

BOARD MINUTES
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
MAY 22, 2025

A regularly called meeting of the Mississippi State Board of Medical Licensure was held on May 22, 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 copy of the agenda is attached hereto and incorporated by reference.

A QUORUM OF SEVEN (7) VOTING MEMBERS WAS PRESENT ON MAY 22, 2025:

Michelle Y. Owens, M.D., Jackson, President
C. Kenneth Lippincott, M.D., Tupelo, Vice President
Kirk L. Kinard, D.O., Oxford
H. Allen Gersh, M.D., Hattiesburg
Roderick Givens, M.D., Natchez
Randy C. Roth, M.D., Pascagoula, via Zoom
Shoba Gaymes, Jackson, Consumer Member

NOT PRESENT:

Thomas Joiner, M.D., Jackson, Secretary
William E. Loper, M.D., Ridgeland
Renia Dotson, M.D., Greenville

ALSO PRESENT:

Paul Barnes, Board Attorney, Complaint Counsel
Pamela Ratliff, 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
Jackie McKenzie, Legal Assistant
Frances Carrillo, Executive Assistant
Erica Coleman, IT
Kaelin Hanson, IT
Julie Brown, Court Reporter, Brown Court Reporting

The meeting was called to order at 9:00 am by Dr. Michelle Owens, President. The invocation was given by Dr. Lippincott, and the pledge was led by Dr. Givens. Dr. Cleveland, Executive Director, called Roll and reported that a quorum was present.

Dr. Owens introduced Pamela Ratliff, Special Assistant Attorney General, serving as the Board's Hearing Officer, and Julie Brown, Court Reporter with Brown Court Reporting.

Ms. Ratliff conducted the swearing-in of reappointed board members, Dr. Gersh and Dr. Kinard.

Executive Director Report

Dr. Kenneth Cleveland provided an updated summary regarding Licensure and Investigative Division operations for March and April 2025. Dr. Cleveland acknowledged Bryan Nelson, who was promoted to Licensing Supervisor, a new position created to assist the Director of Licensure, Anna Boone. Dr. Cleveland reported that Anna Boone and Bryan Nelson went to UMMC and met with residents to discuss the importance of licensing, appropriately filling out the applications, and disclosing everything. Our Director of Investigations, Jonathan Dalton, completed his Mississippi Certified Public Manager Training and was asked to be the class speaker. DeSha Cohn, also in Investigations, completed the Administrative Services Certification Program.

Mike Lucius has announced his retirement effective June 30, 2025.

Dr. Cleveland stated that an outside vendor performed the Continuing Medical Education (CME) audit last year. Only forty-four (44) percent of licensees are in compliance with CME requirements. Dr. Cleveland recommends using a recognized CME company and require all licensees to be registered and report their CMEs to the company. The two obvious choices are CE Broker, which offers a free version but also offers a higher version that costs one hundred dollars (\$100.00), and ACCME, which is the organization that certifies CMEs. Dr. Cleveland asked that a motion be made by the Board to send this to Rules and Regulations to consider the use of a CME Audit Company be used to report CMEs. Dr. Owens asked that the CME issue be referred to the Rules and Regulations Committee to make a recommendation. A motion was made by Dr. Givens, seconded by Dr. Kinard, and carried unanimously to refer this issue to the Rules and Regulations Committee for consideration.

Shoba Gaymes is the only consumer member and represents Supreme Court District 1. Dr. Cleveland asked the Board members to refer anyone they considered strong candidates to serve as consumer Board members for Supreme Court Districts 2 and 3.

Dr. Cleveland gave an overview of the status of renewal season.

Review and Approval of Minutes of the Executive Committee dated March 20, 2025.

Upon review of the minutes of the Executive Committee Meeting dated March 20, 2025, Dr. Kinard moved for approval of the minutes as submitted with noted correction of the spelling of Dr. Owens name, seconded by Dr. Givens, and the motion carried unanimously.

Review and Approval of Minutes of the Board Meeting dated March 20, 2025.

Upon review of the minutes of the Board Meeting dated March 20, 2025, Dr. Givens moved for approval of the minutes as submitted. Dr. Kinard seconded the motion, which carried unanimously.

Review and Approval of Minutes of the Specially Called Board Meeting dated May 6, 2025.

Upon review of the minutes of the Specially Called Board Meeting dated May 6, 2025, Dr. Givens moved for approval of the minutes as submitted. Dr. Kinard seconded the motion, which carried unanimously.

Report of May 21, 2025, Executive Committee Meeting

Dr. Kinard reported on the matters considered by the Executive Committee on May 21, 2025, and the recommendations made. Dr. Kinard briefly summarized the matters considered by the Executive Committee.

A motion was made by Dr. Givens, seconded by Dr. Lippincott, and carried, to accept the report and ratify the recommendations as reported by the Executive Committee. Copies of the approved minutes are attached hereto and incorporated by reference.

Election of Board Officers

Dr. Kinard reported that the Nominating Committee met and is prepared to offer nominations for Executive Committee positions. The Nominating Committee has nominated Rod Givens as Secretary. At this time the floor was opened for any other nominations for secretary. Hearing none, an official vote was called to elect Dr. Givens to the position of Secretary. A motion was made by Dr. Lippincott, seconded by Dr. Gersh, and carried unanimously to accept the nomination of Dr. Givens as Secretary by acclamation.

For the second position, the Nominating Committee nominated Dr. Michelle Owens as Interim Vice-President. No other nominations were made for Interim Vice-President. A motion was made by Dr. Lippincott, seconded by Dr. Givens, and carried unanimously to elect Dr. Owens as Interim Vice-President by acclamation.

For the third position, the Nominating Committee nominated Dr. C. Kenneth Lippincott as President. No other nominations were made for President. A motion was made by Dr. Givens, seconded by Dr. Gersh, and carried unanimously to elect Dr. Lippincott as President by acclamation.

Approval of proposed amendment of proposed regulations pertaining to patient records (OLRC)

Mr. Barnes reported that the Board first approved the proposed changes at the March meeting. The proposed changes were filed with the Secretary of State's office for public comment. No public comments were received. Therefore, the next step is to send the proposed regulations to the Occupational License Review Committee ("OLRC").

Mr. Barnes answered questions by the Board.

A motion was made by Dr. Lippincott, seconded by Dr. Kinard, 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 and file with the OLRC.

Lindsey Turner, M.D., presentation regarding the use of Nitrous Oxide Devices in the Office-Based Surgery Setting

Dr. Lindsey Turner introduced herself and briefly summarized the request for the use of Nitrous Oxide devices in office-based surgery settings.

Dr. Turner answered questions from the Board.

Dr. Cleveland recommended that a comprehensive review of the office-based regulations would be done, and recommendations should be forwarded to the Rules and Regulations Committee for study and recommendations.

Mississippi Kidney Council presentation regarding Tele-Nephrology

Dr. Mark Phillippi introduced himself, along with Dr. Justin D. Westervelt and Dr. Chris Miller. Dr. Phillippi summarized their observations and associated request for tele-nephrology. To protect the patients, for Internal Medicine Subspecialties, he requests that the Board require a patient to be seen physically by the physician at least once a year.

Dr. Phillippi answered questions from the Board.

Dr. Miller answered questions from the Board.

Dr. Westervelt answered questions from the Board.

Dr. Cleveland recommended referring this to the Rules and Regulations Committee for needed changes. The Board agreed to return this matter to the Rules and Regulations Committee for study and consideration.

For Informational Purposes Only
Iwan Sugiharto Nyotowidjojo, M.D.
Compact License/Automatic Suspension

Mr. Barnes briefly summarized that this is an indefinite suspension of Dr. Nyotowidjojo's license, and is for informational purposes only. This is an automatic suspension of a license issued through the Interstate Medical Licensure Compact ("IMLC") because the primary state of principal licensure (CO Medical Board) suspended this license. By operation of law, when a state of principal licensure suspends a license, all other compact licenses are automatically suspended without action by the Board.

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

Mr. Barnes presented the charges against Dr. Henderson related to an action by the Choctaw Health Center for a disruptive work environment and patient care concerns. Due to the ongoing defamation litigation, Licensee's attorney, Dennis L. Horn, Esq., requests a second continuance. The motion is unopposed, and Mr. Barnes requests that it be granted.

Mr. Barnes answered questions from the Board.

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

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

HEARING IN THE CASE OF ROMMEL ASAGWARA, M.D., RIDGELAND, MS
MISSISSIPPI MEDICAL LICENSE #26900
AGREED MOTION FOR A CONTINUANCE UNTIL JULY 2025 AND
EXTENSION OF SUSPENSION

Mr. Barnes presented the charges against Dr. Asagwara related to prescribing, dispensing, and violating the Agreement Not to Practice executed on November 20, 2024. Licensee's attorney, Mr. William Bell, agrees to continue both matters pending with the Temporary Action Pending to remain in effect until the July 2025 hearing.

Mr. Barnes answered questions from the Board.

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

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

HEARING IN THE CASE OF MARY T. JACOBSON, M.D., LAFAYETTE, LA
MISSISSIPPI MEDICAL LICENSE #28111
MOTION FOR A CONTINUANCE

Mr. Barnes presented the charges against Dr. Jacobson related to unprofessional conduct. Licensee's attorney, Julie Mitchell, Esq., requested a motion for continuance to allow time for her to prepare for the hearing. The motion is unopposed, and Mr. Barnes requests that it be granted.

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

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

PURSUANT TO MS CODE § 25-41-7, INVESTIGATIVE SUBPOENA FOR APPROVAL, CASE NUMBER: 2025-057. THIS IS A MATTER FOR REVIEW AND DISCUSSION TO BE HELD IN EXECUTIVE SESSION TO DISCUSS INVESTIGATIVE PROCEEDINGS REGARDING ALLEGATIONS OF MISCONDUCT OR VIOLATIONS OF LAW 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 #18).

A motion was made by Dr. Kinard, seconded by Dr. Gersh, and carried unanimously to close the meeting to consider going into executive session.

RETURN TO OPEN SESSION

Dr. Kinard reported that the issuance of an investigative subpoena in Case Number: 2025-057 is **APPROVED**.

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 unforeseen circumstances and requested a continuance. The motion is unopposed, and Mr. Barnes requests that it be granted.

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

THE BOARD RECESSED FOR LUNCH AT 11:25 AM AND RECONVENED AT 12:35 PM

**HEARING IN THE CASE OF RICHARD EUGENE COOK, M.D., HUGHESVILLE, MD
MISSISSIPPI MEDICAL LICENSE #31126**

MSBML Exhibits 000001-000631 are introduced into the record with no objection from Licensee's attorney, Mr. Doug Mercier.

Mr. Mercier introduced himself to the Board and offered into evidence Cook Exhibits 001-188 with no objection from Mr. Barnes.

Ms. Ratliff asked that the exhibits be admitted into evidence. Dr. Cook was sworn in by the court reporter.

Mr. Barnes made his opening statement.

Mr. Mercier made his opening statement.

Dr. Cook answered questions from Mr. Barnes.

Dr. Cook answered questions from Mr. Mercier.

Dr. Cook answered redirect questions from Mr. Barnes.

Dr. Cook answered questions from the Board.

Mr. Barnes made a closing statement.

Mr. Mercier made a closing statement.

A motion was made by Dr. Kinard, seconded by Dr. Gersh, and carried that the Board hearing be closed to discuss going into executive session.

CLOSED SESSION

During closed session, a motion was made by Dr. Givens, seconded by Dr. Lippincott, and carried that the Board enter into executive session to discuss issuing an appealable order concerning the charges against Dr. Cook.

RETURN TO OPEN SESSION


Upon a motion by Dr. Gersh, seconded by Dr. Givens, and carried unanimously, the Board came out of executive session. Dr. Kinard reported that the Board finds Dr. Cook **NOT GUILTY OF COUNT 1:** prescribing, administering, or dispensing any legend drug without a good faith prior examination and medical indication; and **GUILTY OF COUNTS 2 AND 3:** assisting an unlicensed person to practice medicine and unprofessional conduct. The Licensee is required to complete a Board-approved course in Ethics within six months.

JULY 2025 BOARD MEETING DATES, WEDNESDAY, JULY 16, 2025, AND THURSDAY, JULY 17, 2025.

After the discussion, the dates for the next regularly scheduled meeting of the board were set for Wednesday, July 16, 2025, and Thursday, July 17, 2025.

ADJOURNMENT

There being no further business, the meeting was adjourned at 6:00 p.m.



Michelle Y. Owens, M.D.
President

Minutes taken and transcribed by:
Jackie McKenzie, Paralegal
May 22, 2025

BOARD MEETING AGENDA
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
May 22, 2025, 9:00 am

1. Meeting called to order.
2. Invocation, Pledge
3. Roll Call
4. Announcements and Public Comments
Re-appointment \ Oath of office of Board Members, Dr. Joiner, Dr. Gersh and Dr. Kinard
5. Report from the Executive Director
6. Approval of Minutes of the Executive Committee Meeting dated March 20, 2025.
7. Approval of Minutes of the Board Meeting dated March 20, 2025.
8. Approval of Minutes of the Specially Called Board Meeting date May 6, 2025.
9. Report of May 21, 2025, Executive Committee Meeting.
10. Election of Board Officers
11. Approval of proposed amended regulations pertaining to patient records (OLRC)
12. Lindsey Turner, M.D., presentation regarding use of Nitrous Oxide Devices in Office Based Surgery Setting
13. Mississippi Kidney Council ▪ presentation regarding Tele-Nephrology
14. For Informational Purposes Only
Iwan Sugiharto Nyotowidjojo, M.D.
Compact License | Automatic suspension
15. Hearing in the Case of James Leslie Henderson, M.D.
Mississippi Medical License 15783
Motion for a Continuance
16. Hearing in the Case of Rommel Asagwara, M.D.
Mississippi Medical License 26900
Agreed motion for continuance until July 2025 and extension of suspension
17. Hearing in the Case of Mary T. Jacobson, M.D.
Mississippi Medical License 28111
Motion for a Continuance
18. Pursuant to MS Code § 25-41-7, Investigative Subpoena for approval, Case number 2025-057.
This is a matter for review and discussion to be held in executive session to discuss
Investigative proceedings regarding allegations of misconduct or violations of law.
19. Hearing in the Case of Elis Yngve Olson, M.D.
Mississippi Medical License 25545
Unopposed Motion for Continuance Based on unforeseen circumstances
20. Hearing in the Case of Richard Eugene Cook, M.D.
Mississippi Medical License 31126
21. July 2025 Board Meeting Dates: Wednesday, July 16, 2025, and Thursday, July 17, 2025.

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE



Board Room

Executive Committee Meeting
Wednesday, May 21, 2025, at 1:00 pm

Board Meeting
Thursday, May 22, 2025, at 9:00 am

Approval of Proposed Amended Regulations
Pertaining to Patient Records (OLRC)

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

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 an 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, IIN, 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, IIN, 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, IIN, 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, IIN, 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, IIN, 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).

TELEPHONE: (601) 987-3079



FAX: (601) 987-6822

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
KENNETH E. CLEVELAND, M.D. | EXECUTIVE DIRECTOR

May 7, 2025

Iwan Nyotowidjojo, MD
128 Annuals
Irvine, CA 92618

Re: Automatic Suspension of Mississippi Medical License, MD Compact #31117;
Disciplinary Actions in Other Jurisdictions;
Loss of Eligibility for Compact Licensure

Dr. Nyotowidjojo:

The Mississippi State Board of Medical Licensure (the "Board") is in receipt of certain actions taken against your license in several states, including the suspension of your license in your state of primary licensure (SPL), Colorado. Because of those disciplinary actions, you are no longer eligible for licensure in Mississippi under the Interstate Medical Licensure Compact (the "Compact"), codified in Mississippi as Miss. Code Ann. § 73-25-101 et. seq.

The Compact sets forth certain requirements for your continued licensure in Mississippi. Specifically, Section 7 specifies that to continue participation in the Compact, a physician is eligible for expedited renewal only if they maintain "a full and unrestricted license in a state of principal licensure" and have not "had a license authorizing the practice of medicine subject[ed] to discipline . . ."

Further, pursuant to Miss. Code Ann. § 73-25-101 Sec. 10(b), your license is **AUTOMATICALLY SUSPENDED** with no further action necessary by this Board. Your Mississippi license will remain suspended unless and until this Board takes action to reinstate your license under the Mississippi Medical Practice Act. You are therefore **PROHIBITED** from practicing medicine in the State of Mississippi in any manner whatsoever, including via telemedicine, while your license is suspended.

Sincerely,

A handwritten signature in black ink, appearing to read "Ken Cleveland", is written over a horizontal line.

Kenneth Cleveland, M.D.
Executive Director

KEC/jd

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE LICENSE OF:

JAMES LESLIE HENDERSON, M.D.

License No. 15783

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. 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 July 17, 2025.

SO ORDERED this the 22nd day of May 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 PHYSICIAN'S LICENSE**

OF

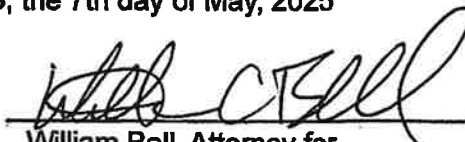
ROMMEL IJEOMA ASAGWARA, M.D.

AGREEMENT TO SET HEARING DATE

THERE is now pending before the Mississippi State Board of Medical Licensure ("Board") that certain Order of Temporary Action Pending Hearing with supporting Summons, Affidavit and Determination, all issued by the Board on March 28, 2025 and that certain Amended Summons and Affidavit issued April 18, 2025. Both matters are set for hearing May 22, 2025. The undersigned counsel agree to continue both pending matters until the July, 2025 Board meeting. In so doing, Rommel Ijeoma Asagwara, MD waives his right to a hearing on May 22, 2025. Pending the hearing at the July, 2025 meeting of the Board, the Order of Temporary Action Pending Hearing remains in effect.

THIS, the 7th day of May, 2025

AGREED :


William Bell, Attorney for
Rommel Ijeoma Asagwara, MD

AGREED:


Stan T. Ingram
Attorney for the Board

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE LICENSE OF:

MARY T. JACOBSON, M.D.

License No. 28111

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. Jacobson's attorney, Julie Mitchell.

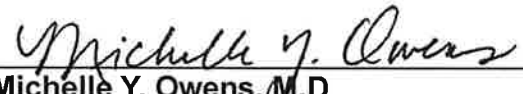
After consideration of the matter, the Board finds the motion well-taken and is hereby **GRANTED**.

IT IS, THEREFORE, ORDERED, that this matter is continued until July 17, 2025.

SO ORDERED this the 22nd day of May 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

THIRD 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, Philip Hearn.

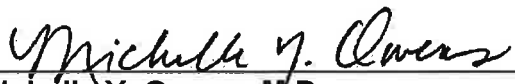
After consideration of the matter, the Board finds the motion well-taken and is hereby **GRANTED**.

IT IS, THEREFORE, ORDERED, that this matter is continued until July 17, 2025.

SO ORDERED this the 22nd day of May 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 PHYSICIAN'S LICENSE OF:

RICHARD EUGENE COOK., M.D.

LICENSE NO. 31126

DETERMINATION AND ORDER

The above titled matter came before the Mississippi State Board of Medical Licensure ("Board") in Jackson, Hinds County Mississippi, on May 22, 2025. On or about July 14, 2024, the Board's investigative staff reviewed a social media post that promoted a mobile hydration event on the Gulf Coast operating under the name of Moore Health and Wellness and initiated a complaint against Licensee thereafter.

Board members present for the May 22, 2025, proceedings were: Michelle Y. Owens, M.D., President; Ken Lippincott, M.D.; Kirk Kinard, D.O.; Roderick Givens, M.D., and Allen Gersh, M.D. Board member Randy Roth, M.D. appeared remotely. Consumer member Koomarie "Shoba" Gaymes was also present. Accordingly, a quorum of Board members was present throughout the hearing and deliberation.

Board Counsel Paul Barnes, Esq., presented the charges as set forth in the Affidavit as filed herein. Licensee, having been served with the Summons and Affidavit and being fully informed of his rights to a formal hearing before the Board, appeared before the Board and was represented by Douglas G. Mercier, Esq.

Pamela S. Ratliff, 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.

The parties stipulated to exhibits and the following exhibits were introduced without objection: Board Composite Exhibit -1 (MSBML 000001-000631); Respondent Composite Exhibit – 1 (DR. COOK 001-188); and Respondent Exhibit - 1A (18 - page Medical Director Agreement). Patient records contained in the exhibits were admitted under seal.

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 of the Mississippi Code Ann. (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. Licensee is a physician licensed to practice medicine in the state of Mississippi, currently holding Compact License Number 31126. Said license is valid until June 30, 2025.
5. At the time the affidavit was issued, Licensee reported his primary medical practice at 3450 Old Washington Road, Suite 103, Waldorf, Maryland.
6. Licensee testified he was hired "as a 1099 employee" of We Treat in February 2024.
7. Licensee testified he was hired by We Treat to be the Medical Director for Moore Health and Wellness to establish IV protocols for the IV hydration clinic.
8. Licensee testified developing IV infusion protocols was "extremely easy" as IV hydration involves amino acids and vitamins, which he claimed are extremely safe and are the "same as you can get at Safeway."
9. Licensee agreed adding two or more medications to an IV solution is compounding.
10. Licensee testified his role at Moore Health and Wellness / We Treat was "mostly administrative" and that a minute part of his role was clinical. According to Licensee, "my role was ninety plus percent non-clinical."
11. Licensee testified he initially talked with the clinic RN several times when first setting up the facility protocols. He testified he told the nurse [RN in the clinic] that "he would also be on call for her in case anything ever happened outside of the nurse practitioner that was already working with her company."

12. Licensee testified the nurse practitioner for the IV Hydration clinic was not physically present in the clinic and evaluated patients via asynchronous or synchronous telemedicine.
13. Licensee testified he did not have a collaborative agreement with the nurse practitioner for the clinic. Licensee testified that his role did not have anything to do with collaboration and it was not his job to make sure the nurse practitioner for the clinic had a collaborative physician agreement in place.
14. Licensee testified when he found out the nurse practitioner for the IV hydration clinic had listed him as her collaborative physician, he immediately contacted the Mississippi Board of Nursing, advised the Board of Nursing that he was not the nurse's collaborative physician, and filed a complaint with the Mississippi Board of Nursing. Licensee testified when he informed We Treat of the matter and that he had reported the nurse practitioner to the Board of Nursing, he was told that he should have contacted We Treat first. Licensee advised no longer works for We Treat.
15. Licensee testified as Medical Director for the IV hydration clinic he was responsible for approving protocols. During the hearing, Licensee reviewed the "Infusion Standing Order Set(s)" and confirmed the forms contained his signature, printed name, and date of June 14, 2024 (MSBML 000050-000059). Licensee testified regarding the name of the IV infusion mixtures and name of the IV Drip(s), (i.e., "Muscle Repair", "Enhancement Drip/Myer's Cocktail", "Cold and Flu/Immunity", "Energy", and "Beauty Drip") and the infusion mixture listed for each. Licensee denied the "Infusion Standing Order Sets" were to be used as a standing order by the facility. Rather, Licensee explained the order sets were to ensure the fluids were on hand in the clinic when the patient was seen. Licensee was unable to explain why his signature and the date June 14, 2024 were on the "blank" "Infusion Standing Order Sets".
16. Licensee repeatedly testified that IV hydration is safe and carries a very low risk of harm. Licensee testified that the IV hydration clinic protocol is for an IV bolus of 250cc to 500cc. Of note, however, each "Infusion Standing Order Set" bearing Licensee's signature and date of June 14, 2024, list the amount of IV fluid to be administered as "1 Liter". (MSBML 000050-000059).
17. Licensee testified some potential dangers of IV fluids given too fast include allergic reaction or fluid overload if the patient has kidney, lung or heart issues.
18. Licensee testified that he did not review clinic patient records other than the patient records he produced to the Board in response to the Board's request. Again, Licensee explained his role was that of medical director. In response to the question what oversight he provided to the IV hydration clinic in

Mississippi, Licensee defined his oversight as, “mostly administrative” to ensure safe protocol.

19. Licensee confirmed he authorized Empower to use his name and prescriptive authority to order supplies and have supplies sent to Moore Health and Wellness.
20. Licensee testified he reviewed the applicable rules and regulations governing IV hydration in Mississippi and “without a doubt” believed that what he was doing complied with the applicable laws and rules and regulations in Mississippi.
21. Licensee testified he does not currently serve as medical director for any facilities in Mississippi. He serves as medical director for “about a dozen” facilities nationally.
22. Licensee testified he has active medical license in 43 or 44 states, including the District of Columbia.
23. Licensee confirmed his signature on the notice of location change (MSMBL 000228) which stated:

“I Richard Cook, M.D. am the medical director for Moore Health & Wellness. Moore Health & Wellness has moved from Suite B 2501 4th St Meridian, MS 39503. I treat patients here. Signed by Medical Director: Richard E. Cook, M.D. 5/31/24.”

Licensee was unsure if the notice was posted online.

24. Documents introduced at hearing included a copy of Moore Health Policies and Procedure manual (MSBML 000016 – 00049) which provided in part:

- POLICIES AND PROCEDURES- STANDING ORDERS

- Patient requirements

IV infusions are to be administered to patients/clients **over the age of 18**, unless prior approval from MD Dr. Richard Cook is documented. The infusion should be given as orders dictate. All clients must be determined to be **clinically eligible** to receive IV Hydration following an evaluation by clinical staff.

If there is a question regarding eligibility, the **MD should be consulted prior** to administering IV Hydration.

Borderline high blood pressure- Cannot give 1000ml NS with SBP > 150 or DBP > 92 without MD order and the client must sign borderline high blood pressure lability [sic] waiver.”
(MSBML 000017).

- Plan of care

Appropriate IV infusion and plan of care should be agreed upon by both client and clinical staff. Benefits of each drip should be discussed as well as risks. Any questions or discrepancies in plan of care should be directed to the medical director.

Upon agreement, the registered nurse is to mix the selected IV infusion according to standing order formulation and **label the mixed IV bag accurately**. Appropriate boosters selected should be drawn up according to **boost guidelines** associated with ordered formulation.

Pre-Infusion Assessment and Vital Signs

Perform pre-infusion physical assessment and vital signs as necessary, according to professional standards and guidelines set forth by licensed staff. Document any required assessment details including vital signs accurately in patient medical record as agreed upon by licensed staff and medical director. Consult with medical director for any questionable findings in regards to patient assessment prior to, during, or after infusion.
(MSBML 000018).

- IV infusions will be administered according to the **standing orders** in place by the provider, and a signed copy of those orders will be kept on file (on grounds or electronically).

Orders will be **reviewed annually** by the provider to ensure continued accuracy. Annual competencies will be completed to ensure clinical competencies of staff.
(MSMBL 000020).

DETERMINATIONS

25. Based on the clear and convincing evidence and testimony presented, Licensee is found not guilty of Count I of the Affidavit, i.e., guilty of prescribing, administering, or dispensing any legend drug without a good faith prior examination and medical indication, in violation of Miss. Code Ann., Section 73-25-29(13).

26. Based on the clear and convincing evidence and testimony presented, Licensee is found guilty of Count II of the Affidavit, i.e., guilty of unprofessional misconduct, which includes being guilty of knowingly performing any act which in any way assists an unlicensed person to practice medicine, in violation Miss. Code Ann., Sections 73-25-29(8)(b) and 73-25-83(a).

27. Based on the clear and convincing evidence and testimony presented, Licensee is found guilty of Count III of the Affidavit, i.e., guilty of unprofessional conduct, which includes, but is not limited to, being guilty of any dishonorable or unethical conduct likely to deceive defraud or harm the public, in violation of Miss. Code Ann., Sections 73-25-29(8)(d) and 73-25-83(a).

Based upon the above Findings of Fact and Conclusions of Law, and clear and convincing evidence, the Board finds the following Order to be appropriate under the circumstances.

ORDER

IT IS THEREFORE ORDERED that Licensee complete a Continuing Medical Education ("CME") course in ethics approved by the Dr. Kenneth Cleveland on behalf of the MSBML within six (6) months of the date of the signature of this Order.

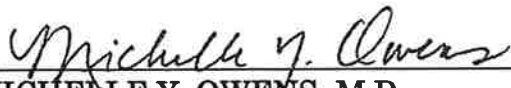
IT IS FURTHER ORDERED that Licensee shall reimburse the Board for all costs incurred in relation to the pending matter pursuant to Miss. Code Ann., Section 73-25-30, as amended. Licensee shall be advised of the total assessment, not to exceed \$10,000 by written notification, and shall tender to the Board a certified check or money order within forty (40) days after the date the assessment is mailed to Licensee's current mailing address.

IT IS FURTHER ORDERED that this decision and opinion is a final order of the Board and is conclusive evidence of the matters described herein.

IT IS FURTHER ORDERED that the Determination and Order shall be public record. It may be shared with other licensing boards (in and out of state), and the public, and may be reported to the appropriate entities as required or authorized by state and/or federal law or guidelines. This action shall be spread upon the Minutes of the Board as its official act and deed.

SO ORDERED this the 22nd day of May, 2025.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY: 
**MICHELLE Y. OWENS, M.D.,
PRESIDENT**