BOARD MINUTES
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
SEPTEMBER 18, 2025

A regularly called meeting of the Mississippi State Board of Medical Licensure was held on September 18, 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 SEPTEMBER 18, 2025:
C. Kenneth Lippincott, M.D., Tupelo, President
Roderick Givens, M.D., Natchez, Secretary
Kirk L. Kinard, D.O., Oxford
William E. Loper, M.D., Ridgeland
Renia Dotson, M.D., Greenville
H. Allen Gersh, M.D., Hattiesburg
Randy C. Roth, M.D., Pascagoula (via Zoom)

NOT PRESENT:
Michelle Y. Owens, M.D., Jackson, Vice President
Shoba Gaymes, Jackson, Consumer Member

ALSO PRESENT:
Paul Barnes, General Counsel, Complaint Counsel
Meagan Guyse, Deputy General Counsel, Complaint Counsel
Pamela Ratliff, Special Assistant Attorney General
Kenneth Cleveland, Executive Director
Jay Ledbetter, Chief of Staff
Anna Boone, Director of Licensure Division
Bryan Nelson, Deputy Director of Licensure Division
Jonathan Dalton, Director of Investigations
Jerod Smooth, IT Director
Jackie McKenzie, Legal Assistant
DeSha Cohn, Legal Assistant
Frances Carrillo, Executive Assistant
Kaelin Hanson, IT
Anna Ruffin, Court Reporter

The meeting was called to order at 10:30 am by Dr. Kenneth C. Lippincott, President. The invocation was given by Dr. Loper, and the pledge was led by Dr. Kinard. Dr. Cleveland, Executive Director, called Roll and reported that a quorum was present.

Dr. Lippincott recognized Katherine Pannel, D.O., President of the Mississippi State Medical Association, who is here to present certificates for the Board Commission. Dr. Pannel

presented certificates to Dr. Kinard and Dr. Gersh for their reappointment to the Mississippi Medical Board.

Dr. Lippincott introduced Pamela Ratliff, Special Assistant Attorney General, serving as the Board's Hearing Officer, and Anna Ruffin, the court reporter.

Dr. Lippincott expressed condolences for the passing of Dr. Van Craig, a past Executive Director of the Mississippi State Board of Medical Licensure.

Executive Director Report

Dr. Kenneth Cleveland provided an updated summary regarding Licensure and Investigative Division operations for July and August 2025.

In Licensure, Anna Boone, presented to the Mississippi College of Physicians Assistants, and her Deputy, Bryan Nelson, began the Basic Supervisory Course at the Mississippi Personnel Board.

In Investigations, Johnathan Dalton and Kristin Wallace represented the Board at the MAFP annual meeting. Investigations, MSBML, and I met with other regulatory Boards. We had a roundtable discussion concerning boutique practices such as IV Hydration, Stem Cell, Weight Loss, and Hormone Replacement Therapy

The agency has three new employees. Adrianne Brantly is our new Deputy Director. Meagan Guyse is our Deputy General Counsel, and Cara Shirley is our Communications Director.

The Governor has appointed Dr. Carlos A. Latorre to fill the position of Dr. Tom Joiner. Orientation for Dr. Latorre is October 30, 2025, and we expect Dr. Latorre to be present at the November Board meeting.

Dr. Cleveland reported that the building lease at our current location ends on January 31, 2026. We are in the process of taking requests for lease proposals.

We only have one consumer member, and she represents Supreme Court District 1. Dr. Cleveland asked the Board members to follow up with him if they had any referrals for individuals they considered strong candidates to serve as consumer Board members for Supreme Court Districts 2 and 3.

Dr. Cleveland requests to have the November Board meeting moved to the 12th and 13th due to a conflict in his schedule.

Review and Approval of Minutes of the Executive Committee dated July 16, 2025.

Upon review of the minutes of the Executive Committee Meeting dated July 16, 2025, Dr. Loper moved for approval of the minutes as submitted, seconded by Dr. Givens, and the motion carried unanimously.

Review and Approval of Minutes of the Board Meeting dated July 16, 2025.

Upon review of the minutes of the Board Meeting dated July 16, 2025, Dr. Kinard moved for approval of the minutes as submitted. Dr. Givens seconded the motion, which carried unanimously.

Report of September 17, 2025, Executive Committee Meeting

Dr. Givens reported on the matters considered by the Executive Committee on September 17, 2025, and the recommendations made. Dr. Givens briefly summarized the matters considered by the Executive Committee.

A motion was made by Dr. Dotson, seconded by Dr. Kinard, and carried unanimously, 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.

Report from the Rules, Regulation, and Legislative Committee

Dr. Kinard reported the first item relates to proposed changes to Part 2610 Ch. 2: Continuing Medical Education (CME) Requirements.

After review and discussion of the proposed modifications of the CME requirements, a motion was made by Dr. Givens, seconded by Dr. Loper, and carried to **APPROVE** the proposed modifications.

The second item relates to the proposed changes to Part 2630 Ch. 1: Collaboration with Nurse Practitioners and Supervision of Certified Registered Nurse Anesthetists.

After review and discussion of the proposed changes to collaboration requirements, a motion was made by Dr. Givens, seconded by Dr. Gersh, and carried to **APPROVE** the proposed changes.

ESWARA KUMAR MUNDRA, M.D., APPLICANT, LICENSURE APPEAL

Mr. Barnes introduced Dr. Mundra and his counsel, Doug Mercier. Mr. Barnes briefly summarized Dr. Mundra's prior appearance before the Executive Committee in May 2025. Dr. Mundra is here to appeal the Executive Committee's denial of his waiver request to Part 2605, Ch. 1, Rule 1.2, and Rule 1.3B. Since his previous appearance, Dr. Mundra now eligible for the waiver, as he has become licensed in two additional states.

Dr. Mundra answered questions by Pamela Ratliff, Hearing Officer.

Dr. Mundra was sworn in by the court reporter, Anna Ruffin.

Mr. Mercier briefly summarized the matter before the Executive Committee in May 2025. Since that time, Dr. Mundra's status has changed. Dr. Mundra is now licensed in Florida and Connecticut. Dr. Mundra is requesting an unrestricted permanent medical license.

Dr. Mundra answered questions from Mr. Mercier.

Dr. Mundra answered questions from the Board.

A motion was made by Dr. Loper, seconded by Dr. Kinard, and carried unanimously to **APPROVE** the request for an unrestricted permanent medical license.

HEARING IN THE CASE OF JOHN KEITH MCKELVEY, M.D., SC
MISSISSIPPI MEDICAL LICENSE #236071
APPROVAL OF CONSENT ORDER

Mr. Barnes introduced Dr. McKelvey, who appeared via Zoom. Dr. McKelvey was sworn in by the court reporter, Anna Ruffin. Mr. Barnes briefly summarized the matter that led to a proposed Consent Order. Dr. McKelvey has a history of meningitis in 2011, which limited his ability to practice medicine in his specialty of Pediatric anesthesiology. Due to these limitations, Dr. McKelvey executed a Consent Order in Virginia, limiting his practice to Occupational Medicine. Dr. McKelvey has similar Consent Orders in other states.

Dr. McKelvey answered questions from Mr. Barnes.

Mr. Barnes requested that the Board grant the Consent Order.

A motion was made by Dr. Dotson, seconded by Dr. Givens, 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 Reporting.

PURSUANT TO MS CODE § 25-41-7, INVESTIGATIVE SUBPOENA FOR APPROVAL, CASE NUMBER: 2026-022. 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 pursuant to Miss. Code Ann. § 25-41-7(4)(b). (Agenda Item #13).

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

RETURN TO OPEN SESSION

Dr. Givens reported that the issuance of investigative subpoenas in Case Number: 2026-022 is **APPROVED.**

HEARING IN THE CASE OF MAXIE LERONE GORDON, M.D., CLINTON, MS
MISSISSIPPI MEDICAL LICENSE #17929
MOTION FOR CONTINUANCE

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

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

HEARING IN THE CASE OF MARY T. JACOBSON, M.D., DENVER, CO
MISSISSIPPI MEDICAL LICENSE #28111
SECOND MOTION FOR CONTINUANCE

Mr. Barnes presented the charges against Dr. Jacobson related to unprofessional conduct. Licensee's attorney, Julie Mitchell, Esq., requested a second 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. Loper, seconded by Dr. Kinard, and carried unanimously to **GRANT** the second motion to continue this matter.

HEARING IN THE CASE OF JOE BREMER DURINKA, M.D., JACKSON, MS
MISSISSIPPI MEDICAL LICENSE #30202
MOTION FOR CONTINUANCE

Ms. Guyse presented the charges against Dr. Durinka 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 Ms. Guyse requests that it be granted.

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

HEARING IN THE CASE OF ARDARIAN D. PIERRE, M.D., JACKSON, MS
MISSISSIPPI MEDICAL LICENSE #25936
SECOND MOTION FOR CONTINUANCE

Mr. Barnes presented the charges against Dr. Pierre related to unprofessional conduct. The licensee requested a second motion for continuance to allow time for her to retain counsel and prepare for the hearing. The second motion is unopposed, and Mr. Barnes requests that it be granted.

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

LITIGATION REPORT

Mr. Barnes, for informational purposes only, briefly summarized the lawsuit brought by the American Association of Pro-Life Gynecologists and Obstetricians against this Board and Dr. Cleveland in State Court. The basis of the lawsuit is a state constitutional interpretation, and the Board and Dr. Cleveland are being represented by the Mississippi Attorney General's Office, specifically the Solicitor General's Office

Mr. Barnes answered non-confidential questions from the Board.

NOVEMBER 2025 BOARD MEETING DATES, WEDNESDAY, NOVEMBER 12, 2025, AND THURSDAY, NOVEMBER 13, 2025.

After the discussion, the dates for the next regularly scheduled meeting of the board were set for Wednesday, November 12, 2025, and Thursday, November 13, 2025.

ADJOURNMENT

There being no further business, the meeting was adjourned at 12:45 p.m.

Kenneth Lippincott, M.D.
President

Board Minutes taken and transcribed by:
Jackie McKenzie, Paralegal
September 18, 2025

BOARD MEETING AGENDA
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
SEPTEMBER 18, 2025, 10:30 am

1. Meeting called to order.
2. Invocation, Pledge
3. Roll Call
4. Presentation of Certificates for Board Commission: Dr. Gersh and Dr. Kinard presented by Katherine Pannel, D.O., President, Mississippi State Medical Association
5. Public Comment
6. Report from the Executive Director
7. Approval of Minutes of the Executive Committee Meeting dated July 16, 2025.
8. Approval of Minutes of the Board Meeting dated July 16, 2025.
9. Report of July 16, 2025, Executive Committee Meeting.
10. Report from the Rules, Regulation and Legislative Committee
11. Eswara Kumar Mundra, M.D., Applicant, Licensure Appeal
12. John Keith McKelvey, M.D., Applicant, Approval of Consent Order
13. Pursuant to MS Code § 25-41-7, Investigative Subpoena for approval, Case number 2026-022. 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.
14. Hearing in the Case of Maxie Lerone Gordon, M.D. Mississippi Medical License 17929, Motion for Continuance
15. Hearing in the Case of Mary T. Jacobson, M.D. Mississippi Medical License 28111, Motion for Continuance
16. Hearing in the Case of Joel Bremer Durinka, M.D. Mississippi Medical License 30202, Motion for Continuance
17. Hearing in the Case of Ardarian Darice Gilliam Pierre, M.D. Mississippi Medical License 25936, Motion for Continuance
18. Litigation Report
19. November 2025 Board Meeting Dates: TBD

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

Executive Committee Meeting
Wednesday, September 17, 2025, at 1:00 pm
Board Room

Board Meeting
Thursday, September 18, 2025 at 10:30 am
Board Room

Mississippi State Board of Medical Licensure
Board Meeting

Report from the Rules, Regulation and Legislative Committee

First Passage of Proposed Rule:

Part 2630 Chapter 1: Collaboration with Nurse Practitioners and Supervision of Certified Registered Nurse Anesthetists

Adoption of policy change:

3.24 Policy on Physician-Led Anesthesia Care

Part 2630 Chapter 1: Collaboration with Nurse Practitioners and Supervision of Certified Registered Nurse Anesthetists

Rule 1.1 | Scope

These rules apply to all individuals licensed to practice medicine or osteopathic medicine in the state of Mississippi.

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

Rule 1.2 | Definitions

For the purpose of Part 2630, Chapter 1 only, the following terms have the meanings indicated:

A. ***Physician*** means any person licensed to practice medicine or osteopathic medicine in the state of Mississippi who holds an unrestricted license, whose practice or prescriptive authority is not limited as a result of voluntary surrender or legal/regulatory order, and who practices within the state of Mississippi for a minimum of twenty (20) hours per week or eighty (80) hours per month (does not include telemedicine or chart review). ~~Exceptions~~Waivers to the in-state practice requirement may be granted by the Board, by and through the Executive Committee, in cases demonstrating good cause. In circumstances demonstrating good cause and need for expedited consideration, ~~Additionally~~ a temporary ~~permission~~waiver may be granted by the Executive Director until the request ~~can~~may be heard before the Executive Committee.

B. ***Primary Care Physician*** means a physician whose practice is limited to, or defined as, Family Practice, General Internal Medicine, Mental Health, Women's Health, and/or General Pediatrics.

C. ***Extended Mileage Collaboration*** means a collaborative relationship wherein patients are treated by a nurse practitioner who is located more than seventy-five (75) miles away from the collaborative physician. Excluded from this definition are all licensed hospitals, state health department facilities, federally qualified community health clinics, volunteer clinics, and collaboration with CRNAs.

D. ***Primary Office*** means the usual practice location of a physician and being the same location reported by that physician to the Mississippi State Board of Medical Licensure and the United States Drug Enforcement Administration as his/her primary practice location.

E. ***Collaborating/Consulting Physician*** means a physician who, pursuant to a duly executed protocol, has agreed to collaborate/consult with a nurse practitioner.

F. ~~***Nurse Practitioner***~~ or ***APRN*** means any person licensed to practice nursing in the state of Mississippi and certified by the Mississippi Board of Nursing to practice in an expanded role as a nurse practitioner or Certified Registered Nurse Anesthetist (CRNAs).

G. ***Federal Facility*** means any medical facility that conducts patient care on federal property and is operated directly by the federal government (e.g., the Veteran's Administration hospitals and clinic system).

H. ***Protocol*** or ***Collaborative Agreement*** is a contractual document which sets forth the expectations, practice permissions and boundaries of the relationship between the physician and the APRN.

I. ***Anesthesiologist*** is a physician who has completed an ACGME or AOA approved residency program to practice in the specialty of anesthesia and whose practice regularly involves anesthetizing patients for surgical and other procedures requiring anesthesia.

J. ***Supervising Physician*** is the physician required for medical evaluation, diagnosis, and treatment, and who has oversight for all care provided on-site.

K. ***Immediately Available*** means the physician is in physical proximity that allows the physician to re-establish direct contact with the patient to meet medical needs and any urgent or emergent clinical problems, as further defined and explained in the American Society of Anesthesiologists (ASA) *Statement on Definition of "Immediately Available" When Medically Directing*.

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

Rule 1.3 | Duty to Report Collaborative Relationships

Physicians who wish to collaborate must add the APRN to his/her file via the Medical Enforcement and Licensure System (MELS) Online Licensure Gateway, or its successor, prior to the commencement of patient care under the agreed protocol and must submit all required information regarding the collaboration to the Board. Physicians who collaborate with an APRN who either will be on-site with the physician or within seventy-five (75) miles are not required to submit the formal documentation (i.e., the protocol) to the Board for approval.

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

Rule 1.4 | Extended Mileage Collaboration and Board Review

Physicians who plan to collaborate with APRNs in locations beyond seventy-five (75) miles from the physician, known as Extended Mileage Collaboration, must submit the protocol for approval prior to the commencement of patient care under the protocol. Primary Care Extended Mileage is discussed in Rule 1.5. If a primary care provider does not meet the requirements of Rule 1.5, a protocol must be submitted.

The facts and matters to be considered by the Board regarding any collaborative relationship shall include, but are not limited to, how the collaborating physician and APRN plan to implement the

protocol, compatibility of practice (e.g., specialty compatibility or day-to-day practice differences), the method and manner of collaboration, the availability of backup coverage, consultation, and referral.

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

Rule 1.5 | Primary Care Extended Mileage

Primary care physicians, as defined in Rule 1.2, shall have no mileage restrictions placed on the collaborative agreement between the physician and the nurse practitioner if the following conditions are met:

1. The collaborative agreement is between a primary care physician and a primary care nurse practitioner.
2. The physician is in a compatible practice (e.g., same specialty, treat the same patient population) with the nurse practitioner.
3. The physician utilizes electronic medical records (EMR) in their practice, has direct access to the EMR utilized by the APRN, and also utilizes EMR in the formal quality improvement program.
4. The physician practices within the State of Mississippi for a minimum of twenty (20) hours per week or eighty (80) hours per month (does not include telemedicine).

All other requirements stated herein regarding collaborative agreements/relationships with nurse practitioners shall apply.

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

Rule 1.6 | Backup and Emergency Coverage

Physicians with collaborative relationships with an APRN must ensure backup physician coverage when the primary collaborative physician is unavailable, which includes being outside the approved distance for Extended Mileage. The backup physician must be a signatory to the protocol. In the event securing backup coverage is not possible, the primary collaborator and the APRN may agree, via terms written in the protocol, that no patients will be seen when the primary collaborator is unavailable.

In the event of death, unexpected disability (physical/mental), or unexpected relocation, which would result in the APRN not having a collaborative physician, the Nursing Board can notify the Mississippi State Board of Medical Licensure. In order that patients may continue to be treated without interruption of care, the APRN may, subject to the approval of the Nursing Board and Medical Board, be allowed to continue to practice for a 90-day grace period while the APRN attempts to secure a collaborative physician without such practice being considered the practice of medicine. The Executive Director of Mississippi State Board of Medical Licensure, or a designee, will serve as the APRN's collaborative physician, with the agreement of the Mississippi Board of

Nursing. If a collaborative physician has not been secured at the end of the 90-day grace period, an additional 90-day extension may be granted by mutual agreement of the Mississippi Board of Nursing and the Mississippi State Board of Medical Licensure.

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

Rule 1.7 | Billing for Collaborative Oversight

Physicians who collaborate with APRNs, who choose to charge or bill the APRNs for the physician's time related to collaboration, should negotiate at rates considering fair market value.[1]

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

Rule 1.8 | Quality Improvement

Each collaborative relationship shall include and implement a formal quality improvement (QI) program which shall be maintained on site and shall be available for inspection by representatives of the Mississippi State Board of Medical Licensure. The quality assurance/quality improvement program shall consist of:

A. Review by a collaborative physician of a random sample of charts, as chosen by the collaborative physician or EMR algorithm, that represent 10% or 20 charts, whichever is less, of patients seen by the APRN every month. Charts should represent the variety of patient types seen by the APRN. Patients that the APRN and collaborating physician have consulted on during the month will count as one chart review.

B. The physician shall ensure maintenance of a log of charts reviewed which include the identifier for the patients' charts, reviewers' names, dates of review, conditions treated, and any comments made by the physician regarding care provided. This log may be kept in paper or electronic format, but it must demonstrate that the collaborative physician has reviewed the charts and provided appropriate feedback for the APRN.

C. A collaborative physician shall meet face to face, either in person or via video conferencing, with each collaborative APRN once per quarter for the purpose of quality assurance, and this meeting shall be documented in the same manner as chart review. The physician denoted as the primary collaborator within MELS, or, in the absence of a noted primary, the physician performing most of the chart review, is ultimately responsible for all QI requirements.

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

[1] For the purposes of this regulation, "Reasonable Rates" are as obtained from data maintained by the Medical Group Management Association (MGMA) or a similar resource.

Rule 1.9 | CRNA Supervision and Anesthesia Care

Medical, anesthetic, and surgical complications may arise unexpectedly and require immediate medical diagnosis and treatment. When an anesthesiologist is not directly part of the care team, the physician proceduralist (surgeon, obstetrician, gastroenterologist, or cardiologist, for example) may be the only physician on site. In such cases, the physician, as the most highly trained medical professional, shall direct patient care, including nurse anesthesia care.

Whenever a non-anesthesiologist physician will be the only on-site physician available, as in some small hospitals, freestanding surgery centers, and offices, the supervising physician shall consider and be versed in certain basic tenets of safe anesthesia practice when serving in this role. An appropriate risk-benefit analysis shall be conducted in conjunction with the CRNA and must include the most appropriate choice of anesthetic technique and agent for each patient based on their American Society of Anesthesiologists (ASA) Physical Status.

The supervising physician shall maintain Advanced Cardiac Life Support (ACLS) certification.

The supervising physician shall meet the following qualifications**:**

1. The supervising physician must be immediately available during the conduction of the entire intraoperative anesthetic and acute postoperative period.
2. A collaborating physician anesthesiologist shall be available for consult with the supervising physician and CRNA throughout all three phases of the anesthetic period for procedures which would:
    a. reasonably, predictably, or routinely require more than simple assisted ventilation techniques in a spontaneously ventilating patient OR
    b. require general anesthesia.
3. The collaborative physician anesthesiologist shall be continuously available by telephone when not on-site.

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

Rule 1.10 | Informed Consent for Physician-Led Anesthesia

The anesthesiologist and/or supervising physician must inform the patient of the risks, benefits, alternatives, and expected outcomes regarding all three phases of the anesthesia care plan, including all aspects of preoperative, intraoperative, and postoperative care.

The consent shall:

1. Be signed by the patient or legal guardian of record
2. Be documented in the patient's medical record
3. Name all responsible physician(s) of record during all aspects of the anesthesia care
4. Identify any off-site physician anesthesiologist supervising remotely

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

Rule 1.~~9~~11 | Violation of Rules

Any violation of the rules as enumerated above shall constitute unprofessional conduct in violation of Miss. Code Ann., § 73-25-29(8).

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

Rule 1.~~10~~12 | Federal Facilities

Physicians who work within a federal facility that operates under federal law or mandate, and which has established APRNs to be independent providers, are not required to collaborate as described within these rules. As such, physicians in these facilities are not required or otherwise expected to sign off on charts or other documentation for patients whom the physician has not been formally consulted on. Further, any physician signatures on records for patients seen by APRNs in those settings described herein will not be construed as collaborative or supervisory approval of any care provided by said APRNs.

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

Effective Date of Regulation. The above rules pertaining to collaborating/consulting physicians shall become effective September 21, 1991.

Amended May 19, 2005; Amended March 13, 2009; Amended November 19, 2009; Amended July 14, 2011; Amended May 4, 2016; Amended July 19, 2018; Amended August 27, 2021.

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

3.24 Policy on Physician-Led Anesthesia Care

Composition and Roles of the Anesthesia Care Team (ACT)

The composition of the Anesthesia Care Team may include physicians and non-physicians led by a physician anesthesiologist. All members of the ACT are expected to accurately represent and identify themselves to patients and their families. Misleading titles that misrepresent the educational degree, licensure, certification, and expertise of clinicians must be avoided to ensure transparency with patients. Physician anesthesiologists have a responsibility to ensure the adequate representation of the Anesthesia Care Team members. The nomenclature below is appropriate terminology for this purpose.

Physician Anesthesia Care Team members

SUPERVISING PHYSICIAN: the physician directly involved in the procedure who is required for medical evaluation, diagnosis, and treatment decisions. Accordingly, this physician has oversight for the anesthesia care provided locally in cases where a physician anesthesiologist is not immediately available.

PHYSICIAN ANESTHESIOLOGIST: As the Director / Leader of the Anesthesia Care Team, is the physician trained and licensed to practice medicine and, therefore, a subject matter expert in the practice of anesthesiology. The physician anesthesiologist has successfully completed a training program in anesthesiology accredited by the ACGME, the American Osteopathic Association, or equivalent physician organizations.

PHYSICIAN ANESTHESIOLOGIST FELLOW: A physician anesthesiologist enrolled in an approved anesthesiology fellowship subspecialty program, who has already completed a training program in anesthesiology accredited by the ACGME, the American Osteopathic Association, or equivalent physician organizations.

PHYSICIAN ANESTHESIOLOGIST RESIDENT: A physician enrolled in an ACGME-accredited anesthesiology residency program.

Non-physician Anesthesia Care Team members

ANESTHETIST: The name "anesthetist" in the U.S. refers to a nurse anesthetist or anesthesiologist assistant, as defined below. For further information, please refer to the ASA *Statement on Comparing Certified Anesthesiologist Assistant and Certified Registered Nurse Anesthetist Education and Practice* and ASA *Statement on Students Involved in Anesthesia Care*. (Note: In some countries, a physician who practices anesthesiology is known as an “anaesthetist” or “anesthetist”).

NURSE ANESTHETIST: A registered nurse who has successfully completed an accredited nurse anesthesia training program and graduated from an approved nursing school (also known as “CRNA”).

ANESTHESIOLOGIST ASSISTANT: A health professional who has successfully completed an accredited anesthesiologist assistant master's degree training program, after graduation from an approved baccalaureate degree program with completion of all premedical coursework required for admission to an AAMC approved medical school (also known as "CAA"). (For further information, please refer to the ASA *Statement on Certified Anesthesiologist Assistants (CAAs): Description and Practice*.

Additional Terms

ANESTHESIA CARE TEAM: Physician anesthesiologists are responsible for leading anesthesia care administered by qualified members of the ACT. Such delegation must be consistent with local, state, and federal laws, regulations, policies, and bylaws and meet the ASA *Guidelines for the Ethical Practice of Anesthesiology*. The physician anesthesiologist has ultimate responsibility for the team's actions and the patient's safety.

DIRECTING VS. SUPERVISING CARE: In the ACT, the physician anesthesiologist's involvement in the care varies when the physician anesthesiologist directs care. When he/she directs care, the physician anesthesiologist has substantially more direct involvement with the care provided than when collaborating. At a minimum, to meet the ASA *Guidelines for the Ethical Practice of Anesthesiology*, in both situations, a physician anesthesiologist must participate in the pre-anesthesia evaluation, medical determination for the patient to proceed with the procedure, prescribing of anesthetic plan for periprocedural care, and manage post-anesthesia care.

ANESTHETIZING SITE: An operating room or other location where a surgical, diagnostic, or therapeutic procedure is performed under anesthesia care.

IMMEDIATELY AVAILABLE: Wherever it appears in this document, the phrase "immediately available" is used as defined in the ASA *Statement on Definition of Immediately Available When Medically Directing*.

MINIMAL SEDATION (Anxiolysis) is a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and physical coordination may be impaired, airway reflexes and ventilatory and cardiovascular functions are unaffected.

MODERATE SEDATION / ANALGESIA ("Conscious Sedation") is a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

MONITORED ANESTHESIA CARE ("MAC") does not describe the continuum of depth of sedation, rather it describes "a specific anesthesia service performed by a qualified anesthesia provider, for a diagnostic or therapeutic procedure." Indications for monitored anesthesia care include "the need for deeper levels of analgesia and sedation than can be provided by moderate sedation (including potential conversion to a general or regional anesthetic."

DEEP SEDATION / ANALGESIA is a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

GENERAL ANESTHESIA is a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive

pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

ASA PHYSICAL STATUS

The latest version of the American Society of Anesthesiologists (ASA) physical status classification system (ASAPS), as approved by the ASA House of Delegates on October 15, 2014, and adapted for this presentation. Note that no specific classification is assigned to patients with moderate systemic disease, just assignments for patients with mild systemic disease (ASA 2)[1] and those with severe systemic disease (ASA 3).

Abbreviations used: ASA: American Society of Anesthesiologists, BMI: body mass Index, CHF: congestive heart failure, COPD: chronic obstructive pulmonary disease.

ASA 1: A normal healthy patient.
ASA 2: A patient with mild systemic disease.
ASA 3: A patient with a severe systemic disease that is not life-threatening.
ASA 4: A patient with a severe systemic disease that is a constant threat to life.
ASA 5: A moribund patient who is not expected to survive without the operation. The patient is not expected to survive beyond the next 24 hours without surgery.
ASA 6: A brain-dead patient whose organs are being removed to transplant them into another patient.

Medical Board Policy

In the United States, anesthesiology services are provided by qualified anesthesia providers working within recognized care delivery models that meet regulatory and statutory requirements. Separate care delivery models utilize differently comprised teams of qualified anesthesia providers based on local resources, requirements, and staffing decisions.

The Mississippi State Board of Medical Licensure ("Board"), after careful consideration and consultation with various national and state professional societies and licensed anesthesia practitioners and their affiliated groups, offers the following to help clarify the Board's position and expectations for the practice of anesthesia in the state of Mississippi, and to further clarify the meaning of the rules related to anesthesia care found in 30 Miss. Admin. Code Pt. 2630.

Anesthesiology is the practice of medicine. It includes but is not limited to, providing medical care to a patient before, during, and after a surgical, diagnostic, or therapeutic procedure that requires

[1] The addition of "E" to the ASAPS (e.g., ASA 2E) denotes an emergency surgical procedure. The ASA defines an emergency as existing "when the delay in treatment of the patient would lead to a significant increase in the threat to life or body part."

the administration of anesthetics and/or hemodynamic monitoring, regardless of patient or procedural complexity, as well as managing of systems and leading of clinicians that support these activities.

More specifically, anesthetic management includes the preoperative evaluation, diagnostic workup, optimization of preexisting medical conditions in preparation for and prior to surgery, the decision to proceed with surgery, the prescribing of anesthetic care plans, the perioperative management of coexisting disease, the delivery of anesthetics, determination and management of postoperative care requirements, the prevention and management of periprocedural complications, the practice of acute and chronic pain medicine, and the practice of critical care medicine.

Anesthesia care requires:

- Evaluation, clinical medical assessment, and management and optimization of medical conditions to reduce the risk of anesthesia care and perioperative adverse events
- Consultation with other physicians for evaluation, testing, and determination of how to minimize anesthesia and perioperative risks
- Development of strategic medical plans for the safest anesthesia care (including facility, staffing model, and anesthesia plan)
- Pharmacologic expertise for the selection of appropriate medications during the surgery/procedure to manage acute and chronic medical problems
- Manual skill to perform procedures including diagnostic, anesthetic, and invasive monitoring modalities, accompanied by a determination of the risks and benefits of each procedure, and medical decisions that dictate the indication for each procedure
- Urgent or emergent procedural or pharmacologic intervention to address unanticipated medical situations (including differential diagnosis and medical decision-making to best address the problem)
- Communication and coordination with patients and families to discuss and determine the best medical strategy for delivering the anesthetic care that both keeps them comfortable and safe.

When care is delivered through a physician-led team-based care approach, the physician is responsible for the care provided. In a physician-led care delivery model, the following elements are foundational:

- The supervising physician provides preoperative evaluation with needed medical optimization and facilitates the process of informed decision-making, especially regarding the choice of anesthetic technique, regardless of whether they are personally performing or working with non-physician anesthesia providers.

- The supervising physician has a duty to the patient that includes transparent communication regarding the anesthesia plan of care as a core element of informed consent.

    - If this physician shares responsibility for a patient's care with other physicians or non-physician anesthesia providers, this arrangement should be explained to the patient.

    - When not medically directing, those medical direction elements that will be performed by the physician and those elements not performed or delegated to another clinician should be affirmatively identified to the patient.

- When directing non-physician anesthesia providers or physicians in training in the actual delivery of anesthetics, the supervising physician should remain personally and continuously available for direction and supervision during the anesthetic; they should directly participate in the most demanding aspects of the anesthetic care.

- The supervising physician should provide appropriate postanesthetic care for their patients.

"Sedation" is a continuum, and it is not always possible to predict how an individual patient will respond. Hence, practitioners intending to conduct a procedure with a given level of sedation should be able to rescue[2] patients whose level of sedation becomes deeper than initially intended as follows:

1. Individuals administering *Moderate Sedation/Analgesia* ("Conscious Sedation") should be able to rescue patients who enter a state of *Deep Sedation/Analgesia*

[2] Rescue of a patient from a deeper level of sedation than intended is an intervention by a practitioner proficient in airway management and advanced life support – preferably trained in the performance of a surgical airway. The qualified practitioner corrects adverse physiologic consequences of the deeper-than-intended level of sedation (such as hypoventilation, hypoxia and hypotension) and returns the patient to the originally intended level of sedation. It is not appropriate to continue the procedure at an unintended level of sedation.

2. Individuals administering *Deep Sedation/Analgesia* should be able to rescue patients who enter a state of *General Anesthesia*.

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE APPLICATION FOR PERMANENT MEDICAL LICENSE OF: ESWARA KUMAR MUNDRA, M.D.

ORDER

THIS MATTER came on regularly for hearing on September 18, 2025, before the Mississippi State Board of Medical Licensure (hereinafter "Board"), pursuant to Title 73, Chapter 25 of the Mississippi Code (1972) Annotated. On May 21, 2025, Eswara Kumar Mundra, M.D., (hereinafter "Applicant"), holder of Mississippi Medical License No. 947-L, a limited medical institutional license, appeared before the Executive Committee of the Board seeking an unrestricted permanent Mississippi license to practice medicine. Applicant, a graduate of an international medical school, sought a waiver as Applicant did not satisfy the requirements under Part 2605, Chapter 1, Rule 1.1.D. (proof of one (1) year of ACGME-approved post-graduate training in the United States or Canada approved by the RCPSC or CCFP) and Rule 1.3.B. (passage of the USMLE within seven (7) years). At Applicant's request, Applicant appeared before the Executive Committee without counsel and discussed his waiver request and relevant history. Applicant's credentials are not in dispute. Applicant joined University of Mississippi Medical Center (hereinafter "UMMC") in July 2015 for the fellowship program in Radiation Oncology. He completed the four-year fellowship program in June of 2019 and joined UMMC as an

instructor in that department. In May of 2022, Applicant became a board-certified radiation oncologist. In July of 2022, Applicant became an assistant professor at UMMC and in 2023, Applicant became the program director. Based on the testimony and evidence presented, the Executive Committee denied Applicant's request for waiver for both exceptions. Applicant requested to appear before the Board to appeal the waiver denial and to submit additional relevant information for the Board's consideration.

At the September 18, 2025, appeal hearing, Applicant was present and represented by Honorable Douglas G. Mercier. Complaint Counsel for the Board was Honorable Paul Barnes. Also present was Honorable Meagan Guyse, Deputy General Counsel for the Board. Sitting as legal advisor and hearing officer to the Board was Honorable Pamela S. Ratliff, Special Assistant Attorney General. Board members present for the proceedings were Ken Lippincott, M.D., President; Kirk Kinard, D.O.; William Loper, M.D., Roderick Givens, M.D.; Renia R. Dotson, M.D.; and H. Allen Gersh, M.D. Randy Roth, M.D., was present via videoconference.

Applicant introduced additional information not previously considered by the Board at Applicant's appearance before the Executive Committee. In addition to the information and documentation previously considered by the Executive Committee, Applicant submitted proof of current and unrestricted medical licenses issued by Connecticut (License No. 82775) and Florida (License No. ME175576).

Having conducted a hearing in the matter, and based upon the testimony and evidence presented, including but not limited to Applicant's current and unrestricted licenses to practice medicine in Connecticut and Florida, the Board finds that the requested waiver pursuant to Part 2605, Rule 1.2. should be granted.

IT IS THEREFORE ORDERED that the application of Eswara Kumar Mundra, M.D., for an unrestricted permanent Mississippi license to practice medicine is hereby granted.

SO ORDERED, this the 18th day of September, 2025.

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

BY: _____
C. KENNETH LIPPINCOTT, M.D.
PRESIDENT

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE APPLICATION TO PRACTICE MEDICINE

OF

JOHN KEITH MCKELVEY, M.D.

CONSENT ORDER

WHEREAS, JOHN KEITH MCKELVEY, M.D., hereinafter referred to as "Applicant," is an applicant for permanent licensure in the state of Mississippi. Applicant and the Mississippi State Board of Medical Licensure (the "Board") have agreed to this Consent Order under the terms, conditions, and restrictions as described below, and according to the authority provided in Miss. Code Ann. §§ 73-25-53 and 73-25-59.

ACTIONS IN OTHER JURISDICTIONS

WHEREAS, on April 13, 2015, Applicant executed a Consent Order with the Virginia Board of Medicine. The Consent Order was executed due to Applicant's complicated personal medical history related to a meningitis infection in 2011, which limits his ability to practice medicine in his specialty of Pediatric Anesthesiology. Based on these limitations, Applicant's Virginia license was granted but limited to the practice of occupational medicine;

WHEREAS, Applicant made applications to other jurisdictions, such as West Virginia and Kentucky, and entered into similar agreements with those states as he executed in Virginia;

MISSISSIPPI APPLICATION FOR LICENSURE

WHEREAS, the Applicant desires to avoid a show-cause hearing before the Board under Miss. Code Ann. §§ 73-25-63 or 73-25-83 and, in lieu thereof, has agreed to this Consent Order.

NOW, THEREFORE, the Board, with the consent and agreement of the Applicant as signified by his joinder herein, does hereby make the following findings of fact and conclusions of law and places the following terms and conditions on Licensee's ability to practice medicine in Mississippi:

1. The application for licensure in Mississippi is hereby granted.
2. Applicant's license is limited to the practice of occupational medicine. Applicant understands and agrees that this is an encumbrance, limitation, or restriction on his Mississippi license.
3. Applicant agrees to obey all federal, state, and local laws, and all rules and regulations governing the practice of medicine.
4. Applicant agrees to immediately notify the Board if any additional limitations are placed on his ability to practice medicine in other jurisdictions.

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 show-cause hearing before the Board. In this regard, Licensee authorizes the Board to review and examine any documentary evidence or material concerning the Applicant before or in conjunction with its consideration of this Consent Order. Should this Consent Order not be accepted by the Board, it is agreed that presentation to and consideration of this Consent Order and other documents and matters pertaining thereto by the Board shall not unfairly or illegally prejudice the Board or any of its members from participation in any further proceedings.

Applicant understands and expressly acknowledges that, should Applicant challenge or dispute any provision or statement in this agreement during the Board approval process, this

Consent Order will automatically be rendered null and void, and this matter shall be set for a show-cause hearing at the convenience of the Board.

Should the Board hereafter receive documented evidence of Applicant 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 Applicant, suspend it for a time deemed proper by the Board, or take any other action determined as necessary by the Board.

Applicant understands and expressly acknowledges that this Consent Order, if approved and executed by the Board, shall constitute a public record of the State of Mississippi. Applicant further acknowledges that the Board shall provide a copy of this Order to, among others, the Federation of State Medical Boards, and the Board makes no representation as to action, if any, which any other agency or jurisdiction may take in response to this Consent Order.

Recognizing his right to notice of charges specified against him, to have such charges adjudicated according 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, **JOHN KEITH MCKELVEY, 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 Consent Order, thereby approving his application for a medical license, subject to those terms and conditions listed above.

AGREED AND EXECUTED, this the 25 day of August 2025.

LINDSEY B. COMPTON
Notary Public, State of South Carolina
My Commission Expires 10/27/2026

John Keith McKelvey MD
JOHN KEITH MCKELVEY, M.D.

Lindsey B. Compton
August 25, 2025

ACCEPTED AND APPROVED, this the 18th, day of September 2025, by the Mississippi State Board of Medical Licensure.

Charles K. Lippincott, M.D.
Board President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE LICENSE OF:

MAXIE LERON GORDON, M.D. **License No. 17929**

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. Gordon's attorney, Michael Brown.

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 November 12 & 13, 2025.

SO ORDERED this the 18th day of September 2025.

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

BY: _____
Kenneth C. Lippincott, M.D.
President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE LICENSE OF:

MARY T. JACOBSON, M.D. **License No. 28111**

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. 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 November 12 & 13, 2025.

SO ORDERED this the 18th, day of September 2025.

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

BY: _____
Kenneth C. Lippincott, M.D.
President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE LICENSE OF:

JOEL BREMER DURINKA, M.D. **License No. 30202**

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. Durinka'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 November 12 & 13, 2025.

SO ORDERED this the 18th day of September 2025.

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

BY: _____
Kenneth C. Lippincott, M.D.
President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE LICENSE OF:

ARDARIAN GILLIAM PIERRE, M.D. **License No. 25936**

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. Pierre'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 November 12 & 13, 2025.

SO ORDERED this the 18th day of September 2025.

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

BY: _____
Kenneth C. Lippincott, M.D.
President