

**BOARD MINUTES
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
MARCH 20, 2025**

A regularly called meeting of the Mississippi State Board of Medical Licensure was held on March 20, 2025, at 1867 Crane Ridge Drive, Suite 200B, Jackson, MS, after being duly noticed on the Mississippi Public Notice website, this Board's website, and the front door of the Board's offices in accordance with law.

A QUORUM OF NINE (9) VOTING MEMBERS WAS PRESENT ON MARCH 20, 2025:

Michelle Y. Owens, M.D., Jackson, President
C. Kenneth Lippincott, M.D., Tupelo, Vice President
Thomas Joiner, M.D., Jackson, Secretary via Zoom
Kirk L. Kinard, D.O., Oxford
William E. Loper, M.D., Ridgeland
Renia Dotson, M.D., Greenville
H. Allen Gersh, M.D., Hattiesburg, via Zoom
Roderick Givens, M.D., Natchez, via Zoom
Randy C. Roth, M.D., Pascagoula

NOT PRESENT:

Shoba Gaymes, Jackson, Consumer Member

ALSO PRESENT:

Paul Barnes, Board Attorney, Complaint Counsel
Alexis Morris, Special Assistant Attorney General
Kenneth Cleveland, Executive Director
Mike Lucius, Deputy Director
Jay Ledbetter, Chief of Staff
Anna Boone, Director of Licensure Division
Jonathan Dalton, Director of Investigations
Kristin Wallace, Compliance/Investigator
Jerod Smooth, IT Director
Ken Slay, IT Projects
Frances Carrillo, Executive Assistant
Erica Coleman, IT
Kaelin Hanson, IT
Anna Ruffin, Court Reporter, Brown Court Reporting

The meeting was called to order at 10:00 am, by Dr. Michelle Owens, President. The invocation was given by Dr. Cleveland, and the pledge was led by Dr. Kinard. Dr. Cleveland, Executive Director, called Roll and reported that a quorum was present.

Dr. Owens introduced Alexis Morris, Special Assistant Attorney General, who will serve as the Board's Hearing Officer, and Anna Ruffin, Court Reporter with Brown Court Reporting.

The Board recognized the service of Mr. Breland, former Consumer Member, who was not present. Dr. Owens read a Resolution of Appreciation to be presented to Mr. Breland.

A copy of the Resolution of Appreciation is attached and incorporated by reference.

Dr. Owens shared news of the passing of former long-time Board member and interim Executive Director Dr. Charlie Miles on February 5, 2025. Dr. Owens commented on Dr. Miles's long and faithful service on the Board.

Executive Director Report

Dr. Kenneth Cleveland provided an updated summary regarding Licensure and Investigative Division operations for January and February 2025. He reported that our legislation proposing changes to the Medical Practice Act died in committee on the House side, and the bill setting the Board's budget for Fiscal Year 2026 is still pending.

Review and Approval of Minutes of the Executive Committee dated January 15, 2025.

Upon review of the minutes of the Executive Committee Meeting dated January 15, 2025, Dr. Loper moved for approval of the minutes as submitted. Dr. Givens seconded the motion, which carried unanimously.

Review and Approval of Minutes of the Board Meeting dated January 15 & 16, 2025.

Upon review of the minutes of the Board Meeting dated January 15th & 16th, 2025, Dr. Lippincott moved for approval of the minutes as submitted. Dr. Gersh seconded the motion, which carried unanimously.

Report of March 20, 2025, Executive Committee Meeting

Dr. Joiner reported on the matters considered by the Executive Committee on March 20, 2025, and the recommendations made. Dr. Joiner briefly summarized the matters considered by the Executive Committee.

A motion was made by Dr. Kinard, seconded by Dr. Loper, and carried, to accept the report and ratify the recommendations as reported by the Executive Committee. A copy of the approved minutes is attached hereto and incorporated by reference.

**Rules, Regulations & Legislative Committee, Dr. Joiner (Chair), Dr. Gersh, Dr. Loper, Dr. Lippincott, Mrs. Gaymes, Dr. Cleveland, Mr. Ledbetter
Initial Filing of Regulations/Patient Records**

Dr. Joiner introduces proposed amendments to Medical Record regulations based on changes made in the 2024 Senate Bill 2873, "Medical Record Retention."

Dr. Joiner answered questions from the Board regarding the proposed changes.

Mr. Barnes explained the formal process on how the proposed changes will be approved and adopted.

A motion was made by Dr. Loper, seconded by Dr. Dotson, and carried unanimously to **APPROVE** the changes to Part 2635 Ch. 10, Release of Medical Records - Part 2635 Chap 10, Patient Records - Part 2625 R 1.5, Maintenance of Records and Inventories - Part 2640 R.1.4, Part 2640 - Prescription Guidelines – Controlled Substances R.1.10, and policy language changes to 3.17, regarding closing a physician's practice, by the Rules and Regulations Committee.

**HEARING IN THE CASE OF SAMUEL MARK SHOR, M.D.
MISSISSIPPI MEDICAL LICENSE #27626
APPROVAL OF CONSENT ORDER**

Dr. Shor did not appear for this reciprocal discipline hearing. Mr. Barnes briefly summarized the matter that led to a proposed Consent Order based on using pre-signed prescriptions and being disciplined by the Virginia Board of Medicine.

A motion was made by Kinard, seconded by Dr. Joiner, and carried unanimously to **APPROVE** 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 Anna Ruffin, Court Reporter, Brown Court Reporting, Inc.

**HEARING IN THE CASE OF MELANIE LANDRUM WOODALL, M.D., MERIDIAN, MS
MISSISSIPPI MEDICAL LICENSE #13724
APPROVAL OF CONSENT ORDER**

Dr. Woodall did not appear for this reciprocal discipline hearing. Mr. Barnes briefly summarized the matter that led to a proposed Consent Order based on prescribing issues and being disciplined by the Tennessee Board of Medicine.

Mr. Barnes answered questions from the Board.

A motion was made by Kinard, seconded by Dr. Lippincott, and carried unanimously to **APPROVE** 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 Anna Ruffin, Court Reporter, Brown Court Reporting, Inc.

HEARING IN THE CASE OF DONALD THOMAS NICELL, M.D., LAFAYETTE, LA
MISSISSIPPI MEDICAL LICENSE #18020
APPROVAL OF CONSENT ORDER

Dr. Nicell did not appear for this reciprocal discipline hearing. Mr. Barnes briefly summarized the matter that led to a proposed Consent Order based on action taken by the Wisconsin Medical Board for his failure to interpret diagnostic imaging studies involving neck trauma. Mr. Barnes briefly summarized the Wisconsin charges, and the Consent Order mirrors the Wisconsin Order.

Mr. Barnes answered questions from the Board.

A motion was made by Loper, seconded by Dr. Givens, and carried unanimously to **APPROVE** the Consent Order.

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

HEARING IN THE CASE OF RICHARD EUGENE COOK, M.D., HUGHESVILLE, MD
MISSISSIPPI MEDICAL LICENSE #31126
SECOND MOTION FOR CONTINUANCE

Mr. Barnes presented the charges against Dr. Cook related to the operation of IV hydration practice. This is Dr. Cook's second request for a continuation based on a training program Dr. Cook is completing. Because of Licensee's scheduling issues, the request is unopposed, and Mr. Barnes requests that it be granted.

A motion was made by Dr. Kinard, seconded by Dr. Loper, and carried unanimously to **GRANT** the motion to continue this matter.

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

HEARING IN THE CASE OF ELIS YNGVE OLSON, M.D., HEBER CITY, UT
MISSISSIPPI MEDICAL LICENSE #25545
SECOND MOTION FOR CONTINUANCE

Mr. Barnes presented the charges against Dr. Olson related to prescribing legend drugs via telemedicine without conducting necessary examination or lab work. This is Dr. Olson's second request for continuance in this matter; his attorney, Philip Hearn, had a conflict and requested additional time to prepare. The motion is unopposed, and Mr. Barnes requests that it be granted.

A motion was made by Dr. Loper, seconded by Dr. Kinard, and carried unanimously to **GRANT** the motion to continue.

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

HEARING IN THE CASE OF JAMES LESLIE HENDERSON, M.D., JACKSON, MS
MISSISSIPPI MEDICAL LICENSE #15783
MOTION FOR CONTINUANCE

Mr. Barnes presented Dr. Henderson's attorney, Mr. Dennis Horn, first request for a continuance in this matter. The licensee needs additional time to prepare for the hearing, there are outstanding discovery requests, and we will be making discovery requests to them. The motion is unopposed, and Mr. Barnes requests that it be granted.

A motion was made by Dr. Givens, seconded by Dr. Roth, and carried unanimously to **GRANT** the motion to continue.

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

FOR INFORMATIONAL PURPOSES, ALI AHMAN, M.D., TUPELO, MS
MISSISSIPPI MEDICAL LICENSE #15783
SURRENDER OF MEDICAL LICENSE

Mr. Barnes briefly summarized that Dr. Ahman was arrested for child exploitation and is currently residing in the Lee County Correctional Facility. He has retained counsel, Mr. Anthony Farese, and the licensee was offered the opportunity to surrender his medical license, and he elected to do so. This will be reported on the Board's website as a matter of public record and reported to other necessary entities.

FOR INFORMATIONAL PURPOSES, MORTON I. HYSON, M.D., LAS VEGAS, NV
MISSISSIPPI MEDICAL LICENSE #22993
SURRENDER OF MEDICAL LICENSE

Mr. Barnes briefly summarized that Dr. Hyson was involved in sexual misconduct and lost his license in many states. The Licensee was offered the opportunity to surrender

his Mississippi license and elected to do so. This will be reported on the Board's website as a matter of public record and reported to other necessary entities.

FOR INFORMATIONAL PURPOSES, DAVID RERKO, M.D., BILOXI, MS
MISSISSIPPI MEDICAL LICENSE 19145
SURRENDER OF MEDICAL LICENSE

Mr. Barnes briefly summarized that Dr. Rerko was indicted in Florida for child pornography. The Licensee was offered the opportunity to surrender his Mississippi license and elected to do so. This will be reported on the Board's website as a matter of public record and reported to other necessary entities.

PURSUANT TO MS CODE § 73-25-27, INVESTIGATIVE SUBPOENA FOR APPROVAL, CASE NUMBER: 2025-037. THIS IS A MATTER FOR REVIEW AND DISCUSSION TO BE HELD IN EXECUTIVE SESSION PURSUANT TO SECTION 25-41-7(4)(d).

Mr. Barnes requested that the Board entertain a motion to close the meeting to consider going into executive session to decide whether to issue an investigative subpoena (Agenda Item #11).

PERSONNEL MATTER

Mr. Barnes requested to close the meeting to consider going into executive session to discuss agenda item twenty (20), a personnel matter (Agenda Item #20).

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

CLOSED SESSION

During closed session, a motion was made by Dr. Lippincott, seconded by Dr. Loper, and carried that the Board enter executive session to review and discuss the matter regarding investigative subpoenas for case number: 2025-037 (Agenda Item #11). A second motion was also properly made, seconded, and carried to enter executive session to discuss a personnel matter (Agenda Item #20).

RETURN TO OPEN SESSION

Upon a motion by Dr. Lippincott, seconded by Dr. Loper, and carried unanimously, the Board came out of executive session. Dr. Lippincott reported that during the executive session, agenda item #11 was discussed, and the decision is to **APPROVE** the investigative subpoena for case number: 2025-037. Dr. Lippincott reported that the Board discussed a personnel matter (Agenda Item #20).

THE BOARD RECESSED FOR LUNCH AT 11:53 AM AND RECONVENED AT 12:45 PM

**HEARING IN THE CASE OF PRISCILLA RESSER, PA-C
MISSISSIPPI LICENSE #PA00473**

Mr. Barnes made an opening statement that related to the public Order of May 2024, in which Ms. Resser was temporarily barred from practice at that time. Ms. Resser had been referred to the Examining Committee, but she did not report as ordered. The Examining Committee referred Ms. Resser back to the Board, which was the basis for the Executive Director to enter the temporary suspension. Before the Board meeting scheduled for July 2024, Ms. Resser began cooperating with the Examining Committee and came into compliance. The hearing was continued until the Examining Committee fulfilled its role and the Board had all the information needed to proceed to a final determination.

Mr. Barnes reported that this matter would need a limited open session, and due to the nature of confidential matters, he would then request that the Board consider going into executive session.

Mr. Barnes requests that the hearing be closed to consider going into executive session due to the nature of confidentiality.

Ms. Resser answered questions by Alexis Morris, Hearing Officer.

Ms. Resser was sworn in by the court reporter. Ms. Resser answered questions from Mr. Barnes and various Board members.

A motion was made by Dr. Loper, seconded by Dr. Lippincott, and carried that the Board meeting be closed to discuss whether to enter into executive session.

CLOSED SESSION

During closed session, a motion was made by Dr. Kinard, seconded by Dr. Loper, and carried that the Board enter executive session to discuss the matter concerning Ms. Hogan, license #PA00473.

RETURN TO OPEN SESSION

Upon a motion by Dr. Kinard, seconded by Dr. Givens, and carried unanimously, the Board came out of executive session. Dr. Kinard reported that during the executive session, four items were discussed. Item one (1) failure to comply with April 9, 2024, Examining Committee Order, the Board finds her **QUILTY**, item two (2) is PA currently fit to return to the practice of medicine, the Board determines, **YES**, she is fit to return to the practice of medicine, item three (3) should the Order of temporary action pending be lifted,

The Board determines, **YES**, it should be lifted, and item four (4) final decision, terms of the Order are Licensee must (1) follow all terms of the MPHP Contract as stated, (2) follow all return-to-work provisions stated in the IOP and MPHP report recommendations, (3) be subject to direct supervision for the first twenty-five (25) patients after securing employment, and (4) be subject to a twelve (12) month probationary period.

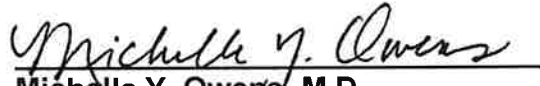
Dr. Cleveland asked the Board members if they would be available April 3, 2025, from 10:00 am to 5:00 pm for a possible emergency meeting, if necessary.

MAY 2025 BOARD MEETING DATES, WEDNESDAY, MAY 21, 2025, AND THURSDAY, MAY 22, 2025.

After the discussion, the dates for the next regularly scheduled meeting of the board were set for Wednesday, May 21, 2025, and Thursday, May 22, 2025.

ADJOURNMENT

There being no further business, the meeting was adjourned at 3:00 p.m.


Michelle Y. Owers, M.D.
President

Minutes taken and transcribed by:
Jackie McKenzie, Paralegal
March 20, 2025

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE



Board Room

Executive Committee Meeting

Thursday, March 20, 2025, at 8:00 am

Board Meeting

Thursday, March 20, 2025, at 10:00 am

**BOARD MEETING AGENDA
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
Thursday, March 20, 2025, 10 am**

1. Meeting called to order.
2. Invocation, Pledge
3. Resolution – Mr. Breland Consumer Member
4. Roll Call
5. Announcements and Public Comments
6. Report from the Executive Director
7. Approval of Minutes of the Executive Committee Meeting dated January 15, 2025.
8. Approval of Minutes of the Board Meeting dated January 15 & 16, 2025.
9. Report of March 19, 2025, Executive Committee Meeting.
10. Rules, Regulation & Legislative Committee, Dr. Joiner (Chair), Dr. Gersh, Dr. Loper, Dr. Lippincott, Mrs. Gaymes, Dr. Cleveland, Mr. Ledbetter
Initial Filing of Regulations | Patient Records
11. Pursuant to MS Code §73-25-27, Investigative Subpoenas for approval, Case Number: 2025-037. This is a matter for review and discussion to be held in Executive session due to material being exempt from the public records act.
12. Samuel Mark Shor, M.D.
Mississippi Medical License 27626
Approval of Consent Order
13. Melanie Landrum Woodall, M.D.
Mississippi Medical License 13724
Approval of Consent Order
14. Donald Thomas Nicell, M.D.
Mississippi Medical License 18020
Approval of Consent Order
15. Hearing in the Case of Richard Eugene Cook, M.D.
Mississippi Medical License 31126
Motion for Continuance
16. Hearing in the Case of Elis Yngve Olson, M.D.
Mississippi Medical License 25545
Motion for Continuance

**BOARD MEETING AGENDA
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
Thursday, March 20, 2025, 10:00 am**

17. Hearing in the Case of James Leslie Henderson, M.D.
Mississippi Medical License 15783
Motion for Continuance
18. Hearing in the Case of Priscilla Resser, PA-C
Mississippi Medical License PA00473
19. For Informational Purposes:

Ali Ahmad, M.D., Tupelo MS
Mississippi Medical License 33406, Surrender of Medical License

Morton I. Hyson, M.D., Las Vegas, NV
Mississippi Medical License 22993, Surrender of Medical License
20. Personnel Matter – Executive Session
21. May 2025 Board Meeting Dates: Wednesday, May 21, 2025, and Thursday, May 22, 2025.

Resolution of Appreciation

WHEREAS, Wesley Breland, faithfully and conscientiously served the Mississippi State Board of Medical Licensure as a Consumer member for twenty years; and

WHEREAS, Mr. Breland served as Consumer Member of the Mississippi State Board of Medical Licensure throughout his time with the Board; and


WHEREAS, Mr. Breland discharged his duties with firmness, dignity, and compassion, always striving to implement both the spirit and letter of the Mississippi Medical Practice Act, thereby working for the greater benefit of the Board and citizens of the State of Mississippi; and

WHEREAS, during his years of service Mr. Breland continually and graciously gave his efforts, time and abilities toward maintaining the highest standard of medical practice for which the State of Mississippi is noted always respecting the rights of licensees, patients and others, while performing his duties;


THEREFORE, BE IT RESOLVED, that the Mississippi State Board of Medical Licensure, on behalf of the Board and the people of the State of Mississippi, by means of this resolution, express to Mr. Breland its gratitude and appreciation for his services during the years he devoted to the Board and the State of Mississippi; and

BE IT FURTHER RESOLVED that a copy of this resolution be spread upon the minutes of the Board and a copy be given to Mr. Breland expressing to him the highest esteem of the Board.

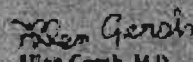
DATED, this the ____ day of March, 2025.


Michelle Y. Owens, M.D.
President



Ken Lippincott, M.D.
Vice President


Thomas Jolter, M.D.
Secretary



Kirk L. Kinard, D.O.
Board Member

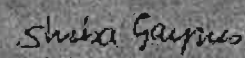

Allen Gersh, M.D.
Board Member


Roderick Givens, M.D.
Board Member

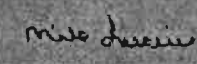

William E. Cooper, III, M.D.
Board Member


Renia Dotson, M.D.
Board Member


Randy Roth, M.D.
Board Member


Shoba Gaymes
Consumer Member


Attest: Kenneth Cleveland, M.D.
Executive Director


Mike Lucius
Deputy Director

BOARD MEETING AGENDA
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
Wednesday, March 19, 2025, 1:00 pm
Rules, Regulation & Legislative Committee
Dr. Joiner (Chair), Dr. Gersh, Dr. Loper, Dr. Lippincott, Mrs. Gaymes
Dr. Cleveland, Mr. Ledbetter

- ❖ Proposed changes to Medical Record regulations based on changes made in Senate Bill 2873 Medical Record Retention
 - Release of Medical Records - Part 2635 Chap 10 Markup only draft
 - Patient Records - Part 2625 R 1.5 Markup only draft
 - Maintenance of Records and Inventories - Part 2640 R.1.4 Markup only draft
 - Part 2640 - Prescription Guidelines – Controlled Substances R.1.10 Markup only draft
 - Closing a Physician's Practice Policy 3.17
 - Senate Bill 2873 Medical Records Retention

Part 2635 Chapter 10: ~~Release of~~ Maintenance, Production, and Release of Medical Records

Rule 10.1 | Definitions. For the purpose of Part 2635, Chapter 10 only, the following terms have the meanings indicated:

- A. **Licensee** means any person licensed to practice by the Mississippi State Board of Medical Licensure.
- B. **Medical Records** means all records and/or documents relating to the treatment of a patient, including, but not limited to, family histories, medical histories, report of clinical findings and diagnosis, laboratory test results, x-rays, reports of examination and/or evaluation, billing records, and any hospital admission/discharge records which the licensee may have, or which is otherwise maintained by the group or facility wherein said licensee practices medicine.
- C. **Patient** means any person who receives or should have received health care from a licensee, under a contract, express or implied, whether or not the licensee is compensated for services rendered.
- D. **Legal Representative** means an attorney, guardian, custodian, or in the case of a deceased patient, the executor/administrator of the estate, surviving spouse, heirs and/or devisees.¹
- E. **Authorized Requesting Party** includes patient and legal representative as defined above who holds a valid written release and authorization.

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

Rule 10.2 | Medical Records - Property of Licensee. Medical records, as defined herein, are and shall remain the property of the licensee in whose facility said records are maintained, subject to reasonable access to the information by authorized individuals or entities.

In the case of employed or contracted licensees (those lacking authority to manage or maintain medical records), medical record ownership and retention shall be determined by federal and state statute and regulations. Licensees in such relationships shall make reasonable efforts to assure reasonable access to the information by authorized individuals or entities. Further, licensees should inform patients in writing of procedures for release of records if the licensee is not the custodian of the records.

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

Rule 10.3 | Record Retention

Beginning January 1, 2026, medical records for all new patients, and any patient seen after January 1, 2022, shall be retained by licensees in the original, microfilmed, or similarly reproduced form for a minimum period of ten (10) years from the date a patient is last treated by a licensee.

Graphic matter, images, X-ray films, and like matter that were necessary to produce diagnostic or therapeutic reports shall be retained, preserved, and properly stored by a licensee in the original.

¹ See Miss. Code Ann., §41-10-3 for further authority and information.

microfilmed, or similarly reproduced form for a minimum period of five (5) years from the date a patient is last treated by the licensee. Such graphic matter, images, X-ray films, and like matter shall be retained for a longer period when requested in writing by the patient.

Before the destruction of any patient records, licensees must provide at least six (6)-months' notice to the patient of the impending record(s) destruction.

Medical records in their original, microfilmed, or similarly reproduced form shall be provided upon request to a parent or guardian of an unemancipated minor under eighteen (18) without the permission of such unemancipated minor.

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

Rule 10.34 | Regulatory and Legal Requests

The Board has the authority to investigate licensees as part of its mission to protect the public.² Further, continued licensure by the Board requires the production of medical records when requested.³ When provided an administrative (i.e., legal) request for in-person inspection or production of copies for removal by the Board, licensees shall comply and provide all records as requested.

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

Rule 10.45 | Transfer of Patient Records to Another Licensee

A licensee shall not refuse for any reason to make the information contained in the medical records available upon valid request by authorized requesting party to another licensee presently treating the patient. The licensee has a right to request a written release from the patient or legal representative of the patient, authorizing the transfer prior to transfer of said documents. Upon receipt of the written release and authorization, the licensee must tender a copy of said documents to the other licensee within a reasonable period of time. Transfer of said documents shall not be withheld because of an unpaid bill for medical services, but the licensee is entitled to reasonable compensation paid in advance for any copy expenses as provided in Part 2635, Rule 10.6.

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

Rule 10.56 | Release of Patient Records to Patient

A licensee shall, upon request of an authorized requesting party holding a written release and authorization, provide a copy of a patient's medical record to the authorized requesting party within a reasonable period of time.

In those cases where release of psychiatric/psychological records directly to a patient would be deemed harmful to the patient's mental health or well-being, the licensee shall not be obligated to

² Miss. Code Ann., §73-43-11

³ 30 Miss. Admin. Code Pt.2640, Ch.1, R.1.4 Patient Record

release the records directly to the patient, but shall, upon request, release the records to the patient's legal representative. The licensee has a right to request a written authorization prior to release of the records to any party other than the patient. Upon receipt of the written release and authorization, the licensee must tender a copy of the records to the authorized requesting party within a reasonable period of time. Transfer of the records shall not be withheld because of an unpaid bill for medical services, but the licensee is entitled to reasonable compensation paid in advance for any copy expenses as provided in Part 2635, Rule 10.6.

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

Rule 10.67 | Narrative Summary of Medical Record

In some cases, a requesting party may wish to obtain a narrative summary of the medical record, in lieu of, or in addition to a copy of the medical record. Upon such a request, the licensee may provide the narrative summary. The licensee may charge a reasonable fee for the time devoted to preparation of the medical record narrative summary.

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

Rule 10.78 | Duplication and Administrative Fees.

- A. Licensees have a right to be reimbursed for duplication and other expenses relating to requests for medical records. The copying charge is set by Mississippi Code, Section 11-1-52 as follows:
 - 1. Any medical provider or hospital or nursing home or other medical facility shall charge no more than the following amounts to an authorized requesting party for photocopying any patient's records:
 - i. Twenty Dollars (\$20.00) for pages one (1) through twenty (20);
 - ii. One Dollar (\$1.00) per page for the next eighty (80) pages;
 - iii. Fifty Cents (50¢) per page for all pages thereafter.
 - iv. Ten percent (10%) of the total charge may be added for postage and handling.
 - v. Fifteen Dollars (\$15.00) may be recovered by the medical provider or hospital or nursing home or other medical facility for retrieving medical records in archives at a location off the premises where the facility/office is located.
 - vi. In addition, the actual costs of reproducing x-rays or other special records may be included.
 - vii. The duplication and administrative fees authorized herein are not intended to include or restrict any fees charged in relation to expert testimony.

Source: Miss. Code Ann. §11-1-52 (1972, as amended).

Rule 10.89 | Exclusion

Federal or state agencies providing benefit programs as well as contractual third-party payers and administrators are excluded from the above stated fees. Records that are requested by state or federal agencies as well as contracted payers and administrators may be billed at rates established by those payers and contracts. The release of records as requested by state or federal agencies or third-party payers and administrators may not be refused for failure to pay required fees.

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

Rule 10.910 / Violation of Rules

A refusal by a licensee to release patient records shall constitute unprofessional conduct, dishonorable or unethical conduct likely to deceive, defraud or harm the public in violation of Mississippi Code, Section 73-25-29(8)(d).

Amended March 16, 1995. Amended July 18, 2002. Amended September 18, 2003. Amended September 16, 2004. Amended May 17, 2007. Amended January 21, 2010. Amended March 16, 2017. Amended December 23, 2021.

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

Rule 1.5 | Patient Records. A licensed acupuncturist shall maintain a complete and accurate record of each patient. The record shall be sufficient to demonstrate a valid acupuncturist-patient relationship:

- A. verify that the person requesting the medical treatment is in fact who they claim to be;
- B. conduct and appropriate examination of the patient that meets the applicable standard of care and is sufficient to justify the differential diagnosis and proposed therapies;
- C. establish a differential diagnosis through the use of accepted medical practices, i.e., a patient history, mental status exam, physical exam and appropriate diagnostic and laboratory testing;
- D. discuss with the patient the diagnosis, risks and benefits of various treatment options and obtain informed consent;
- E. insure the availability of appropriate follow-up care including use of traditional medicine; and
- F. maintain a complete medical record.

Patient records must be maintained in accordance with Part 2635, Chapter 10 *Maintenance, Production, and Release of Medical Records*. ~~for a period of seven (7) years from the date of last treatment or longer if required by future statute or regulation.~~

At patient's request, the acupuncturist shall provide the patient or other authorized person a copy of the acupuncture record. Refer to Administrative Code Part 2635 Chapter 10, Release of Medical Records.

Acupuncturists are subject to a peer review process conducted by the Council.

Source: Miss. Code Ann. §73-71-13 (1972, as amended).

Rule 1.4 | Maintenance of Records and Inventories.

Every licensee shall maintain inventories, logs, and records prescribed in this rule.

- A. Controlled substances inventory record. All controlled substances classified under Schedules II, IIN, III, IIIN, IV and V which are purchased by the licensee must be inventoried at least every two (2) years. All inventory records for controlled substances in Schedules II and IIN must be maintained separately from the inventory records for Schedules III, IIIN, IV and V controlled substances. To insure the reliability of an inventory, the physician must maintain a readily retrievable record of controlled substances purchased, including a copy of all purchase invoices identifying the name, quantity and strength/dose of the controlled substance purchased, the supplier and the date purchased. Controlled substances inventory must also meet all applicable federal statutes and regulations.
- B. Controlled substances dispensation/administration record. Every licensee who dispenses or administers, Schedules II, IIN, III, IIIN, IV and V controlled substances must maintain a separate readily retrievable record of all such substances dispensed or administered. This requirement does not apply to Schedules III, IIIN, IV and V prepackaged samples and starter packs. All dispensation/administration records for controlled substances in Schedules II and IIN must be maintained separately from the dispensation/administration records for Schedules III, IIIN, IV and V controlled substances. The record must contain the following information:
 - A. The date the controlled substance was dispensed or administered.
 - B. The name, quantity and strength/dose of the controlled substance dispensed or administered.
 - C. The method of administration of the controlled substance, i.e. oral, IV or subcutaneous.
 - D. The name and address of the patient to whom the controlled substance was dispensed or administered.
 - E. For all Schedules II and III amphetamines, amphetamine-like anorectic drugs, or sympathomimetic amine drugs dispensed in the treatment of narcolepsy, hyperkinesis, brain dysfunction, epilepsy, or depression, the dispensing or administration records must include the diagnosis and the reason for use of the Schedules II and III controlled substances.

Controlled substances dispensation/administration records must also meet all applicable federal statutes and regulations.

Patient Record - A licensee who prescribes, dispenses or administers a legend drug or controlled substance must maintain a complete record of his or her examination, evaluation and treatment of the patient which must include documentation of the diagnosis and reason for prescribing, dispensing or administering any legend drug or controlled substance; the name, dose, strength, quantity of the legend drug or controlled substance and the date that the legend drug or controlled substance was prescribed, dispensed or administered. The record required by this rule must be maintained in the patient's medical records. If medical records are maintained at the office of the licensee, the records must be available for inspection by the representatives of the Mississippi State Board of Medical Licensure.

Licensees must not prescribe, administer or dispense any legend drug; any controlled substance; or any drug having addiction-forming or addiction-sustaining liability without a good faith prior

examination and medical indication. A determination as to whether a “good faith prior examination and medical indication” exists depends upon the facts and circumstances in each case. One of the primary roles of a physician is to elicit detailed information about the signs and symptoms which a patient presents in order that he or she may recommend a course of treatment to relieve the symptoms and cure the patient of his or her ailment or maintain him or her in an apparent state of good health. In order for a licensee to achieve a reasonable diagnosis and treatment plan, a history and physical examination consistent with the nature of the complaint are necessary. The importance of these aspects of proper medical practice cannot be over emphasized. The paramount importance of a complete medical history in establishing a correct diagnosis is well established. Standards of proper medical practice require that, upon any encounter with a patient, in order to establish proper diagnosis and regimen of treatment, a licensee must take three steps: (a) take and record an appropriate medical history, (b) carry out an appropriate physical examination, and (c) record the results. The observance of these principles is an integral component of the “course of legitimate professional practice.”

Some of the factors used in determining the presence or absence of “good faith” may include, but are not limited to:

1. the quality and extent of the documented history and physical exam, which may also be accomplished through appropriate telemedicine as defined in Part 2635 Rule 5.5;
2. the extent to which the prescribed therapy is supported by documented history and physical exam;
3. the licensee's permitting the patient to name the drug desired;
4. a licensee dispensing or prescribing drugs to patients having no medical need, when the licensee knew or should have known that the patients were addicts or abusing/misusing substances;
5. repeated refills over relatively short periods of time or the issuance of prescriptions at a time when the patient should not have been finished taking the same medication from a prior prescription had the prescription directions been properly followed or the correct dosage taken;
6. general remarks of the licensee indicating his or her experience with non-therapeutic uses of the drug;
7. a licensee prescribing contraindicated medication such as amphetamines and depressants in a manner which results in therapeutic conflicts.

The aforementioned is of particular importance in cases in which controlled substances are to play a part in the course of treatment. It is the responsibility of the licensee to dispense, prescribe or administer all therapies with proper regard for the actual and potential dangers. This fact has been established in a number of closely related administrative and criminal cases, **United States v. Bartee**, 479 F.2d 484 (10th Cir. 1973) (No physical examination prior to issuance of prescriptions for controlled substances); **United States v. Greene**, 511 F.2d 1062 (7th Cir. 1975); **Arthurs v. Board of Registration of Medicine**, 418 N.E. 2d 1236 (MA 1981) (failure to record in patient file prescriptions for controlled substances issued or failure to record patient visit); **Brainard v. State Board of Medical Examiners**, 157 P2d 7 (Ca. 1945); **Dannerberg v. Board of Regents**, 430 N.Y.2d 700 (1980) (issuance of three prescriptions for sleeping pills to an undercover agent without a physical examination; **Widlitz v. Board of Regents of New York**, 429 N.Y. 2d 794 (1980) (issuance of Desoxyn to patients whom physician knew were drug addicts without conducting physical examination); **United States v. Rosenberg**, 515 F.2d 190 (9th Cir. 1975) (no

physical examination, evidences that prescriptions were not in course of professional practice); and **United States v. Hooker**, 541 F.2d 300 (1st Cir. 1976), (little more than cursory physical examination, frequent neglect to inquire as to past medical history, little or no exploration of the type of problem the patient allegedly had “indicates that the minimal professional procedures followed were designed only to give an appearance of propriety to appellant's unlawful distributions”).

A determination of proper “medical indication” requires examination of the nature of the therapy and all circumstances surrounding its implementation. Use of any therapy should be supported by standards of medical practice, reasonable scientific evidence or consensus and documented in the medical record. Case law developed by the courts in connection with controlled substances criminal violations and administrative decisions further illustrates several indications of lack of good faith. See **United States v. Greene**, 511 F.2d 1062 (7th Cir. 1975) and **United States v. Rosenberg**, 515 F.2d 190 (9th Cir. 1975). One of primary importance is the failure to follow at least the minimal professional procedures. Some of the factors used in determining the existence of “good faith” may include, but are not limited to: (a) the physician's permitting the patient to name the drug desired; (b) a physician dispensing drugs to patients having no medical need, when the physician knew or should have known that the patients were addicts; (c) repeated refills over relatively short periods of time or the issuance of prescriptions at a time when the patient should not have been finished taking the same medication from a prior prescription had the prescription directions been properly followed or the correct dosage taken; (d) general remarks of the physician indicating his or her experience with non-therapeutic uses of the drug; (e) a physician prescribing contraindicated medication such as amphetamines and depressants in a manner which results in therapeutic conflicts

A licensee must not sell or trade any medication which he or she receives as prepackaged samples or starter packs, whether or not said samples are controlled substances, legend drugs or other medication.

The Controlled Substances Inventory, Controlled Substance Dispensation/Administration Record, and Patient Record required by these rules must be maintained in accordance with Part 2635, Chapter 10 Maintenance, Production, and Release of Medical Records, ~~in the office of the licensee for a period of seven (7) years from the date that the record is completed or the controlled substances, legend drugs or other medications are prescribed, administered or dispensed and must be made available for inspection by representatives of the Mississippi State Board of Medical Licensure pursuant to authority granted in Mississippi Code, Section 41-29-125.~~ Record retention for Controlled Substances Inventory, Controlled Substance Dispensation/Administration Records, and Patient Records must also meet all applicable federal statutes and regulations.

A licensee may use a data processing system or a manual record keeping system for the storage and retrieval of Controlled Substances Dispensation/Administration Records. If a licensee utilizes a data processing system, it must provide immediate retrieval of all dispensation/administration records of controlled substances.

Whether maintained manually or in a data processing system, all records of dispensation/administration of controlled substances must be readily retrievable. If a data

processing system is utilized, a hard-copy printout of the records of dispensation/administration must be made at regular intervals, not to exceed seven (7) days. Such hard-copy printouts must be maintained for a period of five (5) years and must be made available for inspection and copying by investigators of the Mississippi State Board of Medical Licensure.

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

DRAFT

Rule 1.10 | Prescription Guidelines–Controlled Substances.

It is the responsibility of the licensee to determine the type, dosage, form, frequency of application and number of refills of any controlled substances prescribed to a patient. The following requirements apply to all prescriptions for controlled substances written by a licensee with controlled substance prescriptive authority:

- A. All prescriptions for controlled substances must be written in strict compliance with Mississippi Code, Sections 41-29-101 through 41-29-311 and Title 21 of U.S. Code of Federal Regulations, Part 1306.
- B. On all prescriptions of controlled substances wherein refills are permitted, licensees must indicate the appropriate refills, not to exceed five (5), or mark “none.”
- C. Each licensee must insure that the complete name and address of the patient to whom the licensee is prescribing the controlled substance appears on the prescription.
- D. A licensee must not permit any prescription for controlled substances to be signed by anyone in the place of or on behalf of the licensee.
- E. A licensee must not pre-sign prescription pads or order forms.
- F. A licensee must not utilize prescription pads or order forms upon which the signature of the licensee has been affixed by any means other than manual signature. This prohibition includes the e-mailing of any controlled substance prescription. A hard copy prescription generated from an electronic prescription system must contain a manual signature unless:
 - (i) the prescription is printed on security paper that ensures it is not subject to copying or alteration, and
 - (ii) an electronic or digital signature is affixed. Electronic transmission of Schedule III-V controlled substance prescription information is limited to computer to facsimile (fax) transmissions or traditional fax to fax transmissions. Electronic transmission of Schedule II controlled substance prescription information is permitted under limited circumstances. Requirements for fax prescription orders and systems utilized for faxing prescriptions are as follows:
 - 1. The prescription order must contain the date, time, telephone number and location of the transmitting device. Prescription blanks utilized in this manner must bear a pre-printed heading that indicates the blank is a “Fax Prescription Form.” Fax prescription orders must contain a manual or authenticated electronic/digital signature of the prescriber. Only Schedule II narcotic substances that are to be prepared or compounded for the direct administration to a patient by parenteral, intravenous, intramuscular, subcutaneous or intra spinal infusion may be transmitted by the licensee or the licensee’s agent to a pharmacy of the patient’s choice by facsimile. All original hardcopy faxed prescriptions must immediately be voided after successfully completing the fax transmission by writing across the face of the prescription from corner to corner the notation “faxed.” The original prescription (or copy) must be retained in the licensee’s patient file with additional information included on the back of the prescription as to the date it was faxed, the name or initials of the person faxing the prescription and the name/location of the pharmacy receiving the fax transmission.

In addition to filing the original prescription (or copy) in the patient file, a perpetual, chronological logbook of fax transactions must be established and maintained. Such a logbook would serve to protect the prescribing licensee in the event the original prescription is somehow lost or misfiled. The information contained in such a logbook

must include the patient's name and address, date of issuance, name, strength and quantity of the drug prescribed and the name and fax number of the receiving pharmacy and a personal identifier of the person faxing the prescription. Such logs must be maintained in the licensee's clinic in a readily retrievable manner, and be kept in accordance with Part 2635, Chapter 10 Maintenance, Production, and Release of Medical Records ~~for at least seven (7) years after the original record is established.~~ The requirements set forth in this rule are in addition to documentation required in Part 2640, Rule 1.4.

2. When prescribing any controlled substance for a resident of a Long-term Care Facility (LTCF)(as defined in Section 1301.01(25), Code of Federal Regulations), such prescription may be transmitted by the licensee or the licensee's agent to the dispensing pharmacy by facsimile. The licensee or the licensee's agent must note on the prescription that the patient is a resident of a LTCF. The original prescription (or copy) and fax transaction log will be prepared and maintained in the same manner as described in Part 2640, Rule 1.10.F.1.
 3. When prescribing any controlled substance for a patient residing in a hospice certified by Medicare under Title XVIII or licensed by the state, such prescription may be transmitted by the licensee or the licensee's agent to the dispensing pharmacy by facsimile. The licensee or the licensee's agent must note on the prescription that the patient is a hospice patient. The original prescription (or copy) and fax transmission log will be maintained in the same manner as described in Part 2640, Rule 1.10.F.1.
- G. No more than one (1) controlled substance shall be issued on a single prescription blank.
- H. Prescriptions for Benzodiazepines must be limited to a one (1) month supply, with no more than two (2) refills, or a ninety (90) day supply with no refills. The MPMP must be checked each time a prescription for benzodiazepines is authorized and evidence of such check must be noted within the patient file.

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

3.17 Closing a Physician's Practice

When a physician ceases to practice, whether by relocation, retirement, disability, or death, certain obligations are due the patients of the physician. If relocation to another site in the same patient area, the problems are mainly logistical and making sure the patients know about the move. If leaving a partnership or group practice, the physicians remaining should not unduly hinder patient inquiries as to the location of the departing physician. Patients of the departing physician should be informed of the physician's new address and offered the opportunity to have their medical records sent to the departing physician at the new practice location. It is unethical to withhold such information upon a patient's request. If the closing is planned, as in the case of retirement, relatively few problems should be expected. However, if the closing is unexpected as in the case of disability or death, the situation is traumatic and full of problems that require quick solutions and answers.

Medical Records

One major problem that always arises when it becomes necessary to move or close a physician's office is what to do with patient records. Since these are important and confidential documents, they must be ~~carefully preserved in some manner~~ maintained in accordance with 30 Miss. Admin. Code Pt. 2635, Ch. 10. If a physician is leaving the area and is in a partnership or group practice, it is customary to leave the records in the possession of the partners or group. If the physician is staying in the area, it is common practice to divide the records in some equitable manner. Most legal authorities are of the opinion that the medical records are the property of the partnership or group and not the individual physician. It is, however, the right of the patient to determine where the records or a copy of the records should go. Therefore, whether by relocation, retirement, disability or death, the patient should be advised of the right to have the medical records sent to the physician of their choice. Notification can be accomplished by a sign in the reception area, a note in the monthly billing statement, or an advertisement in a local newspaper. It is not advisable to turn the original records over to the patient. Charges to the patient are acceptable and few patients will object to a minimum charge for this service. It is considered less than professional to charge another treating physician for a copy of the patient's medical records. In any event, the records should not be unduly delayed.

Patient Notification

1. For patients under current care; i.e., taking a prescribed medication that requires refill or having a prescheduled treatment or examination, special attention must be to notifying as quickly as possible that the physician is no longer available and that immediate arrangements for care need to be made. For those scheduled in the next 14 days, a phone call works best. Others may be notified by direct mail.
2. A letter in the monthly billing statement may be used. A notice of 30 days is considered reasonable time.
3. Referral to an appropriate physician for care may be in order.
4. A notice in a newspaper of general circulation for 3 or 4 weeks will notify past and present patients and the general public of the closing of the practice and the availability of medical records.

Adopted July 10, 2008.

By: Senator(s) Parker, Hill

To: Public Health and
WelfareCOMMITTEE SUBSTITUTE
FOR
SENATE BILL NO. 2873

1 AN ACT TO AMEND SECTIONS 41-9-69, 73-9-13 AND 73-43-11,
2 MISSISSIPPI CODE OF 1972, TO PROVIDE MEDICAL RECORDS RETENTION
3 REQUIREMENTS FOR HOSPITALS, PHYSICIANS AND DENTISTS; TO REQUIRE
4 HOSPITAL, DENTAL AND MEDICAL RECORDS IN THEIR ORIGINAL,
5 MICROFILMED, OR SIMILARLY REPRODUCED FORM TO BE PROVIDED UPON
6 REQUEST TO A PARENT OR GUARDIAN OF AN UNEMANCIPATED MINOR UNDER 18
7 WITHOUT THE PERMISSION OF SUCH UNEMANCIPATED MINOR; AND FOR
8 RELATED PURPOSES.

9 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

10 **SECTION 1.** Section 41-9-69, Mississippi Code of 1972, is
11 amended as follows:

12 41-9-69. (1) (a) Hospital records shall be retained * * *
13 by hospitals in their original, microfilmed, or similarly
14 reproduced form for a minimum period of ten (10) years from the
15 date a patient is discharged.

16 (b) Graphic matter, images, X-ray films and like matter
17 that were necessary to produce a diagnostic or therapeutic report
18 shall be retained, preserved, and properly stored by hospitals in
19 their original, microfilmed, or similarly reproduced form for a
20 minimum period of three (3) years from the date a patient is
21 discharged. Such graphic matter, images, X-ray film, and like



22 matter shall be retained for longer periods when requested in
23 writing by the patient or someone acting legally in his behalf.

24 Upon the expiration of the applicable period of retention,
25 any hospital may retire the hospital record.

26 (2) * * * Hospital records in their original, microfilmed,
27 or similarly reproduced form shall be provided upon request to a
28 parent or guardian of an unemancipated minor under eighteen (18)
29 without the permission of such unemancipated minor.

30 **SECTION 2.** Section 73-9-13, Mississippi Code of 1972, is
31 amended as follows:

32 73-9-13. The State Board of Dental Examiners shall each year
33 elect from their number a president, vice president and
34 secretary-treasurer to serve for the coming year and until their
35 successors are qualified. Only dentist members of the board may
36 hold the offices of president and vice president. The board shall
37 have a seal with appropriate wording to be kept at the offices of
38 the board. The secretary and the executive director of the board
39 shall be required to make bond in such sum and with such surety as
40 the board may determine. It shall be the duty of the executive
41 director to keep a complete record of the acts and proceedings of
42 the board and to preserve all papers, documents and correspondence
43 received by the board relating to its duties and office.

44 The board shall have the following powers and duties:

45 (a) To carry out the purposes and provisions of the
46 state laws pertaining to dentistry and dental hygiene, and the



47 practice thereof and matters related thereto, particularly
48 Sections 73-9-1 through 73-9-117, together with all amendments and
49 additions thereto.

50 (b) To regulate the practice of dentistry and dental
51 hygiene and to promulgate reasonable regulations as are necessary
52 or convenient for the protection of the public; however, the board
53 shall not adopt any rule or regulation or impose any requirement
54 regarding the licensing of dentists that conflicts with the
55 prohibitions in Section 73-49-3.

56 (c) To make rules and regulations by which clinical
57 facilities within institutions, schools, colleges, universities
58 and other agencies may be recognized and approved for the practice
59 of dentistry or of dental hygiene by unlicensed persons therein,
60 as a precondition to their being excepted from the dental practice
61 act and authorized in accordance with Section 73-9-3(g) and (h).

62 (d) To provide for the enforcement of and to enforce
63 the laws of the State of Mississippi and the rules and regulations
64 of the State Board of Dental Examiners.

65 (e) To compile at least once each calendar year and to
66 maintain an adequate list of prospective dentist and dental
67 hygienist appointees for approval by the Governor as provided for
68 elsewhere by law.

69 (f) To issue licenses and permits to applicants when
70 found to be qualified.



71 (g) To provide for reregistration of all licenses and
72 permits duly issued by the board.

73 (h) To maintain an up-to-date list of all licensees and
74 permit holders in the state, together with their addresses.

75 (i) To examine applicants for the practice of dentistry
76 or dental hygiene at least annually.

77 (j) To issue licenses or duplicates and
78 reregistration/renewal certificates, and to collect and account
79 for fees for same.

80 (k) To maintain an office adequately staffed insofar as
81 funds are available for the purposes of carrying out the powers
82 and duties of the board.

83 (l) To provide by appropriate rules and regulations,
84 within the provisions of the state laws, for revoking or
85 suspending licenses and permits and a system of fines for lesser
86 penalties.

87 (m) To prosecute, investigate or initiate prosecution
88 for violations of the laws of the state pertaining to practice of
89 dentistry or dental hygiene, or matters affecting the rights and
90 duties, or related thereto.

91 (n) To provide by rules for the conduct of as much
92 board business as practicable by mail, which, when so done, shall
93 be and have the same force and effect as if done in a regular
94 meeting duly organized.



95 (o) To adopt rules and regulations providing for the
96 reasonable regulation of advertising by dentists and dental
97 hygienists.

98 (p) To employ, in its discretion, a duly licensed
99 attorney to represent the board in individual cases.

100 (q) To employ, in its discretion, technical and
101 professional personnel to conduct dental office sedation site
102 visits, administer and monitor state board examinations and carry
103 out the powers and duties of the board.

104 (r) To adopt reasonable rules and regulations providing
105 for dentist practice records retention under the following minimum
106 standards:

107 (i) Dental records shall be retained by a dentist
108 in the original, microfilmed, or similarly reproduced form for a
109 minimum period of ten (10) years from the date a patient is last
110 treated by a dentist.

111 (ii) Graphic matter, images, X-ray films, and like
112 matter that were necessary to produce a diagnostic or therapeutic
113 report shall be retained, preserved and properly stored by a
114 dentist in the original microfilmed or similarly reproduced form
115 for a minimum period of three (3) years from the date a patient is
116 last treated by the dentist. Such graphic matter, images, X-ray
117 film, and like matter shall be retained for a longer period when
118 requested in writing by the patient.



(iii) Dental records in their original, microfilmed, or similarly reproduced form shall be provided upon request to a parent or guardian of an unemancipated minor under eighteen (18) without the permission of such unemancipated minor.

SECTION 3. Section 73-43-11, Mississippi Code of 1972, is amended as follows:

73-43-11. The State Board of Medical Licensure shall have the following powers and responsibilities:

(a) Setting policies and professional standards regarding the medical practice of physicians, osteopaths, podiatrists and physician assistants practicing with physician supervision;

(b) Considering applications for licensure;

(c) Conducting examinations for licensure;

(d) Investigating alleged violations of the medical practice act;

(e) Conducting hearings on disciplinary matters involving violations of state and federal law, probation, suspension and revocation of licenses;

(f) Considering petitions for termination of probationary and suspension periods, and restoration of revoked licenses;

(g) To promulgate and publish reasonable rules and regulations necessary to enable it to discharge its functions and to enforce the provisions of law regulating the practice of



144 medicine; however, the board shall not adopt any rule or
145 regulation or impose any requirement regarding the licensing of
146 physicians or osteopaths that conflicts with the prohibitions in
147 Section 73-49-3;

148 (h) To enter into contracts with any other state or
149 federal agency, or with any private person, organization or group
150 capable of contracting, if it finds such action to be in the
151 public interest and in the furtherance of its responsibilities;

152 (i) Perform the duties prescribed by Sections 73-26-1
153 through 73-26-5; * * *

154 (j) Perform the duties prescribed by the Interstate
155 Medical Licensure Compact, Section 73-25-101 * * *; and

156 (k) To adopt reasonable rules and regulations providing
157 for physician practice records retention under the following
158 minimum standards:

159 (i) Medical records shall be retained by a
160 physician in the original, microfilmed, or similarly reproduced
161 form for a minimum period of ten (10) years from the date a
162 patient is last treated by a physician.

163 (ii) Graphic matter, images, X-ray films, and like
164 matter that were necessary to produce a diagnostic or therapeutic
165 report shall be retained, preserved and properly stored by a
166 physician in the original, microfilmed or similarly reproduced
167 form for a minimum period of three (3) years from the date a
168 patient is last treated by the physician. Such graphic matter,



169 images, X-ray film, and like matter shall be retained for a longer
170 period when requested in writing by the patient.

171 (iii) Medical records in their original,
172 microfilmed, or similarly reproduced form shall be provided upon
173 request to a parent or guardian of an unemancipated minor under
174 eighteen (18) without the permission of such unemancipated minor.

175 **SECTION 4.** This act shall take effect and be in force from
176 and after its passage.



BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF PHYSICIAN'S LICENSE

OF

SAMUEL MARK SHOR, M.D.

CONSENT ORDER

WHEREAS, Samuel Mark Shor, M.D., hereinafter referred to as "Licensee," is the current holder of License No. 27626, issued May 9, 2020, for the practice of medicine in the State of Mississippi;

WHEREAS, on October 23, 2024, the Virginia Board of Medicine, hereinafter referred to as the "Virginia Board," ordered the Reprimand of Licensee's Virginia Medical License and placed it on Probation for violations of Virginia Code § 54.1-2915(A)(3) (unprofessional conduct) based on intentional or negligent conduct in the practice of any branch of the healing arts that causes or is likely to cause injury to a patient or patients; which is grounds for disciplinary action. The misconduct included failing to adequately advise the patient, obtain informed consent, and engaging in a substandard course of treatment;

WHEREAS, pursuant to Subsection (9) of Section 73-25-29, Mississippi Code Annotated, the aforementioned actions by the Virginia Board constitute action against Licensee's ability to practice in another jurisdiction, grounds for which the Mississippi State Board of Medical Licensure; hereinafter, referred to as the "Board", may 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 accept the following terms and conditions:

1. Licensee's Mississippi medical license is **REPRIMANDED**.
2. Licensee's Mississippi medical license is placed on **PROBATION** for 3 years.
3. Licensee will, within 30 days of the entry of this Consent Order, attest in writing to the Executive Director of the Mississippi State Board of Medical Licensure that all patients whom he treats for chronic Lyme disease and associated tick-borne illnesses are provided with information from the United States Centers for Disease Control and Prevention on chronic symptoms of Lyme disease and associated tick-borne illnesses.
4. Licensee will, within 30 days of the date of entry of this Consent Order, attest in writing to the Executive Director of the Mississippi State Board of Medical Licensure that he will obtain signed, informed consent from each of his patients before the Initiation of pharmacologic treatment of chronic Lyme disease and associated tick-borne illnesses and then yearly thereafter. The signed, informed consent must include language that discusses alternatives, including the United States Centers for Disease Control and Prevention's position on the treatment of chronic Lyme disease and associated tick-borne illnesses.

5. In the Board's discretion, Licensee shall be reinstated without restriction at the completion of the probationary period, or the Board may schedule an informal conference to consider Licensee's status.
6. Licensee shall not seek relief from this Order until his Virginia Medical License is reinstated.
7. 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.
8. Licensee shall reimburse the Board for all costs incurred in relation to the pending matter pursuant to Miss. Code Ann. § 73-25-30, said amount not to exceed \$10,000. Licensee shall be advised of the total assessment by separate written notification and shall tender to the Board a certified check or money order made payable to the Mississippi State Board of Medical Licensure, on or before forty (40) days from the date the assessment is mailed to Licensee via U.S. Mail to Licensee's current mailing address.

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. Licensee further acknowledges that he may be required to personally appear before the Board on the scheduled hearing date to answer any questions which the Board may have. 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, including Licensee's answers to questions, shall not unfairly or illegally prejudice the Board or any of its members from participation in any further proceedings.

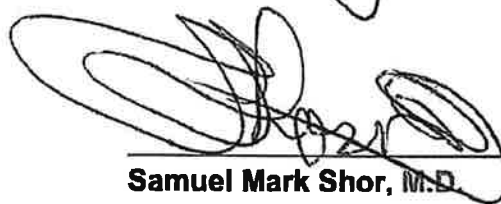
Licensee understands and expressly acknowledges that, should Licensee challenge or dispute any provision or statement in this agreement during the Board approval process, or if the Board does not accept the terms as set forth herein, this Consent Order will automatically be rendered null and void, and this matter shall be set for a full evidentiary hearing at the next regularly scheduled meeting of the Board.

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 National Practitioners Data Bank (NPDB), the Mississippi Department of Health (MSDH), the Federation of State Medical Boards (FSMB), the Office of the Inspector General, United States Department of Health and Human Services (OIG-HHS), the U.S. Drug Enforcement Administration (DEA), the Mississippi Division of Medicaid, the Mississippi Board of Pharmacy, and the Mississippi State Medical Association (MSMA). The Board makes no

representation as to what action, if any, which any other agency or jurisdiction may take in response to this Consent Order.


Recognizing his right to notice of charges specified against him, to have such charges adjudicated pursuant to Miss. Code Ann. § 73-25-27, 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, **SAMUEL MARK SHOR, 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.

EXECUTED, this the 16th day of FEBRUARY, 2025.



Samuel Mark Shor, M.D.

ACCEPTED AND APPROVED this the 20th day of MARCH, 2025, by the Mississippi State Board of Medical Licensure.



Michelle Y. Owens, M.D.
Board President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
IN THE MATTER OF PHYSICIAN'S LICENSE
OF
MELANIE LANDRUM WOODALL, M.D.
CONSENT ORDER

WHEREAS, MELANIE LANDRUM WOODALL, M.D., hereinafter referred to as "Licensee," is the current holder of License No. 13724, issued December 6, 1993, for the practice of medicine in the State of Mississippi;

WHEREAS, on January 23, 2024, Licensee, in order to avoid a disciplinary hearing, voluntarily entered into a Consent Order with the Tennessee Board of Medical Examiners, hereinafter referred to as the "Tennessee Board," for an act or acts that violate Tennessee Code Ann. § 63-6-214 (b)(1), Unprofessional Conduct; § 63-6-214 (b)(12), Violation or attempted violation, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this chapter or any lawful order of the board issued pursuant thereto, or any criminal statute of the state of Tennessee; § 63-6-214 (b)(14), Dispensing, prescribing or otherwise distributing any controlled substance or other drug to any person in violation of any law of the state or of the United States; Specialty and Specially Regulated Areas and Aspects of Medical Practice Tenn. Comp. R & Reg Rule 0880-2-.14 (6)(e), and Tenn. Comp. R & Reg Rule 0880-2-.14 (7)(a) (the "Tennessee Consent Order");

WHEREAS, as part of the aforementioned Tennessee Consent Order, Licensee was issued PROBATION, for a period of no less than one (1) year, among other restrictions, after finding that she engaged in Unprofessional Conduct as defined in the Tennessee Medical Practice Act;

WHEREAS, pursuant to Subsection (9) of Section 73-25-29, Mississippi Code (1972) Annotated, as amended, the aforementioned actions by the Tennessee Board constitute action

against Licensee's ability to practice in another jurisdiction, grounds for which the Mississippi State Board of Medical Licensure, hereinafter referred to as "Board," may revoke the Mississippi medical license of Licensee, suspend her right to practice for a time deemed proper by the Board, place her license on probation, the terms of which may be set by the Board, or take any other action in relation to her license as the Board may deem proper under the circumstances;

WHEREAS, it is the desire of Licensee to avoid an evidentiary hearing before the Mississippi State Board of Medical Licensure and, in lieu thereof, has agreed to enter into this Consent Order, thereby admitting to the facts set forth herein, subject to the terms, conditions and restrictions as specified below.

NOW, THEREFORE, the Mississippi State Board of Medical Licensure, with consent of Licensee as signified by her joinder herein, does hereby formally place Licensee's certificate to practice medicine in the state of Mississippi on **PROBATION**, subject to the following terms and conditions:

1. Licensee must comply with all requirements set forth in the aforementioned Tennessee Consent Order. Licensee shall provide proof of the successful relief of the Tennessee Consent Order prior to requesting lifting of this Consent Order. Without prejudice to the right of Licensee to petition the Board for further relief, upon the furnishing of proof of the successful relief of the Tennessee Consent Order, the Executive Director, in his sole discretion, may release the Licensee from this Consent Order in writing and the Licensee may resume the practice of medicine without restriction, without a personal appearance before the Board.
2. Licensee shall obey all federal, state, and local laws, and all rules and regulations governing the practice of medicine during the period of probation, the violation of which may 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, said amount not to exceed \$10,000. Licensee shall be advised of the total assessment by separate written notification and shall tender to the Board a certified check or money order made payable to the Mississippi State Board of Medical Licensure, on or before forty (40) days from the date the assessment is mailed to Licensee via U.S. Mail to Licensee's current mailing address.


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, after notice and opportunity for a full evidentiary hearing pursuant to Miss. Code Ann., § 73-25-27, 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. Licensee further acknowledges that she may be required to personally appear before the Board on the scheduled hearing date to answer questions which the Board may have. 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, including Licensee's answers to questions, shall not 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 National Practitioners Data Bank (NPDB), the Mississippi Department of Health (MSDH), the Federation of State Medical Boards, the Office of the Inspector General, United States Department of Health and Human Services (OIG-HHS), the U.S. Drug Enforcement Administration (DEA), the Mississippi Division of Medicaid, the Mississippi Board of Pharmacy, and the Mississippi State Medical Associations (MSMA). The Board makes no representation as to the action, if any, which any other agency or jurisdiction may take in response to this Order.

Recognizing her right to notice of charges specified against her, to have such charges adjudicated pursuant to Miss. Code Ann., § 73-25-27, to be represented therein by legal counsel of her choice, and to a final decision rendered upon written findings of fact and conclusions of law, **Melanie Landrum Woodall, M.D.** nonetheless, hereby waives her right to notice and a formal adjudication of charges and authorizes the Board to enter an order accepting this Consent Order.

EXECUTED, this the 21 day of February 2025.


Melanie Landrum Woodall, M.D.

ACCEPTED AND APPROVED this the 20th day of March 2025, by the Mississippi State Board of Medical Licensure.


Michelle Y. Owens, M.D. Board President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF PHYSICIAN'S LICENSE

OF

DONALD THOMAS NICELL, M.D.

CONSENT ORDER

WHEREAS, Donald Thomas Nicell, M.D., hereinafter referred to as "Licensee," is the current holder of License No. 18020, issued April 7, 2003, for the practice of medicine in the State of Mississippi and said license is current through June 30, 2025;

WHEREAS, the Wisconsin Medical Examining Board (the "Wisconsin Board"), acting in accordance with its authority provided by Wis. Stat. § 448.02(3), ordered the Reprimand of Licensee's Wisconsin Medical License and placed it on a Limited status for violation of Wis. Admin. Code § Med 10.03(2)(b). The basis of the violation was engaging in unprofessional conduct by departing from or failing to conform to the standard of minimally competent medical practice which creates an unacceptable risk of harm to a patient or the public whether or not the act or omission resulted in actual harm to any person. Licensee was ordered by the Wisconsin Board to complete at least three (3) hours of education on the topic of the CT appearance of neck trauma, including a course on vascular injury; to submit proof of successful completion of the education courses; and to reimburse the Wisconsin Board for its costs of investigation;

WHEREAS, on January 15, 2025, the Wisconsin Board entered an order stating that Licensee had completed the required education courses and paid the specified amount of costs. Therefore, the Wisconsin Board returned his license to full, unrestricted license and removed all limitations and encumbrances upon Respondent's credentials;

WHEREAS, pursuant to Miss. Code Ann. § 73-25-29 (9) (1972), the aforementioned actions by the Wisconsin Board constitute action against Licensee's ability to practice in another jurisdiction, grounds for which the Mississippi State Board of Medical Licensure, hereinafter referred to as "the Board", 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 Restrict Licensee, subject to the following terms and conditions:

1. Licensee is hereby **REPRIMANDED**.
2. Because Licensee has completed all requirements of Wisconsin Order and provided proof of completion, including relief from all restrictions placed on Licensee's Wisconsin medical license, upon payment of this Board's costs, Licensee's Mississippi license shall be considered unrestricted, without further Board approval.
3. Licensee shall reimburse the Board for all costs incurred in relation to the pending matter pursuant to Miss. Code Ann. § 73-25-30, said amount not to exceed \$10,000. Licensee shall be advised of the total assessment by separate written

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

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. Licensee further acknowledges that he may be required to personally appear before the Board on the scheduled hearing date to answer any questions which the Board may have. 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, including Licensee's answers to questions, 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 National Practitioners Data Bank (NPDB), the Mississippi Department of Health (MSDH), the Federation of State Medical Boards, the Office of the Inspector General, United States Department of Health and Human Services (OIG-HHS), the U.S. Drug Enforcement Administration (DEA), the Mississippi Division of Medicaid, the Mississippi Board of Pharmacy, and the Mississippi State Medical Association (MSMA). The Board makes no representation as to what action, if any, which any other agency or jurisdiction may take in response to this Consent Order.

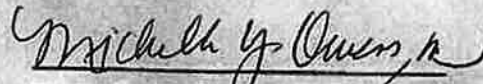
Recognizing his right to notice of charges specified against him, to have such charges adjudicated pursuant to Miss. Code Ann. § 73-25-27, to be represented therein by legal counsel of his choice, and to a final decision rendered upon written findings of fact and conclusions of law, DONALD THOMAS NICELL, 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.

EXECUTED, this the 7th day of March, 2025.



Donald Thomas Nicell, M.D.

ACCEPTED AND APPROVED this the 22nd day of March, 2025, by the Mississippi State Board of Medical Licensure.



Michelle Y. Owens, M.D.
Board President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE LICENSE OF:

RICHARD EUGENE COOK, M.D.

License No. 31126

SECOND ORDER OF CONTINUANCE

THIS MATTER came on regularly for consideration by the Mississippi State Board of Medical Licensure (hereinafter "Board") in response to an unopposed request for continuance of the hearing set for this date made by Dr. Cook's attorney, Doug Mercier.

After consideration of the matter, the Board finds the motion well-taken and is hereby **GRANTED**.

IT IS, THEREFORE, ORDERED, that this matter is continued until May 22nd, 2025.

SO ORDERED this the 20th day of March 2025.

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

BY: 
Michelle Y. Owens, M.D.
President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE LICENSE OF:

ELIS YNGVE OLSON, M.D.

License No. 25545

SECOND ORDER OF CONTINUANCE

THIS MATTER came on regularly for consideration by the Mississippi State Board of Medical Licensure (hereinafter "Board") in response to an unopposed request for continuance of the hearing set for this date made by Dr. Olson's attorney, Jeffrey Whitehead.

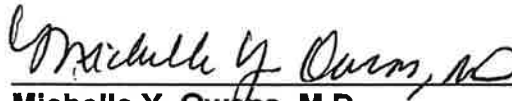
After consideration of the matter, the Board finds the motion well-taken and is hereby **GRANTED**.

IT IS, THEREFORE, ORDERED, that this matter is continued until May 22nd, 2025.

SO ORDERED this the 20th day of March 2025.

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

BY:



**Michelle Y. Owens, M.D.
President**

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE LICENSE OF:

JAMES LESLIE HENDERSON, M.D.

License No. 15783

FIRST ORDER OF CONTINUANCE

THIS MATTER came on regularly for consideration by the Mississippi State Board of Medical Licensure (hereinafter "Board") in response to an unopposed request for continuance of the hearing set for this date made by Dr. Henderson's attorney, Dennis Horn.

After consideration of the matter, the Board finds the motion well-taken and is hereby **GRANTED**.

IT IS, THEREFORE, ORDERED, that this matter is continued until May 22nd, 2025.

SO ORDERED this the 20th day of March 2025.

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

BY: Michelle Y. Owens, M.D.
Michelle Y. Owens, M.D.
President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

ALI AHMAD, M.D.

SURRENDER OF MEDICAL LICENSE

WHEREAS, ALI AHMAD, M.D., hereinafter referred to as "Licensee," is the current holder of Mississippi Medical License No. 33406, issued on May 23, 2024, to practice medicine in the State of Mississippi;

WHEREAS, on or about March 4, 2025, Licensee was arrested by the Lee County (MS) Sheriff's Department and charged with child exploitation. Thereafter, Licensee was fired by North Mississippi Medical Center (NMMC) located in Tupelo, MS;

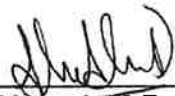
WHEREAS, the aforementioned action by NMMC constitutes disciplinary action by a licensed hospital or medical staff of said hospital, in violation of Miss. Code Ann. § 73-25-83(c) (1972), as amended, for which the Mississippi State Board of Medical Licensure may revoke said license, or take any other action the Board may deem proper under the circumstances.

NOW, THEREFORE, to resolve this matter now pending before the Board, Licensee hereby voluntarily surrenders his license (No. 33406) 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.

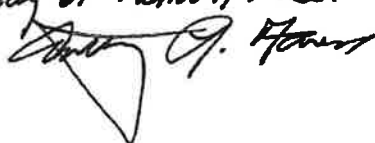

MSB#5133

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, **ALI AHMAD, 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, this the 7th, day of March, 2025.



Ali Ahmad, M.D.

Witnessed by Anthony L. Farese, MSB# 5133
Attorney for Dr. Ali Ahmad
This the 7th day of March, 2025.


**BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
IN THE MATTER OF THE PHYSICIAN'S LICENSE
OF
MORTON ISAAC HYSON, M.D.
SURRENDER OF MEDICAL LICENSE**

WHEREAS, MORTON ISAAC HYSON, M.D., hereinafter referred to as "Licensee," is the current holder of License Number 22993 issued on November 19, 2013, to practice medicine in the State of Mississippi;

WHEREAS, Medical License number 22993 expires June 30, 2025;

WHEREAS, on July 1, 2021, Licensee surrendered his license to practice medicine issued by the Oregon State Medical Board;

WHEREAS, on August 24, 2022, Licensee entered into a consent agreement with the Nevada Medical Board in which Licensee admitted Unprofessional Conduct and Deceitful Conduct and agreed to certain conditions;

WHEREAS, on September 16, 2022, Licensee was revoked by the Nevada Medical Board related to violations of his original consent agreement;

WHEREAS, on June 9, 2022, Licensee surrendered his license to practice medicine issued by the South Dakota Medical Board related to the same charges;

WHEREAS, on February 27, 2023, Licensee surrendered his license to practice medicine issued by the New York State Medical Board related to the same charges;

WHEREAS, on June 9, 2023, Licensee was also revoked by the Texas Board of Medical Board related to the same charges;

WHEREAS, on August 8, 2024, Licensee surrendered his license to practice medicine issued by the Arizona Medical Board related to the same charges;

WHEREAS, on August 15, 2024, Licensee was also revoked by the Florida State Medical Board related to the same charges;

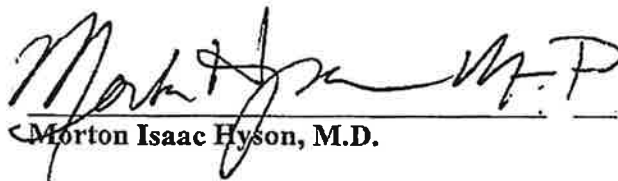
WHEREAS, on October 25, 2024, Licensee was also revoked by the Montana Board of Medical Examiners related to the same charges;

WHEREAS, the aforementioned voluntary relinquishment is in violation of Miss. Code Ann. § 73-25-29 (10).

NOW THEREFORE, Licensee agrees to voluntarily surrender his medical license (No. 22993) to practice medicine in the State of Mississippi and understands said Surrender shall be effective immediately upon execution. Licensee understands this is an unconditional surrender, is reportable to the National Practitioner Data Bank and other entities, such as the Federation of State Medical Boards, and is a public record of the State of Mississippi.

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, **Morton Isaac Hyson, M.D.**, nevertheless, hereby waives his right to notice and a formal adjudication of charges and authorizes the Board to enter an Order accepting this Surrender of Medical License to practice medicine in the State of Mississippi.

EXECUTED AND EFFECTIVE, this the 18 day of MARCH, 2025.


Morton Isaac Hyson, M.D.

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
IN THE MATTER OF THE PHYSICIAN'S LICENSE
OF
DAVID RERKO, M.D.
SURRENDER OF MEDICAL LICENSE

WHEREAS, DAVID RERKO, M.D., hereinafter referred to as "Licensee," is the current holder of Mississippi Medical License No. 19145 issued November 29, 2005, said license number expires on June 30, 2025;

WHEREAS, on Thursday, November 22, 2024, Licensee, voluntary relinquished his Florida Medical License due to pending board action in the State of Florida;

WHEREAS, the aforementioned voluntary relinquishment is in violation of Miss. Code Ann. § 73-25-29 (10).

NOW THEREFORE, in order to resolve this matter now pending before the Board, Licensee agrees to voluntarily surrender his medical license (No. 19145) to practice medicine in the State of Mississippi and understands said Surrender shall be effective immediately upon execution. Licensee understands this is an unconditional surrender, is reportable to the National Practitioner Data Bank and other entities, such as the Federation of State Medical Boards, and is a public record of the State of Mississippi.

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, **DAVID RERKO, M.D.**, nevertheless, hereby

waives his right to notice and a formal adjudication of charges and authorizes the Board to enter an Order accepting this Surrender of Medical License to practice medicine in the State of Mississippi.

EXECUTED AND EFFECTIVE, this the 18 day of March, 2025.

A handwritten signature in dark ink, appearing to read 'D. Rerko', written over a horizontal line.

David Rerko, M.D.

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE LICENSE OF:

PRISCILLA HOGAN RESSER, PA-C

License No. PA00473

DETERMINATION AND ORDER

On March 20, 2025, the above titled matter came before the Mississippi State Board of Medical Licensure ("Board") in Jackson, Hinds County Mississippi, on an Order of Temporary Action Pending Hearing in the matter of Priscilla Hogan Resser, PA-C, (Licensee).

Board Counsel Paul Barnes, *Esq.*, presented the charges as set forth in the Affidavit filed herein. Licensee, having been served with the Summons and Affidavit and being fully informed of her rights to a formal hearing before the Board, was not represented by counsel. Alexis E. Morris, Special Assistant Attorney General, served as Administrative Hearing Officer, presided over the hearing, and was directed to prepare the Board's written decision in accordance with their deliberations.

Board members present for the proceedings were: Michelle Y. Owens, M.D., President; Ken Lippincott, M.D.; Kirk Kinard, D.O.; William Eugene Loper, M.D.; Renia R. Dotson, M.D.; and Randy Roth, M.D. Board members Thomas Joiner, M.D., Allen Gersh, M.D., and Rodrick Givens, M.D., appeared and participated in the proceedings via Zoom. Accordingly, a quorum of the Board was present throughout the hearing and deliberation.

And now, upon consideration of all the materials produced in the record before the Board along with the testimony presented at the hearing, the Board makes the following Findings of Fact, Conclusions of Law, and Order based on clear and convincing evidence:

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. The Board is established pursuant to the Mississippi State Board of Medical Licensure Act, Title 73, Chapter 43 of the Mississippi Code of 1972 as amended, and is charged with the duty of licensing and regulating the practice of

medicine in the State of Mississippi under title 73, Chapter 25 of the Mississippi Code of 1972 as amended.

2. Sections 73-25-29, 73-25-83 and 73-25-87 (1972) as amended provide that the Board may revoke or suspend a license or take any other actions as deemed necessary if a licensee has violated any provisions therein.
3. All parties were properly noticed for the matter now pending before the Board.
4. On January 27, 2020, Licensee was issued Mississippi Physician Assistant License Number PA00473, and Licensee was a physician assistant duly licensed to practice medicine in the State of Mississippi, with said license number current until June 30, 2024.
5. In March 2024, the Board received information alleging that Licensee's erratic behavior and suspected substance abuse, beginning in approximately October 2023, led to Licensee losing her job. Licensee was suspected of abusing amphetamines. Accordingly, the Board sent investigators to interview purported witnesses of Licensee's erratic behavior.
6. The investigation revealed that Licensee had exhibited distressed behavior and had appeared in videos on Facebook that also depicted distressed behavior.
7. Consequently, Licensee was ordered to appear before the Examining Committee (EC) on April 9, 2024, for the purpose of determining her fitness to practice medicine with reasonable skill and safety to patients by reason of possible mental illness and/or the excessive use or abuse of drugs, including alcohol. The EC was to report the findings of Licensee's examination to the Board regarding her fitness to practice medicine with reasonable skill. However, Licensee failed to appear before the EC in April 2024. Thus, the EC issued an Interim Report dated April 26, 2024 making a finding that Licensee presented an imminent threat to public safety if she were allowed to continue practicing medicine, and referring the matter back to the Board for action.
8. On or about May 16, 2024, based on the EC's Interim Report, the Board issued a Determination of Need and an Order of Temporary Action, suspending Licensee's Mississippi physician assistant license, pending the outcome of a hearing scheduled for July 18, 2024. However, Licensee, instead, appeared before the EC in early July 2024. Thereafter, Licensee complied with EC orders and recommendations. The Board continued the final hearing of this matter beginning July 18, 2024 until all evaluations and reports were complete. The EC recommended that Licensee complete a comprehensive, multi-disciplinary, substance use and psychiatric evaluation. After Licensee successfully completed the evaluation conducted at Pine Grove Behavioral Health & Addiction Services, the EC sent its final opinion and

recommendations as to Licensee's fitness to practice to the Board in a report dated March 6, 2025. On March 7, 2025, the Mississippi Physicians Health Program (MPHP) issued a letter of advocacy opining that under certain restrictions, Licensee could return to practice with reasonable skill and safety for the public. This matter was scheduled for final hearing on March 20, 2025.

9. At the March 20, 2025 hearing, Kristin Powell, LCSW, Associate Director of MPHP, and Dr. James A. Cloy, Medical Director of MPHP, testified that Licensee could return to work with certain restrictions—including workplace monitoring.
10. Licensee admitted to having a substance abuse problem and apologized for her behavior (and series of unprofessional emails) to the Board and to MPHP. Licensee stated that she was committed to her recovery and would notify any future employers regarding steps toward her recovery.
11. Accordingly, the Board found Licensee guilty of failing to comply with the April 9, 2024 EC's Order to submit to a mental or physical examination. However, the Board declined to render discipline for the violation, because Licensee's medical physician assistant license was suspended for a year—pending a hearing—and because Licensee ultimately completed the evaluation as ordered.
12. The Board reviewed all exhibits and documentation, including Licensee's Evaluation and Treatment Records, the EC's Final Report, Licensee's MPHP Contract, MPHP's Letter of Advocacy, and found by clear and convincing evidence that Licensee was fit to return to practice medicine with reasonable skill and safety to the public with restrictions detailed in the report and advocacy documents.

Based upon the above Findings of Fact and Conclusions of Law, the Board finds the following order, restrictions, and conditions to be appropriate under the circumstances: '

ORDER

IT IS THEREFORE ORDERED that the Order of Temporary Action Pending Hearing (Temporary Suspension) be lifted.

IT IS THEREFORE ORDERED that Licensee is on probation for a period of no less than twelve (12) months.

IT IS THEREFORE ORDERED that Licensee has direct supervision for the first twenty-five (25) patient encounters after securing employment.

IT IS THEREFORE ORDERED that Licensee follow all recommendations and return-to-work plans in her IOP and her MPHP monitoring agreement.

SO ORDERED this the 20th day of March 2025.

MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE

BY: Michelle Y. Owens
Michelle Y. Owens, M.D.
President