

**BOARD MINUTES
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
November 17, 2022**

The regularly scheduled meeting of the Mississippi State Board of Medical Licensure was held on Thursday November 17, 2022, in Hinds County, Jackson, Mississippi.

THE FOLLOWING MEMBERS WERE PRESENT:

David W. McClendon, Jr., M.D., Ocean Springs, President
C. Kenneth Lippincott, M.D., Tupelo, Secretary
Kirk L. Kinard, D.O., Oxford
H. Allen Gersh, M.D., Hattiesburg
Thomas Joiner, M.D., Jackson
Roderick Givens, M.D., Natchez
Renia Dotson, M.D., Greenville
William E. Loper, M.D., Ridgeland
Wesley Breland, Hattiesburg, Consumer Member
Shoba Gaymes, Jackson, Consumer Member

ALSO PRESENT:

Paul Barnes, Board Attorney
Alexis Morris, Special Assistant Attorney General
Kenneth Cleveland, Executive Director
Mike Lucius, Deputy Director
Jay Ledbetter, Chief of Staff
Jackie McKenzie, Paralegal
Anna Boone, Director of Licensure Division
Arlene Davis, IT Director
Kristin Wallace, Clinical Director of Physician Compliance
Jonathan Dalton, Investigations Supervisor
Frances Carrillo, Staff Officer

NOT PRESENT:

Michelle Y. Owens, M.D., Jackson, Vice President
Major General (Ret.) Erik Hearon, Jackson, Consumer Member

The meeting was called to order at 9:00 am, by Dr. McClendon, President. The invocation was given by Dr. Givens and the pledge was led by Dr. Dotson.

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 September and October 2022.

Review and Approval of Minutes of the Executive Committee Meeting dated September 21, 2022.

Upon review of the minutes of the Executive Committee Meeting dated September 21, 2022, Dr. Joiner moved for approval of the minutes as submitted. Dr. Loper seconded the motion and it carried unanimously.

Review and Approval of Minutes of the Board Meeting dated September 22, 2022.

Upon review of the minutes of the Board Meeting dated September 22, 2022, Dr. Joiner moved for approval of the minutes as submitted. Dr. Dotson seconded the motion and it carried unanimously.

Report of November 21, 2022, Executive Committee Meeting

Dr. Lippincott reported on the matters discussed by the Executive Committee on November 16, 2022, and the recommendations made.

A motion was made by Dr. Kinard, seconded by Dr. Givens, 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.

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

Dr. Kinard advised there was no new information to report.

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

Dr Lippincott advised there was no new information to report.

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

Dr. Givens advised there was no new information to report.

Licensees Education and Communication - Dr. Owens (Chair), Dr. Gersh, Dr. Kinard, Dr. Joiner, Dr. Lippincott, Mr. Breland, Ms. Gaymes, Mr. Lucius

Dr Kinard advised there was no new information to report.

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

Dr Kinard advised there was no new information to report.

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

Dr Joiner briefly reviewed the proposed language of the regulations, Rule 1.6 Bariatric Medicine, Medical Weight Loss, or Weight Management Practice and Rule 1.14 Pain Management Medical Practice.

A motion was made by Dr. Joiner, to final adopt Rule 1.6 Bariatric Medicine, Medical Weight Loss, or Weight Management Practice and Rule 1.14 Pain Management Medical Practice regulations and it carried unanimously.

**APPEARANCE BY JOHN R. MITCHELL, M.D.
DIRECTOR, OFFICE OF MISSISSIPPI PHYSICIAN WORKFORCE
Licensure Requirements for graduates of an international medical school, Part 2605 Chapter 1, Rule 1.1.D.**

Dr. Mitchell has requested the Board consider reviewing the current regulation regarding licensure requirements for graduates of international medical schools to reduce the three-year requirement to match the one -year requirement for graduates of U.S. medical schools.

After discussion and questions from the Board, a motion by Dr. Loper seconded by Dr. Givens, and carried, to refer this Dr. Mitchell's request to the Rules, Regulation & Legislative Committee for consideration.

Dr. Mitchell made an oral presentation to the Board supported by a letter requesting the consideration of the rule change, supported by slides from a Power Point presentation. Copies of Dr. Mitchell's letter are attached hereto and incorporated by reference.

APPROVAL OF CONSENT ORDER FOR JORDAN MICHAEL PASTOREK, M.D.
MISSISSIPPI MEDICAL LICENSE 19850

Mr. Barnes briefly summarized the circumstances leading to the Consent Order. Dr. Pastorek was not present but had submitted for the Board's consideration an executed Consent Order mirroring action by the Texas Medical Board. The Texas medical board issued a public reprimand for professional boundary violations.

After discussion and question from the Board, a motion was made by Dr. Loper 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, Inc.

THE BOARD RECESSED AT 9:54 AM AND RECOVERED AT 10:26 AM

APPROVAL OF CONSENT ORDER FOR JEFFREY JAMES ICKLER, M.D.
MISSISSIPPI MEDICAL LICENSE 27043

Cass Cole, an associate of Hearn Law Firm appeared to request this matter be rescheduled until January 2023. The Board agreed to grant the request.

APPROVAL OF CONSENT ORDER FOR WILLIAM WARREN SMITH, M.D.
MISSISSIPPI MEDICAL LICENSE 11086

Dr. Warren failed to appear for this meeting. A motion by Dr. Kinard seconded by Dr. Givens, and carried, to continue this matter until the January 2023, board meeting.

HEARING IN THE CASE OF CHARLES E. SCHLOSSER, M.D.
MISSISSIPPI MEDICAL LICENSE 25865
(First motion for continuance)

Mr. Barnes advised Dr. Schlosser's attorney has requested for a continuance.

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

HEARING IN THE CASE OF IRINA STAICU, D.O.
MISSISSIPPI MEDICAL LICENSE 28760
(First motion for continuance)

Mr. Barnes advised Dr. Staicu's attorney has requested for a continuance.

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

HEARING IN THE CASE OF MASSIE HEADLEY, M.D.
MISSISSIPPI MEDICAL LICENSE 18856
(Second motion for continuance)

Mr. Barnes advised there is a request was received from Dr. Headley's counsel for a motion for a second continuance.

A motion was made by Dr. Loper, seconded by Dr. Givens, and carried unanimously to accept the motion for a second 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 Busic, Court Reporter, Brown Court Reporting.

FOR INFORMATIONAL PURPOSES:

Lawrence Sutton, M.D., Canton, MS, Mississippi Medical License 08931, Surrender of Medical License effective October 31, 2022.

Mr. Barnes briefly summarized the circumstances of Dr. Sutton voluntarily surrendering his medical license.

JANUARY 2023 BOARD MEETING DATES

January 2023 Board Meeting Dates will be Wednesday, January 18, 2023 and Thursday, January 19, 2023.

OTHER BUSINESS

A motion was made by Dr. Joiner, seconded by Dr. Kinard, and carried that the Executive Committee enter into executive session to discuss pending litigation.

A motion was made by Dr. Joiner, seconded by Dr. Lippincott, and carried that the Board enter into executive session for discussion regarding a personnel matter.

Upon a motion by Dr. Joiner, seconded by Dr. Lippincott and carried, the Board came out of Executive Session at which time Dr. McClendon asked Dr. Lippincott to report on the Board's decision. Dr. Lippincott reported the report on pending litigation was for informational purposes and that the Board voted to raise the salary of the Executive Director to \$295,000.00 a year to be effective December 1, 2022. This will be submitted to the Mississippi State Personnel Board to raise the Executive Director's salary as soon as possible.

ADJOURNMENT

There being no further business, the meeting is adjourned at 11:09 a.m.



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

Minutes taken and transcribed.
By Frances Carrillo
Staff Officer
November 17, 2022

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
Rules, Regulation & Legislative Committee
November 17, 2022

Dr. Joiner (Chair), Dr. Gersh, Dr. Loper, Dr. Owens, Dr. Lippincott, Mr. Breland

Final Adoption:

1. Rule 1.6 Bariatric Medicine, Medical Weight Loss, or Weight Management Practice – proposed
2. Rule 1.14 Pain Management Medical Practice – proposed

Rule 1.6 Bariatric Medicine, Medical Weight Loss, or Weight Management Practice

- A. No bariatric medicine, medical weight loss, or weight management practice shall operate in Mississippi unless the owner, or operator, or medical director of the facility is a Mississippi licensed physician. This licensee must meet all requirements below at all times while the facility is in operation. For the purposes of this rule, physicians who collaborate with mid-level providers will be considered an operator of the practice in the context of that collaborative arrangement.
- B. The physician owner/operator of the bariatric medicine, medical weight loss, weight management practice must register with the MSBML using a form prescribed by the board. Only the primary physician is required to register with the Board. All licensees associated with the practice, whether in the capacity as the owner or as a practitioner, must meet all regulations governing the treatment of obesity/medical weight loss. Each practice location must be entered on the physician's online licensure gateway.
- C. Any physician who wishes to practice bariatric medicine, medical weight loss, or weight management practice, as defined in R.1.2, may not operate in the state of Mississippi without registering with the Mississippi State Board of Medical Licensure.
- D. Registration is valid for one year and must be renewed annually along with practitioner's license to practice medicine in the state of Mississippi.
If a physician's practice is a bariatric medicine, medical weight loss, or weight management practice as defined above or the physician collaborates, manages, oversees, or employs any licensed professional providing comprehensive treatment of obesity, the licensee must have 100 AMA or AOA Category 1 CME in the core-content of bariatric medicine or be currently certified by a board in bariatric medicine. Reference is made to exclusions noted in R.1.2 (M). Licensees must biennially obtain 60 AMA or AOA Category 1 CME in the core-content of bariatric medicine prior to renewing with the Board.
- E. A Medical Spa practice, Wellness practice, or other practice that meets the definition of Bariatric Medicine, Medical Weight Loss, or Weight Management Practice will be subject to all rules pertaining to Bariatric Medicine, Medical Weight Loss, or Weight Management Practice if the facility has a Mississippi licensee affiliated in any manner.

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

Rule 1.6 Bariatric Medicine, Medical Weight Loss, or Weight Management Practice

- A. No bariatric medicine, medical weight loss, or weight management practice shall operate in Mississippi unless the owner, or operator, or medical director of the facility is a Mississippi licensed physician. This licensee must meet all requirements below at all times while the facility is in operation. For the purposes of this rule, physicians who collaborate with mid-level providers will be considered an operator of the practice in the context of that collaborative arrangement.
- B. The physician owner/operator of the bariatric medicine, medical weight loss, weight management practice must register with the MSBML using a form prescribed by the board. ~~Certificates of registration once issued are not transferable or assignable.~~ Only the primary physician is required to register with the Board. All licensees associated with the practice, whether in the capacity as the owner or as a practitioner, must ~~be listed on the application and must also meet all regulations governing the treatment of obesity/medical weight loss. Physicians who are added to the registration once a certificate is issued must be reported to the MSBML for approval prior to beginning practice. Physicians who are removed from the registration must be reported to the board within 30 days of removal.~~ Each practice location requires a separate registration certificate must be entered on the physician's online licensure gateway.
- C. Any physician who wishes to practice bariatric medicine, medical weight loss, or weight management practice, as defined in R.1.2, may not operate in the state of Mississippi without obtaining a registration certificate from registering with the Mississippi State Board of Medical Licensure.
- D. ~~Certificates are~~ Registration is valid for one year and must be renewed annually along with practitioner's license to practice medicine in the state of Mississippi. ~~There is a 30-day grace period for renewal after which the owner/operator must reapply for an original certificate. The clinic may not continue to operate while the certificate is expired.~~ If a physician's practice is a bariatric medicine, medical weight loss, or weight management practice as defined above, or the physician collaborates, manages, oversees, or employs any licensed professional providing comprehensive treatment of obesity, the licensee must have 100 AMA or AOA Category 1 CME in the core-content of bariatric medicine or be currently certified by a board in bariatric medicine. ~~A licensee currently practicing bariatric medicine, medical weight loss or weight management has 24 months from effective date of this regulation to comply with the initial CME requirement. All CME must be obtained within the 24-month period. Reference is made to exclusions noted in Rule 1.2 (M).~~

Licensees must biennially obtain 60 AMA or AOA Category 1 CME in the core-content of bariatric medicine ~~before prior to certification can be renewed~~ renewing with the MSBML Board.

- E. A Medical Spa practice, Wellness practice, or other practice that meets the definition of Bariatric Medicine, Medical Weight Loss, or Weight Management Practice will be subject to all rules pertaining to Bariatric Medicine, Medical Weight Loss, or Weight Management Practice if the facility has a Mississippi licensee affiliated in any manner.

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. Any physician who is practicing, or intends to practice, in 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.
- A physician owner of a pain management medical practice, as defined in R.1.2, must:
- 1. maintain documents demonstrating proof of ownership or alternative documents with a written request for special consideration;
 - 2. maintain ownership or investment interest information in any other pain management facility operating within the state of Mississippi that includes the name and address of the other pain management facility(ies) in which the physician has ownership or vested interest;
 - 3. maintain documentation which identifies all individuals with prescriptive authority who are employed or contracted in any capacity at each facility; and
 - 4. in addition to requirements set forth in section N of this rule, provide any documentation requested by the Board or its agents related to these requirements.
- E. All physician owners and operators are required to register with the Board. Each practice shall be entered into the physician's online licensure gateway.
 - 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; and
 - 2. holds an active unrestricted medical license
 - 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;
 5. 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. 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. successful completion of a residency program in physical medicine and rehabilitation, anesthesiology, neurology, or neurosurgery and approved by the ACGME or the AOA;
 2. 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;
 3. board certification by a specialty board recognized by the American Osteopathic Association Bureau of Osteopathic Specialists (BOS) in pain management;
 4. board certification in pain medicine by the American Board of Pain Medicine (ABPM); 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 complete thirty (30) hours of Category 1 CME each year. CME must have emphasis in the specific areas of pain management, addiction, or prescribing of opiates, and CME may be included with the forty (40) hour requirement for licensure renewal. 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 requirements.
- 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. 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 the normal hours required in Pt. 2615, R.1.10 *Continuing Education* plus an additional 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. 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.
 - O. If the Board finds that a licensee registered to practice in a pain management practice no longer meets any of the requirements to operate within a pain practice, the Board may immediately revoke or suspend the licensee's ability to practice in a pain management medical practice. The licensee 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 when the licensee 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.~~ Any physician who is practicing, or intends to practice, in 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, as defined in R.1.2, must:

1. ~~submit~~maintain the documents demonstrating proof of ownership or ~~provide~~ alternative documents with a written request for special consideration;
 2. ~~report~~maintain ownership or investment interest information in any other pain management facility operating within the state of Mississippi and ~~provide~~ that includes the name and address of the other pain management facility(ies) in which the physician has ownership or vested interest;
 3. ~~identify~~maintain documentation which identifies 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. in addition to requirements set forth in section N of this rule, provide any documentation requested by the Board or its agents related to these requirements.~~
- 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~~ All physician owners and operators isare 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. shall be entered into the online licensure gateway.~~
- 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; and
 2. holds an active unrestricted medical license ;
 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;
 5. 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, a~~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. successful completion of a residency program in physical medicine and rehabilitation, anesthesiology, neurology, or neurosurgery and approved by the ACGME or the AOA;
 2. 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;
 3. board certification by a specialty board recognized by the American Osteopathic Association Bureau of Osteopathic Specialists (BOS) in pain management;
 4. board certification in pain medicine by the American Board of Pain Medicine (ABPM);
 5. ~~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. CME must have emphasis in the specific areas of pain management, addiction, or prescribing of opiates, and CME may be included with the forty (40) hour requirement for licensure renewal. 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 requirements.
- 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~~ must obtain the normal hours required in Pt. 2615, R.1.10 *Continuing Education* 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.~~
- ~~N. Ø.~~ 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.
- ~~O. P.~~ If the Board finds that a licensee registered to practice in a pain management practice no longer meets any of the requirements to operate within as a pain practice, the Board may immediately revoke or suspend the physician licensee's certificate ability to operate practice in a pain management medical practice. The ~~physician owner or operator licensee~~ 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~~ licensee demonstrates compliance with applicable rules and regulations.

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

From: [Kenneth Cleveland](#)
To: [Frances Carrillo](#)
Subject: NOV MTG IMG receiving a permanent license
Date: Friday, September 16, 2022 8:16:09 AM
Attachments: [image002.png](#)

From: John R. Mitchell <[REDACTED]>
Sent: Wednesday, September 14, 2022 4:01 PM
To: Kenneth Cleveland [REDACTED]
Cc: William D.. McClendon_personal [REDACTED]
Subject: [EXTERNAL]IMG receiving a permanent license

Ken,

Good afternoon. I have been ask by several residents, now training in Mississippi residencies, why they can not receive a permanent license like other residents do? As you can guess, the question is arising from the IMG residents. With the development of multiple residencies across the state and the change in MSBML policy a few years ago allowing IMGs to train outside of the UMMC campus, the number of IMGs training in our state has increased. Many of these residents are US born citizens but for one reason or another, completed their medical school training in a non-US medical school. Others are true IMGs, those that are not US citizens and trained in their native or other non-US country.

I searched but didn't readily find the rule or statute that requires an IMG to complete a full residency before being eligible to obtain a permanent license whereas the US trainee may apply for a permanent license after successful completion of one year of post graduate training. I did find the above document referenced in an AMA document, <https://www.ama-assn.org/education/international-medical-education/state-licensure-board-requirements-international-medical>. It appears that 13 states require 1 year, 12 states required 2 years and Mississippi seems to be one of the 25 states that requires 3 years. I have been ask to submit a request to have this policy, procedure or rule be brought to the board's attention for review and consideration for modification.

On behalf of these many IMG residents, thank you for your consideration.
John

John R. Mitchell, MD, FAAFP

Director, Office of Mississippi Physician Workforce

2500 North State Street

Jackson, MS 39216

Office: 601-984-0650

[REDACTED]
[REDACTED]

not limited to, all fees, application, and certifications. Additionally, if after one year from the date of receipt of application, applicant has not received a medical license, the application will be considered null and void, and applicant will have to reapply for licensure, including, but not limited to, all fees, application, and certifications. Under no circumstances will the one year time limit be waived.

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

Part 2605 Chapter 1: Licensure Requirements for the Practice of Allopathic Doctors and Osteopathic Physicians

Rule 1.1 | Licensure by Credentials

The Board endorses licenses to practice medicine obtained in most states by written examination prior to March 8, 1973. Subject to the provisions of Part 2605, Rule 1.2, all applicants for medical licensure who took the FLEX between March 8, 1973, and January 24, 1985, must have passed the FLEX taken in one three-day sitting with a weighted average of 75 or higher in order to obtain licensure in Mississippi. The Board will not accept scores of more than one administration of the FLEX which have been combined (factored) to provide a FLEX weighted average of 75 or higher. From and after January 24, 1985, an applicant for medical licensure by reciprocity must have passed both Components I and II of the FLEX with a score of 75 to be considered the passing grade for each component. From and after June 1994, the Board shall endorse licenses to practice medicine from applicants who have successfully taken Steps 1, 2 and 3 of the USMLE.

Those doctors of osteopathic medicine who graduated prior to June 1, 1973, will be considered only if they took and passed the same written licensure examination given in that state at that time to graduates of medical schools. A statement to this effect must be submitted to this Board from that licensing board.

The Board may endorse Diplomates of the NBME; the NBOME (COMLEX), if examination completed on or after February 13, 1973, or licentiates of the Medical Council of Canada.

The Board may consider licensure to a graduate of an international medical school who was licensed in another state by written examination prior to March 8, 1973, if he or she is certified by a board recognized by the ABMS.

In addition to the above requirements for licensure by credentials, an individual shall meet the following requirements:

- A. Applicant must be twenty-one (21) years of age and of good moral character.
- B. Present a diploma from a reputable medical college or college of osteopathic medicine, subject to the following conditions:
 - 1. If the degree is from a medical college or a college of osteopathic medicine in the United States or Puerto Rico, the medical college must be accredited at the time of graduation by the LCME, a Joint Committee of the Association of American Medical Colleges (AAMC) and the AMA or the College of Osteopathic Medicine which must be accredited by the AOA.

2. If the degree is from a Canadian medical school, the school must be accredited at the time of graduation by the LCME and by the Committee on Accreditation for Canadian Medical Schools.
 3. If the degree is from an international medical school, the medical school must be in the World Director of Medical Schools or its equivalent. A graduate from an international medical school must either (i) possess a valid certificate from the ECFMG or (ii) document successful completion of a Fifth Pathway program and be currently board certified by a specialty board recognized by the ABMS. The Board will accept for licensure only those individuals completing Fifth Pathway Programs by December 31, 2009. Credentialing via Fifth Pathway Programs will be considered on an individual basis.
 4. Any diploma or other document required to be submitted to the Board by an applicant which is not in the English language must be accompanied by a certified translation thereof into English.
- C. If a graduate from a medical college or college of osteopathic medicine in the United States, Canada or Puerto Rico, applicant must present documentation of having completed at least one (1) year of postgraduate training in the United States accredited by the ACGME or by the AOA; or training in Canada accredited by the RCPSC.
- D. Applicants who graduated from an international medical school must present documentation of having completed either:
1. three (3) or more years of ACGME-approved postgraduate training in the United States or training in Canada approved by the RCPSC; or
 2. one (1) year of ACGME-approved postgraduate training in the United States or training in Canada approved by the RCPSC, be currently board certified by a specialty board recognized by the ABMS and must have approval by the Board.
- E. An applicant who otherwise possesses all of the qualifications for licensure by credentials, but has not taken a medical proficiency examination or licensure examination within ten (10) years prior to filing his or her application, must pass the SPEX or COMVEX*, unless the applicant:
1. Submits satisfactory proof of current certification by an ABMS and participating in Maintenance of Certification (MOC) or AOA approved specialty board and participating in Osteopathic Continuous Certification (OCC); or
 2. Submits proof that the applicant's sole purpose for seeking licensure is to serve as the Dean, Chairman of the Department or Faculty of an ACGME or AOA approved

* SPEX (SPECIAL PURPOSE EXAMINATION) is a cognitive examination assisting licensing jurisdictions in their assessment of current competence requisite for general, undifferentiated medical practice by physicians who hold or have held a valid license in a U.S. jurisdiction. SPEX is made available through the Federation of State Medical Boards.

COMVEX-USA (COMPREHENSIVE OSTEOPATHIC MEDICAL VARIABLE EXAMINATION) is the evaluative instrument offered to osteopathic physicians who need to demonstrate current osteopathic medical knowledge. COMVEX-USA is made available through the National Board of Osteopathic Medical Examiners.

training program. In such case, a license shall remain in effect so long as licensee is a member of the faculty of the ACGME or AOA approved training program.

- F. Submit certified copy of either (i) a birth certificate or (ii) a valid passport.
- G. Complete an application for medical license and submit it to the Board in a manner prescribed by the Board with a recent passport type photograph.
- H. Submit fee prescribed by the Board.
- I. Submit fingerprints for state and national criminal history background checks.

Adopted September 13, 1979; amended July 1, 1981; amended January 24, 1985; amended July 29, 1985; amended July 17, 1986; amended August 18, 1986; amended November 19, 1987; amended April 19, 1988; amended October 25, 1993; amended February 16, 2000; amended March 8, 2007; amended January 24, 2008; amended March 13, 2009; amended September 17, 2009; amended October 13, 2009; and amended March 20, 2015.

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

Rule 1.2 | Waiver

Notwithstanding the above requirements for Licensure by Credentials in Rule 1.1, the Board may, upon written request by the physician and after review of all relevant factors, choose to waive any or all of the existing requirements for licensure. To be considered for a waiver, the physician must:

- A. be a graduate of an approved medical school;
- B. have a current unrestricted license in another state; and
- C. have at least 3 years of clinical experience in the area of expertise.

In determining whether to grant the waiver, factors to be considered by the Board shall include, but not be limited to:

- A. the medical school from which the physician graduated and its reputation;
- B. post-graduate medical education training;
- C. appointment to a clinical academic position at a licensed medical school in the United States;
- D. publication in peer-reviewed clinical medical journals recognized by the Board;
- E. the number of years in clinical practice;
- F. specialty, if the physician plans to practice in Mississippi; and
- G. other criteria demonstrating expertise, such as awards or other recognition.

Requests for waivers must be submitted in writing to the Executive Director of the Board, who will then review each request with a committee appointed by the president of the Board, taking into account the above factors. The committee shall consist of the Executive Director, a staff employee of the Board, and two voting members of the Board. Recommendations from the committee shall be presented to the Board for approval.

Adopted April 28, 2015.

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

Rule 1.3 | Licensure Examinations

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
IN THE MATTER OF PHYSICIAN'S LICENSE
OF
JORDAN MICHAEL PASTOREK, M.D.
CONSENT ORDER

WHEREAS, JORDAN MICHAEL PASTOREK, M.D., hereinafter referred to as "Licensee," is the current holder of Mississippi Medical License No. 19850, issued July 5, 2007, and said license number expires on June 30, 2023;

WHEREAS, on June 10, 2022, Licensee, in order to avoid a disciplinary hearing, voluntarily entered into a Settlement Agreement with the Texas Medical Board, hereinafter referred to as the "Texas Board," for an act or acts that would be grounds for denial of a license related to violations of the Medical Practice Act, Rules of the Texas Board, and Texas Occupational Code Sections 164.051(a)(1), 164.051(a)(3), 164.051(a)(6), 164.052(a)(5), 164.053(a)(1), 164.053(a)(3), 164.053(a)(5), and 164.053(a)(6);

WHEREAS, as part of the aforementioned Settlement Agreement, Licensee was issued a Public Reprimand, in addition to being required, within one year, to take and pass the Jurisprudence Examination given by the Texas Board, successfully complete a Texas Board approved professional boundaries course within one year, and successfully complete a minimum of sixteen (16) hours of continuing medical education approved for Category 1 credits by the American Medical Association or the American Osteopathic Association within one year;

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

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

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

1. Licensee must comply with all requirements set forth in the aforementioned Texas Settlement Agreement. Licensee shall provide proof of the successful completion of the Settlement Agreement to the Board's Compliance Officer prior to requesting lifting of this Consent Order.
2. 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.
3. Licensee shall reimburse the Board for all costs incurred in relation to the pending matter pursuant to Miss. Code Ann., § 73-25-30. Licensee shall be advised of the

total assessment by separate written notification and shall tender to the Board a certified check or money order made payable to the Mississippi State Board of Medical Licensure, on or before forty (40) days from the date the assessment is mailed to Licensee via U.S. Mail to Licensee's current mailing address.

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

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

Licensee understands and expressly acknowledges that this Consent Order, if approved and executed by the Mississippi State Board of Medical Licensure, shall constitute a public record of the State of Mississippi. Licensee further acknowledges that the Board shall provide a copy of this Order to, among others, the Federation of State


Medical Boards, and the Board makes no representation as to action, if any, which any other agency or jurisdiction may take in response to this Order.

Recognizing his right to notice of charges specified against him, to have such charges adjudicated pursuant to Miss. Code Ann., § 73-25-27 (1972), to be represented therein by legal counsel of his choice, and to a final decision rendered upon written findings of fact and conclusions of law, **JORDAN MICHAEL PASTOREK, M.D.** nonetheless, hereby waives his right to notice and a formal adjudication of charges and authorizes the Board to enter an order accepting this Consent Order, subject to those terms and conditions listed above.

EXECUTED AND EFFECTIVE, this the 29th day of September, 2022.


Jordan Michael Pastorek, M.D.

ACCEPTED AND APPROVED, this the 17th day of November, 2022, by the Mississippi State Board of Medical Licensure.


WILLIAM D. MCCLENDON, M.D.
Board President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE LICENSE OF:

IRINA STAICU, D.O. (No. 28760)

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 November 17, 2022, made by Licensee. After consideration of the matter, the Board finds Licensee's request to be well-taken.

IT IS, THEREFORE, ORDERED, that this matter is continued until January 19, 2023, at 9:00 a.m.

SO ORDERED, this the 17th day of November 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:

MASSIE HEADLEY, M.D. (No. 18856)

SECOND ORDER OF CONTINUANCE

THIS MATTER came on regularly for consideration by the Mississippi State Board of Medical Licensure, in response to a second request for continuance of the hearing set for November 17, 2022, made by Licensee. After consideration of the matter, the Board finds Licensee's request to be well-taken.

IT IS, THEREFORE, ORDERED, that this matter is continued until January 19, 2023, at 9:00 a.m.

SO ORDERED, this the 17th day of November 2022.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

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