

BOARD MINUTES
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
September 22, 2022

The regularly scheduled meeting of the Mississippi State Board of Medical Licensure was held on Thursday September 22, 2022, in Hinds County, Jackson, Mississippi.

THE FOLLOWING MEMBERS WERE PRESENT:

David W. McClendon, Jr., M.D., Ocean Springs, President
Michelle Y. Owens, M.D., Jackson, Vice President via Zoom
C. Kenneth Lippincott, M.D., Tupelo, Secretary
Kirk L. Kinard, D.O., Oxford
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
Jessica Robinson, Special Assistant Attorney General
Kenneth Cleveland, Executive Director
Mike Lucius, Deputy Director
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:

H. Allen Gersh, M.D., Hattiesburg
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. Loper and the pledge was led by Dr. Kinard.

Dr. McClendon introduced Jessica Robinson, Special Assistant Attorney General as the Board's Hearing Officer and Kelly Powell, Court Reporter with Brown Court Reporting.

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Mr. Barnes introduced Breanna Ross, law student at Mississippi College, she is an extern working the legal staff through the fall.

Executive Director Report

Dr. Cleveland provided an updated summary regarding Licensure and Investigative Division operations for the months of July and August 2022 and a review of the 2023 Budget request.

Review and Approval of Minutes of the Executive Committee Meeting dated July 20, 2022.

Upon review of the minutes of the Executive Committee Meeting dated July 20, 2022, Dr. Joiner moved for approval of the minutes as submitted. Dr. Kinard seconded the motion and it carried unanimously.

Review and Approval of Minutes of the Board Meeting dated July 21, 2022.

Upon review of the minutes of the Board Meeting dated July 21, 2022, Dr. Givens moved for approval of the minutes as submitted. Dr. Kinard seconded the motion and it carried unanimously.

Report of September 21, 2022, Executive Committee Meeting

Dr. Lippincott reported on the matters discussed by the Executive Committee on September 21, 2022, and the recommendations made.

A motion was made by Dr. Joiner, seconded by Dr. Kinard, 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 that the program has been busy and had received several new transfers from other state programs. Received a compliment from other states on how well the Mississippi Physician Health Program works with the Board.

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 Owens reported on completing the newest edition of the next newsletter that will highlight women in medicine.

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 Owens advised that the OLRC approved the final adoption of the regulation, Title 30, Part 2615 Physician Assistants, Rule 1.10 Continuing Education.

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 accept the recommendations of the Rules, Regulation & Legislative committee to accept the proposed changes of the Bariatric and Pain Practice regulations and it carried unanimously.

APPROVAL OF EXAMINING COMMITTEE FINAL REPORT FOR REPORT NUMBERS, 2022-055 AND 2022-069, PURSUANT TO MS CODE § 73-25-61

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

A motion was made by Dr. Lippincott, seconded by Dr. Loper, and carried that the Board enter into executive session for the purpose of considering confidential information pursuant to the Disabled Physician Law.

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

Dr. Lippincott reported that it was the Board's decision to approve the recommendations and the reports of the Examining Committee for report number 2022-055 and 2022-069.

APPROVAL OF INVESTIGATIVE SUBPOENAS CASE NUMBERS 2022-091, 2023-012, 2023-016, 2023-020, PURSUANT TO MISS. CODE § 73-25-27

A motion was made by Dr. Joiner, seconded by Dr. Kinard, and carried that the Board enter executive session for the purpose of discussing whether to issue subpoenas regarding investigations of alleged misconduct and violations of the statutes and regulations governing the practice of medicine in Case numbers 2022-091, 2023-012, 2023-016 and 2023-020.

Upon a motion by Dr. Givens, seconded by Dr. Loper and carried unanimously, the Board came out of executive session. It was reported that the Board unanimously authorized the issuance of investigative subpoenas in Case numbers 2022-091, 2023-012, 2023-016 and 2023-020. Pursuant to Miss. Code § 73-25-27, the Executive Director of the Board is hereby authorized to issue the aforementioned investigative subpoenas and this authorization shall be deemed an order entered on the minutes of the Board.

**HEARING IN THE CASE OF MASSIE HEADLEY, M.D., BRANDON, MS
MISSISSIPPI MEDICAL LICENSE 18856**

Mr. Barnes advised a request was received from Dr. Headley for a continuance.

A motion was made by Dr. Joiner, seconded by Dr. Loper, 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 Kelly Powell, Court Reporter, Brown Court Reporting.

FOR INFORMATIONAL PURPOSES:

Kevin L. Crandell, M.D., Golden, MS, Mississippi Medical License 17870,
Surrender of medical license

Mr. Barnes briefly summarized the circumstances of Dr. Crandell voluntarily surrendering his medical license. Dr. Crandell was convicted of felony income tax invasion and sentenced to federal prison.

**SHOW CAUSE HEARING IN THE CASE OF RAMON CABALLERO, M.D.
BRANDON, MS, APPLICANT**

Mr. Douglas Mercier was introduced as counsel for Dr. Caballero.

Mr. Barnes and Mr. Mercier introduced documents into the record.

Mr. Douglas Mercier made an opening statement.

Mr. Barnes made an opening statement.

Dr. Caballero and Mr. Dalton were sworn in by the court reporter.

Dr. Dalton is called to the stand and is questioned by Mr. Mercier.

Mr. Mercier questioned Mr. Dalton regarding his duties and responsibilities as the Director of Investigations of the Mississippi State Board of Medical Licensure. Mr. Dalton was questioned regarding the process of the denial of a medical license application.

Mr. Mercier requested to call Dr. Cleveland as a witness, Mr. Barnes did not object and agreed that Dr. Cleveland be sequestered during Mr. Dalton's testimony.

Mr. Dalton continued to be questioned by Mr. Mercier.

Mr. Barnes requested a recess to confer with Mr. Mercier, the Hearing Officer granted his request.

Mr. Dalton continued to be questioned by Mr. Mercier.

Mr. Dalton is questioned by Mr. Barnes, followed with questions by Mr. Mercier on redirect.

THE BOARD RECESSED FOR LUNCH AT 11:46 PM AND RECONVENED AT 12:40 PM

Mr. Mercier advised the Hearing Officer that he no longer wishes to call Dr. Cleveland to testify.

Dr. Caballero is called to the stand, and briefly summarized his background and training. Dr. Caballero answered questions by Mr. Mercier and Mr. Barnes.

Dr. Caballero answered additional questions from Board members.

Mr. Mercier made a closing statement.

Mr. Barnes made a closing statement.

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

A motion by Dr. Joiner, seconded by Dr. Owens, and carried that the Board enter into executive session to discuss and deliberate a matter related to the application of Dr. Caballero and possible entry of an appealable order.

Upon a motion by Dr. Joiner, 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 decision of the Board to grant applicant an unrestricted medical license. Further, the Board orders that Applicant enroll in a longitudinal course for distressed physicians approved by the Executive Director within sixty days and provide documentation of completion to the Board.

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

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

NOVEMBER 2022 BOARD MEETING DATES

The next regularly scheduled meeting of the board is set for Wednesday, November 16, 2022 and Thursday, November 17, 2022.

ADJOURNMENT

There being no further business, the meeting is adjourned at 1:53 p.m.



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

Minutes taken and transcribed.
By Frances Carrillo
Staff Officer
September 22, 2022

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
Rules, Regulation & Legislative Committee Meeting Agenda
September 22, 2022, 8:00 a.m.

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

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 R.ule 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 ~~is~~are 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).

**BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
IN THE MATTER OF THE PHYSICIAN'S LICENSE**

OF

KEVIN LEIGH CRANDELL, M.D.

SURRENDER OF MEDICAL LICENSE

WHEREAS, KEVIN LEIGH CRANDELL, M.D., hereinafter referred to as "Licensee," is the current holder of Mississippi Medical License No. 17870, issued on November 22, 2002, to practice medicine in the State of Mississippi;

WHEREAS, on March 2, 2022, Licensee was convicted of felony tax evasion during a three-day jury trial in Oxford, Mississippi. Licensee reportedly stopped paying personal income taxes in 2007. Licensee also submitted fraudulent forms to the Internal Revenue Service, reporting false annual income;

WHEREAS, such conduct, if established in a due process hearing before the Board, is in violation of the Mississippi Medical Practice Act, specifically Miss. Code Ann., §§73-25-29(8) and 73-25-83(a), as amended for which the Mississippi State Board of Medical Licensure may revoke said license, or take any other action the Board may deem proper under the circumstances;

NOW, THEREFORE, Licensee hereby voluntarily surrenders his medical license (No. 17870) to practice medicine in the State of Mississippi and understands said Surrender shall be effective immediately upon execution. Licensee understands this is an unconditional surrender and 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, **KEVIN LEIGH CRANDELL, M.D.**, nevertheless, hereby waives his right to notice and a formal adjudication of charges and hereby voluntarily executes this **Surrender of Medical License**.

EXECUTED AND EFFECTIVE, this the 14, day of August, 2022.



KEVIN LEIGH CRANDELL, M.D.