAR D. ALMEIDA, JR., M.D., MOBILE, AL MISSISSIPPI MEDICAL LICENSE 18856**

Mr. Barnes advised that a request was received from Dr. Almeida, he is involved in a hearing with the Alabama Board of Medical Examiners on this date and could not be present. This hearing is based on the action taken by Alabama.

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

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

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.

**SHOW CAUSE HEARING IN THE CASE OF BHAVIK PATEL, D.O., JACKSON, MS  
APPLICANT**

Mr. Barnes advised that this is a show cause hearing for Dr. Patel whose application for licensure was denied based on Board action by the Texas Medical Board. Mr. Barnes advised Dr. Patel's attorney had a conflict and requested for a continuance.

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

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

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

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

Mr. Ingram advised this matter is expected to be a two-day hearing. Mr. Ingram is recommending a second continuance to process motions. Mr. Ingram advised that hearing dates have been set for June 23 and 24, 2022.

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

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

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

**PURSUANT TO MS CODE § 73-25-27, INVESTIGATIVE SUBPOENA FOR  
APPROVAL FOR CASE NUMBER 2021-044**

**And**

**OTHER BUSINESS: PERSONNEL MATTER**

Mr. Barnes requested that the Board consider combining these two agenda items for consideration in Executive Session.

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Dr. McClendon advised that the Board consider approving an Investigative Subpoena, for Case Number 2021-044 and consider the Other Business, Personnel Matter. Dr. McClendon requested a motion to close the meeting.

A motion was made by Dr. Owens, 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 2021-044 and the agenda item, Personnel Matter

Upon a motion by Dr. Miles seconded by Dr. Kinard, and carried unanimously, the Board came out of executive session. Dr. Lippincott reported that it was the Board's decision that the Board unanimously authorized the issuance of an investigative subpoena in Case Number 2021-044. 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. Dr. Lippincott reported that there was discussion regarding the Personnel Matter, which was informational only, no vote was required.

### **MAY 2022 BOARD MEETING DATES**

The next regularly scheduled meeting of the board is set for Wednesday, May 18, 2022, and Thursday, May 19, 2022.

### **ADJOURNMENT**

There being no further business, the meeting was adjourned at 3:03 p.m.

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

**Minutes taken and transcribed.**

**By Frances Carrillo**

**Staff Officer**

**March 23, 2022**



**Mississippi State Board of Medical Licensure  
Board Meeting  
March 23, 2022**

8. Reports from Committees

5. Physician Assistant Advisory Task Force: Dr. Owens (Chair), Dr. Kinard, Mr. Jonathan Dalton, Maj Gen Hearon, Joanna Mason, PA-C, Tristen Harris, PA-C, Stephen English, PA-C, Steve Martin, PA-C, Deb Munsell, PA-C, Vanessa Perniciaro, PA-C

**March 4, 2022, Advisory Taskforce Meeting**

**Physician Assistant Advisory Task Force  
Mississippi State Board of Medical Licensure  
March 4, 2022, at 2:00 pm**

**Dr. Owens (Chair)** Dr. Kinard, Jonathan Dalton, Maj Gen Hearon, Joanna  
Mason, PA-C, Tristen Harris, PA-C, Stephen English, PA-C, Steve Martin, PA-C,  
Deb Munsell, PA-C, Vanessa Perniciaro, PA-C

1. Part 2615 Chapter 1: The Practice of Physician Assistants  
Rule 1.10 Continuing Education
2. MAPA Board of Directors Update

## ***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 any form of telemedicine, as defined in R.5.1, 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 any form of telemedicine, as defined in R.5.1, 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 any form of telemedicine, as defined in R.5.1, 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. 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).

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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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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).*

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

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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.

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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 2640: Chapter 2: *Cannabis Certification***

*Rule 1.1 | Scope*

The rules contained in this Part 2640, Chapter 2, are promulgated by the Mississippi Board of Medical Licensure (the “Board”) to implement the Mississippi Medical Cannabis Act, Miss. Code Ann., §§ \_\_\_\_-\_\_\_\_-\_\_\_\_, et seq., (the “Act”). These rules shall apply to all licensees who are registered as certifying practitioners; or who are applying, or re-applying, to register as certifying practitioners. Nothing in these rules shall be construed to require any licensee to issue any written certification pursuant to the Act.

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

*Rule 1.2 | Definitions*

For the purposes of Part 2640, Chapter 2, the following terms have the meanings indicated:

- A. “Bona-fide practitioner-patient relationship” means:
  - (i) A certifying practitioner and patient have a treatment or consulting relationship, during the course of which the certifying practitioner, within his or her scope of practice, has completed an in-person assessment of the patient’s medical history and current mental health and medical condition and has documented their certification in the patient’s medical records;
  - (ii) The certifying practitioner has consulted in person with the patient with respect to the patient’s debilitating medical condition; and
  - (iii) The certifying practitioner is available to or offers to provide follow-up care and treatment to the patient.
- B. “Cannabis” means all parts of the plant of the genus cannabis, the flower, the seeds thereof, the resin extracted from any part of the plant and every compound, manufacture, salt, derivative, mixture or preparation of the plant, its seeds or its resin, including whole plant extracts. Such term shall not mean cannabis-derived drug products approved by the federal Food and Drug Administration under Section 505 of the Federal Food, Drug, and Cosmetic Act.
- C. “Certifying practitioner” means any physician or physician assistant who is licensed to prescribe under the licensing requirements set forth in the Administrative Code and the laws of this state, who maintains a current and unrestricted Mississippi medical license, has satisfied all continuing medical education requirements, and who has registered with both the Board and the Mississippi State Department of Health to certify patients as qualifying patients. For purposes of this Chapter, the term “practitioner” shall mean a “certifying practitioner.” For registered qualifying patients who are minors, “certifying practitioner” shall mean only a physician (Medical Doctor [MD] or Doctor of Osteopathic Medicine [DO]) who meets all other requirements for registration.

- D. “Chronic pain” means a pain state in which the cause of the pain cannot be removed or otherwise treated, and which in the generally accepted course of medical practice, no relief or cure of the cause of the pain is possible, or none has been found after reasonable efforts by the certifying practitioner.
- E. “Debilitating medical condition” means:
- (i) Cancer, Parkinson’s disease, Huntington’s disease, muscular dystrophy, glaucoma, spastic quadriplegia, positive status for human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS), hepatitis, amyotrophic lateral sclerosis (ALS), Crohn’s disease, ulcerative colitis, sickle-cell anemia, Alzheimer’s disease, agitation of dementia, post-traumatic stress disorder (PTSD), autism, pain refractory to appropriate opioid management, diabetic/peripheral neuropathy, spinal cord disease or severe injury, or the treatment of these conditions;
  - (ii) A chronic, terminal or debilitating disease or medical diagnosis, or its treatment, that produces one or more of the following: cachexia or wasting syndrome, chronic pain, severe or intractable nausea, seizures, or severe and persistent muscle spasms, including, but not limited to, those characteristic of multiple sclerosis; or
  - (iii) Any other serious medical condition or its treatment added by the Mississippi Department of Health, as provided for in the Act.
- F. “Medical use” includes the acquisition, administration, cultivation, processing, delivery, harvest, possession, preparation, transfer, transportation, or use of medical cannabis or equipment relating to the administration of medical cannabis to treat or alleviate a registered qualifying patient's debilitating medical condition or symptoms associated with the patient's debilitating medical condition. The term "medical use" does not include:
- (i) The cultivation of cannabis unless the cultivation is done by a cannabis cultivation facility; or
  - (ii) the extraction of resin from cannabis by mechanical or chemical extraction unless the extraction is done by a cannabis processing facility.
- G. “Qualifying Condition” means any condition as described in this chapter in R.1.2(E).
- H. “Qualifying Patient” means a person who has been diagnosed by a certifying practitioner as having a debilitating medical condition and has been issued a written certification, or who is eligible to receive such certification, under the Act.

- I. “Scope of Practice” means the defined parameters of various duties, services or activities that may be provided or performed by a certifying practitioner under state law and the rules and regulations adopted by the Board.
- J. “Written Certification” means a form approved by the Mississippi State Department of Health, signed and dated by a certifying practitioner, certifying that a person has a debilitating medical condition, and that includes the following:
  - (i) The date of issue and the effective date of the recommendation;
  - (ii) The patient's name, date of birth and address;
  - (iii) The practitioner's name, address, and federal Drug Enforcement Agency number; and
  - (iv) The practitioner's signature.

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

### *Rule 1.3 | Certification*

#### *A. Certification Generally*

Certifying practitioners must be authorized and registered with both the Board and the Mississippi State Department of Health to certify patients to obtain cannabis for medical use. A practitioner shall not issue a written certification unless (a) a bona fide certifying practitioner-patient relationship exists; (b) the certifying practitioner has diagnosed the patient as having a qualifying condition after an in-person evaluation, including any necessary and appropriate laboratory testing; and (c) the certifying practitioner believes, in his or her professional opinion, that the patient would likely receive medical or palliative benefit from the medical use of cannabis to treat or alleviate the patient's qualifying condition or symptoms associated with that condition.

A certifying practitioner shall conduct the evaluation, diagnosis, and certification processes in a manner consistent with all professional and medical standards of care, and document all information related to those processes in the patient's records.

The diagnosis of a qualifying condition must be documented in a written certification that shall:

- (i) Affirm that it is made in the course of a bona fide practitioner-patient relationship;
- (ii) Remain current for twelve (12) months, unless the certifying practitioner specifies a shorter period of time;
- (iii) Be issued only after an in-person assessment of the patient by the certifying practitioner;
- (iv) Only be issued on behalf of a minor when the minor's parent or guardian, as defined in the Act, provides signed consent; and
- (v) Be limited to the allowable amount of cannabis in a thirty-day period.

*B. Treatment Plan*

Prior to certifying a patient, certifying practitioners must document a written treatment plan that includes:

- (i) Review of other measures attempted to ease the suffering caused by the qualifying condition that do not involve the recommendation of cannabis.
- (ii) Advice about other options for managing the qualifying condition.
- (iii) Determination that the patient may benefit from cannabis.
- (iv) Stated goals that include the reduction of, and optimally the elimination of, controlled substances used to treat the qualifying condition.
- (v) Advice about the potential risks of the medical use of cannabis, to include:
  - (a) The risk of cannabis use disorder;
  - (b) Exacerbation of psychotic disorders and adverse cognitive effects for children and young adults;
  - (c) Adverse events, including falls or fractures;
  - (d) Use of cannabis during pregnancy or breast feeding;
  - (e) The need to safeguard all cannabis and cannabis-infused products from children and pets; and
  - (f) Notification to the patient that the cannabis is for the patient's use only and the cannabis should not be donated or otherwise supplied to another individual (i.e., diverted).
- (vi) Additional diagnostic evaluations or other planned treatments.
- (vii) A specific duration for the cannabis authorization for a period no longer than twelve (12) months.

Patients with a history of substance use disorder or a co-occurring mental health disorder may require specialized assessment and treatment. The certifying practitioner may seek consultation with, or refer the patient to, a pain management, psychiatric, addiction, or mental health specialist as needed.

After a certifying practitioner has issued a written certification for a patient, the Act requires the patient to make a follow-up visit with the practitioner not less than six (6) months after the date of issuance of the certification, for the practitioner to evaluate and determine the effectiveness of the patient's medical use of cannabis to treat or alleviate the patient's qualifying condition or symptoms associated with that condition. Should the patient fail to attend a follow-up visit as required, the certifying practitioner may not re-certify said patient until a follow-up visit is conducted.

### *C. Pediatric Certifications*

Only physicians (Medical Doctors [MD] or Doctors of Osteopathic Medicine [DO]) may issue written certifications to registered qualifying patients who are minors (younger than eighteen (18) years of age).

A certifying practitioner may not issue a written certification to a qualifying patient who is younger than eighteen (18) years of age unless:

- (a) The qualifying patient's practitioner has explained the potential risks and benefits of the medical use of medical cannabis to the custodial parent or legal guardian with responsibility for health care decisions for the qualifying patient; and
- (b) The custodial parent or legal guardian with responsibility for health care decisions for the qualifying patient consents in writing to:
  - (i) Acknowledge the potential harms related to the use of medical cannabis;
  - (ii) Allow the qualifying patient's medical use of medical cannabis;
  - (iii) Serve as the qualifying patient's designated caregiver; and
  - (iv) Control the acquisition of the medical cannabis, the dosage and the frequency of the use of medical cannabis by the qualifying patient.

### *D. Young Adult Certifications*

Notwithstanding any other provision to the contrary, a patient with a qualifying condition who is between eighteen (18) years to twenty-five (25) years of age is not eligible for a medical cannabis registry identification card unless two (2) practitioners from separate medical practices have diagnosed the patient as having a qualifying condition after an in-person consultation. One (1) of these practitioners must be a physician (Medical Doctor [MD] or Doctor of Osteopathic Medicine [DO]).

If one (1) of the recommending practitioners is not the patient's primary care practitioner, the recommending practitioner shall review the records of a diagnosing practitioner. The requirement that the two (2) practitioners be from separate medical practices does not apply if the patient is homebound or if the patient had a registry identification card before the age of eighteen (18).

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

*Rule 1.4 | Patient Record*

A practitioner who evaluates a patient for certification must maintain a complete record of his or her examination, evaluation and treatment of the patient. The record required by this rule must be maintained in the patient's medical records, and said records must be available for inspection by the representatives of the Mississippi State Board of Medical Licensure. Records shall be maintained for a minimum period of seven (7) years from the date of completion or the last certification occurred.

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

*Rule 1.5 | Continuing Medical Education (CME)*

Practitioners applying to register with the Board as a certifying practitioner for the first time must complete a minimum of eight (8) hours of CME in the area of medical cannabis before initial registration shall be approved. After the first year of registration, certifying practitioners shall complete at least five (5) hours of CME in the area of medical cannabis before a reapplication shall be approved. All CME hours in the area of medical cannabis must be earned in courses approved by the Mississippi State Department of Health. CME hours obtained under this rule are in addition to the standard number of CME hours required in Pts. 2610 and 2615.

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

*Rule 1.6 | Advertising*

Advertising for cannabis certification must be professional in nature and may not be designed in such a way as to suggest that patients will obtain certification regardless of their condition or compliance with the requirements of the Act, or in any way that entices minors.

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

*Rule 1.7 | Freedom of Choice and Conflicts of Interest*

Patients are entitled to the same freedom of choice in selecting where to obtain their cannabis as they are in the choice of a certifying practitioner. The following conduct by any certifying practitioner is a direct violation of the Mississippi Medical Cannabis Act and is prohibited: (a) purposefully referring patients to a specific medical cannabis establishment or to a registered designated caregiver, (b) advertising in a medical cannabis establishment, or (c) issuing written certifications while holding a financial interest in a medical cannabis establishment.

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



*Rule 1.8 | Mississippi Prescription Monitoring Program (MPMP) and Urine Drug Screening*

Certifying Practitioners who certify patients for cannabis must review the MPMP at each patient encounter involving certification, re-certification, or follow-up related to medical cannabis. MPMP data reviewed shall include all information since the previous review. The certifying practitioner shall note in the patient's chart that the MPMP was reviewed and provide appropriate information regarding the findings of said review.

As part of the in-person evaluation of a patient for initial certification or for re-certification each year, certifying practitioners shall conduct urine drug screening (UDS) and other laboratory tests necessary for full evaluation of the patient's eligibility for medical cannabis. In the absence of urine, other testing methods may be used. Tests must include, at a minimum, assays for opioids, benzodiazepines, amphetamines, cocaine, and cannabis. Inconsistent UDS should be utilized as a tool to determine compliance with treatment.

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

*Rule 1.9 | Concomitant Prescribing of Controlled Substances and Cannabis Certification*

The concomitant prescribing of controlled substances after certification for cannabis is generally discouraged and should be considered with caution. There is a lack of data currently on the interactions between controlled substances and cannabis. When considering certification or re-certification for cannabis, certifying practitioners should focus on improving their patient's quality of life while simultaneously assessing for contraindications to the concurrent use of controlled substances and cannabis, with the goal of greatly reducing or completely eliminating other mood-altering substances when possible.

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

*Rule 1.10 | Violations*

Violation of any of the rules or requirements in this Part 2640, Chapter 2, or of any provision of the Mississippi Medical Cannabis Act, constitutes unprofessional conduct in violation of Miss. Code Ann. § 73-25-29(8)(d) and may subject a licensee to discipline. Discipline under this Chapter and other provisions of the Administrative Code shall be in addition to any other civil, criminal, or administrative penalties available under state law.

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

**Effective <DATE>**

## **Title 30, Part 2615 Physician Assistants, Rule 1.10 Continuing Education**

### *Rule 1.10 | Continuing Education*

Each licensed physician assistant must show proof of completing not less than 100 hours of continuing medical education (CME) over a two-year cycle, 50 hours of which must be Category 1, as defined by the Accreditation Council for Continuing Medical Education (ACCME), American Academy of Physician Assistants (AAPA), American Medical Association (AMA), or American Osteopathic Association (AOA), as a condition precedent to renewing his or her license. Physician assistants who are certified by the NCCPA may meet this requirement by providing evidence of current NCCPA certification. For the purposes of this regulation, the two-year period begins July 1, 2022, and every two years thereafter.

All physician assistants authorized to prescribe controlled substances must show proof of completing 100 hours of CME each cycle, 50 hours of which must be Category 1, as defined by the ACCME, AAPA, AMA, or AOA, and 5 hours of which must be related to the prescribing of medications with an emphasis on controlled substances.

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

### *Rule 1.10 | Continuing Education*

Each licensed physician assistant must show proof of completing not less than 50100 hours of continuing medical education (CME) each year over a two-year cycle, 2050 hours of which must be Category 1, as defined by the Accreditation Council for Continuing Medical Education (ACCME), American Academy of Physician Assistants (AAPA), American Medical Association (AMA), or American Osteopathic Association (AOA), as a condition precedent to renewing his or her license. Physician assistants who are certified by the NCCPA may meet this requirement by providing evidence of current NCCPA certification. For the purposes of this regulation, the two-year period begins July 1, 2022, and every two years thereafter.

All physician assistants authorized to prescribe controlled substances must show proof of completing 50100 hours of CME each year-cycle, 2050 hours of which must be Category 1, as defined by the ACCME, AAPA, AMA, or AOA, and 40 5 hours of which must be related to the prescribing of medications with an emphasis on controlled substances.

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

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

**IN THE MATTER OF THE PHYSICIAN LICENSE**

**OF**

**INDIRA K. VEERISSETTY, M.D.**

**CONSENT ORDER**

**WHEREAS, INDIRA K. VEERISSETTY, M.D.**, hereinafter referred to as "Licensee," is the current holder of Mississippi Medical License No. 10202, said license number expires on June 30, 2022;

**WHEREAS**, the Investigative Division of the Mississippi State Board of Medical Licensure has conducted an investigation of Licensee and has in its possession evidence which, if produced during the course of an evidentiary hearing before the Mississippi State Board of Medical Licensure (hereinafter the "Board"), would substantiate that Licensee has violated provisions of the Board's Administrative Code and is guilty of unprofessional conduct, which includes being guilty of any dishonorable or unethical conduct likely to deceive, defraud or harm the public;

**WHEREAS**, on March 10, 2022, Licensee and counsel presented before the Executive Director of the Board to discuss the aforementioned investigation. Wherein Licensee was offered a Consent Order to address the issues discussed at the meeting and regarding said investigation;

**WHEREAS**, the above conduct, if established before the Board, constitutes violations of the Mississippi Medical Practice Act, specifically, Subsections (8)(d) and (13) of § 73-25-29 and

§73-25-83(a), Miss. Code Ann., as amended, 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**, it is the desire of Licensee to avoid an evidentiary hearing before the Board and, in lieu thereof, has agreed to enter into this Consent Order;

**NOW, THEREFORE**, the Mississippi State Board of Medical Licensure, with consent of Licensee as signified by her joinder herein, does hereby place the following terms and conditions on Licensee's certificate (No. 10202) to practice medicine in the State of Mississippi, to-wit:

1. Licensee's medical license (No. 10202) to practice medicine in the State of Mississippi is hereby suspended for a period of three (3) months, with the suspension immediately stayed.
2. Licensee is hereby prohibited from issuing medications or initiating therapies, inclusive of intravenous (IV) therapy, for patients whom Licensee has not established a bona fide doctor-patient relationship through collection of an appropriate medical history and completion of a physical examination in a manner consistent with acceptable medical standards prior to the initiation or issuance of said medications or therapies.
3. Within one (1) year of the acceptance and approval of this Order, Licensee shall enroll and successfully complete AMA Category 1 CME (Continuing Medical Education) courses in the areas of Professionalism and Medical Ethics, 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.

4. 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.
5. Licensee shall reimburse the Board for all costs incurred in relation to the pending matter pursuant to Miss. Code Ann. § 73-25-30, said amount not to exceed \$10,000. Licensee shall be advised of the total assessment by separate written notification, and shall tender to the Board a certified check or money order made payable to the Mississippi State Board of Medical Licensure, on or before forty (40) days from the date the assessment is mailed to Licensee via U.S. Mail to Licensee's current mailing address.

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

Should the Board hereafter receive documented evidence of Licensee violating any of the terms and conditions of this Consent Order, the Board shall have the right, pursuant to a full

evidentiary hearing, to revoke the medical license of Licensee, suspend it for a time deemed proper by the Board, or take any other action determined as necessary by the Board.


Further, it is not the intent or purpose of this Order to encourage malpractice liability as a result of Board action. Therefore, by execution of this Consent Order, Licensee is not admitting to or acknowledging any conduct or act of malpractice.

Licensee understands and expressly acknowledges that this Consent Order, if approved and executed by the Mississippi State Board of Medical Licensure, shall constitute a public record of the State of Mississippi. Licensee further acknowledges that the Board shall provide a copy of this Order to, among others, the U.S. Drug Enforcement Administration, 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 her, to have such charges adjudicated pursuant to Miss. Code Ann. § 73-25-27 (1972), to be represented therein by legal counsel of her choice, and to a final decision rendered upon written findings of fact and conclusions of law, **INDIRA K. VEERISSETTY, M.D.**, nevertheless, hereby waives her 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 the 21<sup>st</sup>, day of March, 2022.

  
**INDIRA K. VEERISSETTY, M.D.**

  
**Whitman B. Johnson III, Esq. (MSB #3158)**  
Counsel for Licensee

**ACCEPTED AND APPROVED**, this the 23<sup>rd</sup>, day of March, 2022, by the Mississippi  
State Board of Medical Licensure.

  
**William D. McClendon, M.D.**  
Board President  
**Paul E. Barnes, Esq. (MSB #99107)**  
Board Complaint Counsel

**BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE  
IN THE MATTER OF THE PHYSICIAN'S LICENSE  
OF  
KALLOL KUMAR SAHA, M.D.**

**SURRENDER OF MEDICAL LICENSE**

**WHEREAS, KALLOL KUMAR SAHA, M.D.,** hereinafter referred to as "Licensee," is the current holder of License Number 25014 issued on May 26, 2017, to practice medicine in the State of Mississippi. Said license expires on June 30, 2022.

**WHEREAS,** Licensee has pleaded guilty to one count of Conspiracy to Commit Healthcare Fraud in violation of 18 U.S.C. § 1347;

**WHEREAS,** the aforementioned guilty plea constitutes conviction of a felony involving moral turpitude which is directly related to the practice of medicine, and also constitutes unprofessional conduct, that is, any dishonorable or unethical conduct likely to deceive, defraud, or harm the public, in violation of Miss. Code Ann., §§ 73-25-29 (6) and (8)(d).

**WHEREAS,** under Miss. Code Ann. § 73-25-29(6), this conviction is grounds for non-issuance, suspension, revocation, restriction, or denial of renewal of a medical license.

**NOW THEREFORE,** in order to resolve this matter now pending before the Board, Licensee agrees to voluntarily surrender his medical license (No. 25014) to practice medicine in the State of Mississippi, and understands said Surrender shall be effective immediately upon execution. The Board recognizes Licensee's cooperation in voluntarily surrendering his medical license without the need for a hearing or formal



adjudication. Licensee understands this is an unconditional surrender, is reportable to the National Practitioner Data Bank and other entities, such as the Federation of State Medical Boards, and is a public record of the State of Mississippi.

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

Recognizing his right to notice of charges specified against him, to have such charges adjudicated pursuant to Miss. Code Ann. § 73-25-27 (1972), to be represented therein by legal counsel of his choice, and to a final decision rendered upon written findings of fact and conclusions of law, **KALLOL KUMAR SAHA, M.D.**, nevertheless, hereby waives his right to notice and a formal adjudication of charges and hereby voluntarily executes this Surrender of Medical License to practice medicine in the State of Mississippi.

This the 16th day of March, 2022.

  
Kallol Kumar Saha, M.D.

**EFFECTIVE**, the 24th day of March, 2022.

**ACCEPTED AND APPROVED**, this the 23<sup>rd</sup> day of March, 2022,

by the Mississippi State Board of Medical Licensure.

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

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

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IN THE MATTER OF THE APPLICATION FOR LICENSURE OF:

BHAVIK K. PATEL, D.O.

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**ORDER OF CONTINUANCE**

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**THIS MATTER** came on regularly for consideration by the Mississippi State Board of Medical Licensure in response to a request for continuance of the hearing set for this date by Bhavik K. Patel, D.O., (hereinafter "Applicant") through his counsel Penny Lawson, Esq. After consideration of the matter, the Board finds Applicant's request to be well-taken, and is hereby **GRANTED**.

**IT IS, THEREFORE, ORDERED**, that this matter is continued until May 19, 2022, at 9:00 a.m.

**SO ORDERED** this, the 23rd day of March 2022.

**MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE**

BY:

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