

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

JULY 1, 2015, THROUGH JUNE 30, 2016

ANNUAL REPORT



The mission of the Mississippi State Board of Medical Licensure (MSBML) is to ensure the protection of the health, safety and welfare of Mississippians through implementation and enforcement of laws involving the licensing and regulation of physicians, podiatrists, physician assistants, radiology assistants and acupuncturists and through the objective enforcement of the Mississippi Medical Practice Act.

The MSBML is committed to the continued protection of the health, safety and welfare of Mississippians. The philosophy of the MSBML is to ensure healthcare professionals licensed by the MSBML meet the licensing standards as directed by the Mississippi State Legislature and to regulate the practice of MSBML licensees.



The Board was created as a separate agency out of the State Board of Health July 1, 1980. Board membership consists of nine physicians (MDs and DOs) who are appointed by the Governor for six year terms.

The Board is a self-funded agency consisting of three divisions, Licensure, Investigations and Information Technology. Board staff consists of 24 full-time employees.



1867 Crane Ridge Drive, Suite 200-B
Jackson, Mississippi 39216

www.msbml.ms.gov

BOARD MEMBERS

The Board of Medical Licensure consists of nine physicians appointed by the Governor. The Board also has three public members who are not statutorily mandated; however, the Board believes it is in the best interest of the public to have the non-physician public members' input.

The nine physician Board members are nominated to the Governor by the Mississippi State Medical Association. The Governor appoints from the nominations the members of the Board with the advice and consent of the Senate. The three public members are nominated to the Board through public referrals made from associations and other agencies. Appointments are for staggered six year terms. Each physician may serve two terms but must be re-nominated and appointed by the Governor before serving the second term.

The Board meets and holds meetings bimonthly. Additional meetings may be scheduled on an as needed basis. Board proceedings are open to the public and media. Meeting schedules are available online.

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| <ul style="list-style-type: none"> • Charles D. Miles, M.D., President
West Point, MS
Term ends: 06/30/2022 • Virginia Crawford, M.D., Vice-President
Hattiesburg, MS
Term ends: 06/30/2018 • Claude D. Brunson, M.D., Secretary
Jackson, MS
Term ends: 06/30/2022 • S. Randall Easterling, M.D.
Vicksburg, MS
Term ends: 06/30/2018 • Ken Lippincott, M.D.
Tupelo, MS
Term ends: 06/30/2020 • William S. Mayo, D.O.
Oxford, MS
Term ends: 06/30/2018 | <ul style="list-style-type: none"> • William David McClendon, M.D.
Ocean Springs, MS
Term ends: 06/30/2022 • Michelle Owens, M.D.
Jackson, MS
Term ends: 06/10/2022 • Ann Rea, M.D.
Summit, MS
Term ends: 06/30/2020 • Wesley Breland, Consumer Member
Hattiesburg, MS • Major General (Ret.) Erik Hearon, Consumer Member
Ridgeland, MS • Charles Thomas, Consumer Member
Yazoo City, MS |
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MSBML Staff

ADMINISTRATIVE/EXECUTIVE	INVESTIGATIVE	LICENSURE	INFORMATION TECHNOLOGY
H. Vann Craig, M.D. --Executive Director Sherry Pilgrim --Staff Officer Vacant --Accountant/Auditor Edna Canada --Administrative Assistant	Thomas Washington --Office Director Leslie Ross --Investigations Supervisor Frances Carrillo -- Staff Officer Jonathan Dalton -- Staff Officer Charles Ware – Investigator Kelli Harrell -- Investigator Harry Gunter – Investigator Mickey Boyette – Investigator Todd Pohnert – Investigator Patricia Watkins --Administrative Assistant	Rhonda Freeman --Office Director Thelmekia Robinson --Administrative Assistant Evette Smith --Projects Officer Anna Boone --Projects Officer Rosie Moak --Projects Officer	Arlene Davis --Systems Manager Angie Williamson --Projects Officer Kaila Douglas --Projects Officer

PROGRAM OVERVIEW

The Mississippi State Board of Medical Licensure is the state's legally constituted licensure board for allopathic physicians (M.D.s), osteopathic physicians (D.O.s), podiatrists (D.P.M.s), physician assistants (P.A.s), radiologist assistants (R.A.s), and acupuncturists (L.Ac.s). The Board is responsible for setting and enforcing policies and professional standards regarding the practice of medicine, podiatric medicine and acupuncture; considering applications for licensure; conducting licensure interviews; investigating legitimate drug traffic among medical practitioners under the state's Uniform Controlled Substances Act; conducting hearings on disciplinary matters involving violations of the state's Medical Practice Act; and keeping up-to-date records on all licensed physicians, podiatrists, physician assistants, radiologist assistants, and acupuncturists in the state. The Board is also charged with permitting those individuals who apply ionizing radiation in a physician's office, radiology clinic or a licensed hospital in Mississippi who are under the specific direction of a licensed practitioner.

The administrative functions of the Board are performed under the direction of Executive Director, H. Vann Craig, M.D. The Board has three divisions, Licensure, Investigative and Information and Technology. The Licensure Division consists of seven employees overseen by an Office Director who is also responsible for the accounting and personnel departments. The Licensure Division is responsible for credentialing and maintaining all licenses and permits of physicians, physician assistants, radiology assistants, acupuncturists and limited x-ray machine operators in the state.

The Investigative Division consists of ten employees plus an Office Director. The division is comprised of eight investigators, three of which work in decentralized offices. The Investigative Division is responsible for investigating violations of the Medical Practice Act and the Mississippi Controlled substance Act as it applies to physicians.

The Information and Technology Division (IT) consists of a Systems Manager who oversees four additional employees. IT is responsible for the agency networking, programming and document imaging system.

OVERVIEW OF MSBML 5-YEAR STRATEGIC PLAN

Over the next 5 years the MSBML strives to educate its licensees, as well as the general public regarding state and federal licensing laws. Statistics show that Mississippi has one of the lowest physician to patient ratio in the United States. It is the MSBML's goal to reduce the time it takes for licensees to acquire a license but still protect the public from incompetent healthcare professionals. In doing so, the MSBML will be updating existing programs, laws and rules; utilizing technology more proficiently; and educating licensees and the

public of the role of the MSBML.

Prescription drug diversion and abuse is a nationwide problem. Deaths due to drug overdoses now outnumber deaths from vehicle accidents. Pain management involves a juggling act that balances the needs and interest of everyone involved. Prescribing investigations of pain management practices require many hours by the investigative staff. The responsible opioid prescribing of controlled substances offer physicians effective strategies for reducing the risk of addiction, abuse and diversion of opioids and other controlled substances those physicians prescribe to their patients. Because each investigator is assigned an area to work, often the MSBML conducts several such prescribing investigations at the same time. As a self-funded agency, conducting several prescribing investigations at once could deplete the investigative division's budget in several months.

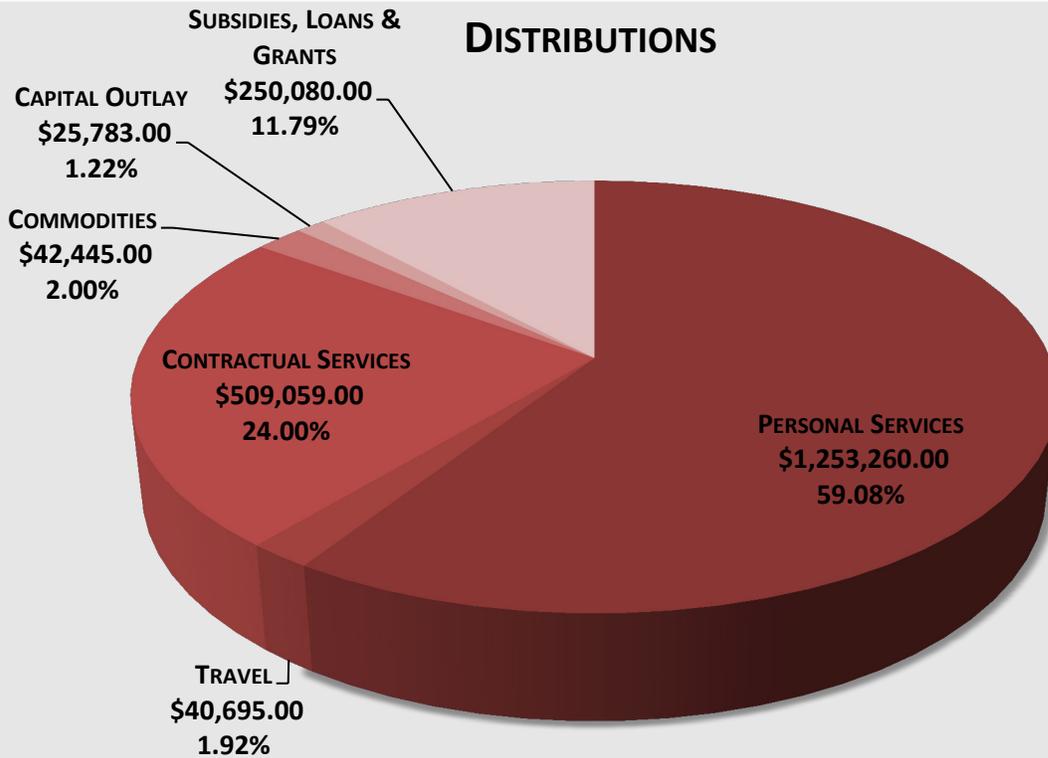
ADMINISTRATIVE CODE

During 2016, the Board addressed several areas of concern by creating new or updating existing rules in its Administrative Code. In November 2015, the Board adopted rules which addressed CME required by physicians and physician assistants who practice in pain management medical practices; podiatry licensure requirements were updated to include a new licensure examination offered by the APMLE; and the regulation regarding restricted temporary licensure was updated to include the licensure of osteopathic physicians and podiatrists. During the May 2016 Board meeting, the Board adopted changes to the Collaboration with Nurse Practitioners rule to extend the mileage of a free standing clinic. No other rule amendments were addressed during 2016.

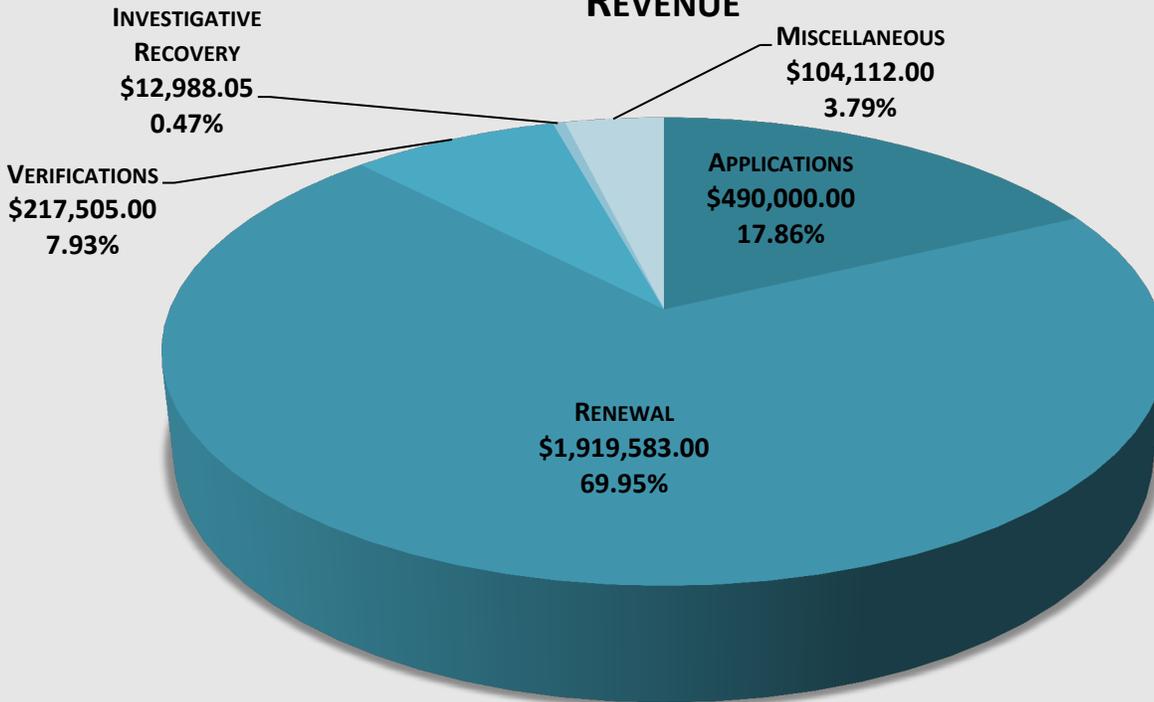
JULY 1, 2015, THROUGH JUNE 30, 2016

FISCAL YEAR REPORT

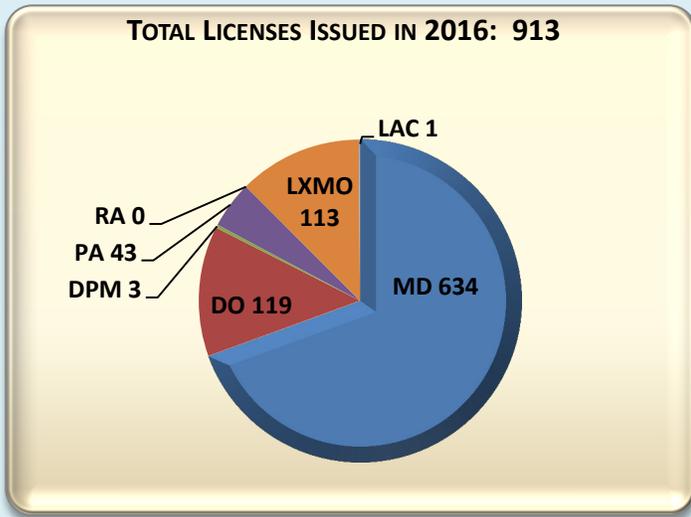
DISTRIBUTIONS



REVENUE



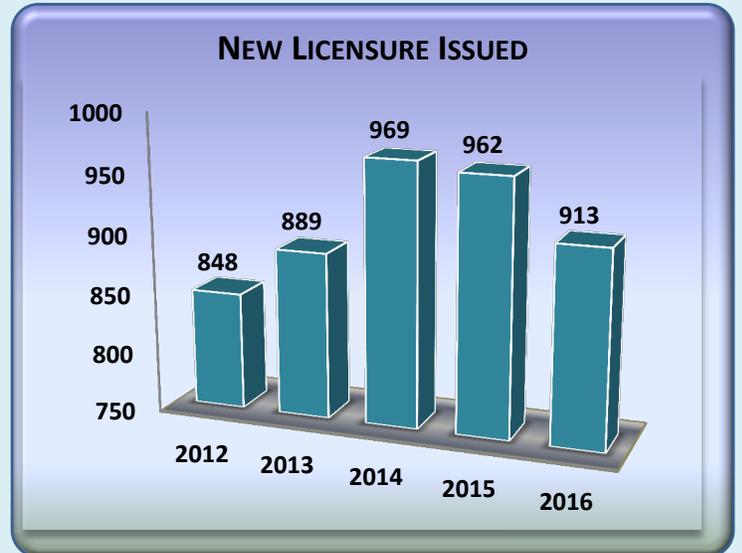
MSBML LICENSURE



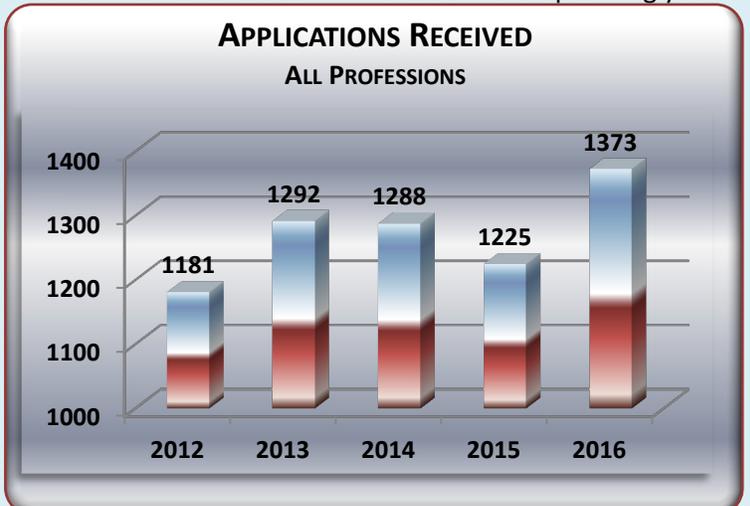
Any physician (MD/DO), podiatrist (DPM), physician assistant (PA), radiologist assistant (RA), acupuncturist (LAC) or limited x-ray machine operator (LXMO) desiring to practice in Mississippi must first obtain a license or permit to do so by completing an application for licensure. An allopathic physician, osteopathic physician, podiatrist or physician assistant may apply for license by utilizing the Board's online application system. All of the physician's or physician assistant's application information can be entered online and submitted to the Board with their electronic payment. Currently, radiologist assistants, acupuncturists and limited x-ray machine operators must download a manual application from the Board's website and submit it along with a check or money order. Board staff begins processing the application immediately upon receipt. Based upon the information given by the practitioner, a determination is made as to their eligibility for licensure.

Queries for practitioner applications are made to the American Medical, Osteopathic, or Podiatric Medical Associations; other states in which the practitioner is or has been licensed; National Practitioners Data Bank; Federation of State Medical Boards; and hospitals where the practitioner holds or has held staff privileges. The average processing time is two to three months, depending upon the amount of information to be submitted regarding the applicant. The majority of the information required for processing an application is being submitted via the Internet or by other electronic means. The Board has implemented an imaging system which allows Board staff to scan in physician information instead of manually filing in a paper licensure file. The electronic information is more easily accessible by others in the office and documents are less likely to be lost and/or misplaced once they are stored in the system. Upon documentation of required information and approval, the applicant is notified to schedule their personal appearance, background check and jurisprudence examination.

The Board performs background checks on all new licensees, with the exception of radiologist assistants and limited x-ray machine operators. The background check begins when the applicant appears for their personal appearance and jurisprudence examination. The applicant's fingerprints are scanned into a database and submitted to the Mississippi Criminal Investigatory Center (CIC) who then forwards the fingerprints to the Federal Bureau of Investigation (FBI). A report is returned to the Board, usually within 48 hours. If the report is returned with no record of action, the applicant is issued their Mississippi license number. However, if the report reveals an arrest history, additional information is requested and the issuance of the license is delayed.

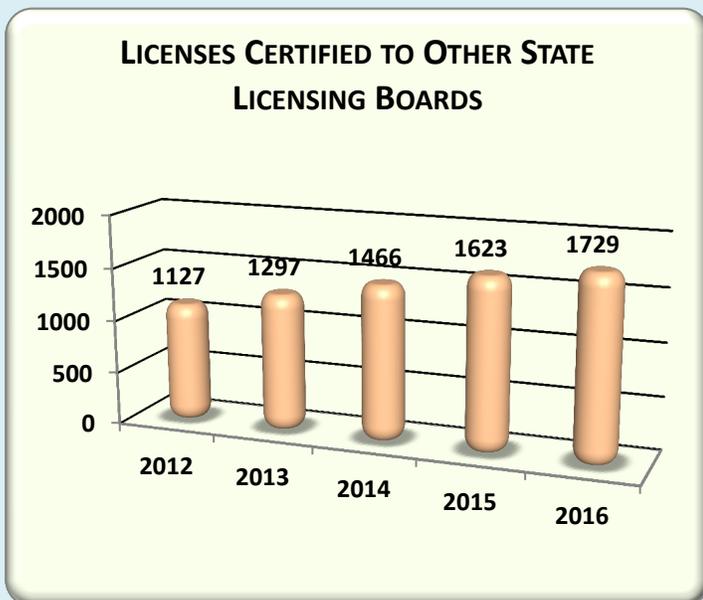


During the year ending June 30, 2016, 1,373 applications for licensure were received and 913 new licenses and permits were issued in Mississippi. Healthcare professionals applying for and receiving licenses in Mississippi have gradually decreased since 2014. Based on the increase of applications received and the number of students graduating from William Carey Osteopathic School, Mississippi College Physician Assistant Program and the numerous physician residency programs established in the State, the Board is anticipating that new licensure issued will increase in the upcoming years.

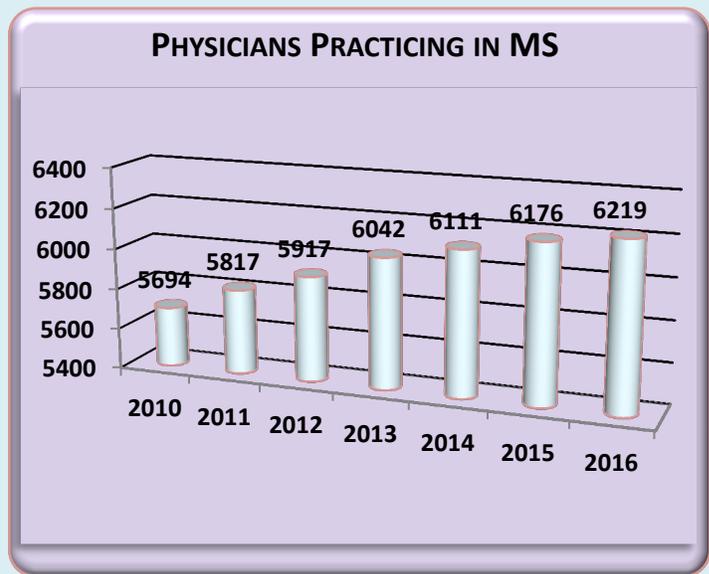


Licenseses applying for hospital staff memberships or licensure in another state or jurisdiction request certifications/verifications to be sent to the designated entity. During the year ending June 30, 2016, 6,825 verifications were submitted to hospitals for credentialing purposes. The Board allows entities or individuals desiring a verification of a physician's or physician assistant's medical license to request it electronically and instantly from the Board's website. Individuals may search for the licensee they would like to verify. Once they verify the correct individual and select a payment option for the \$25 verification fee plus convenience fee charged by the credit card company, the requester will receive an email with a link to the verification and any attachments it may contain.

The Board also responded to 1,729 certification requests which were submitted to other state regulatory boards. The Board uses the VeriDoc electronic verification system which allows physicians and physician assistants to purchase a verification of their Mississippi medical license that will automatically be transmitted via email to the designated state medical board. This system has saved the cost of printing and mailing certifications as well as the processing time if done by board staff. This has allowed other states to receive Mississippi licensure verification instantly instead of going through the U.S. Postal service.

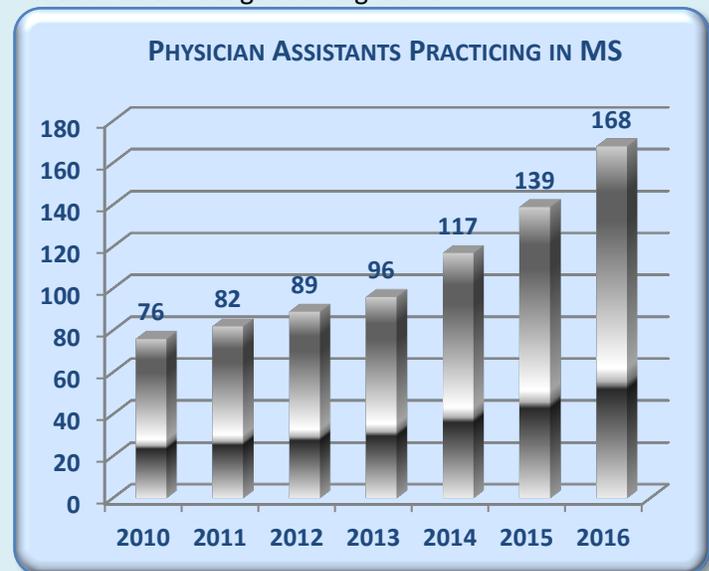


There are 10,142 currently licensed physicians in Mississippi. Of the 10,142 licensed physicians, 6,219 indicate they are practicing medicine in Mississippi, which is approximately 43 more than was reported last year. The overall number of physicians licensed in Mississippi continues to increase every year. There has been approximately an 8% increase of physicians practicing medicine in Mississippi over the last 7 years.



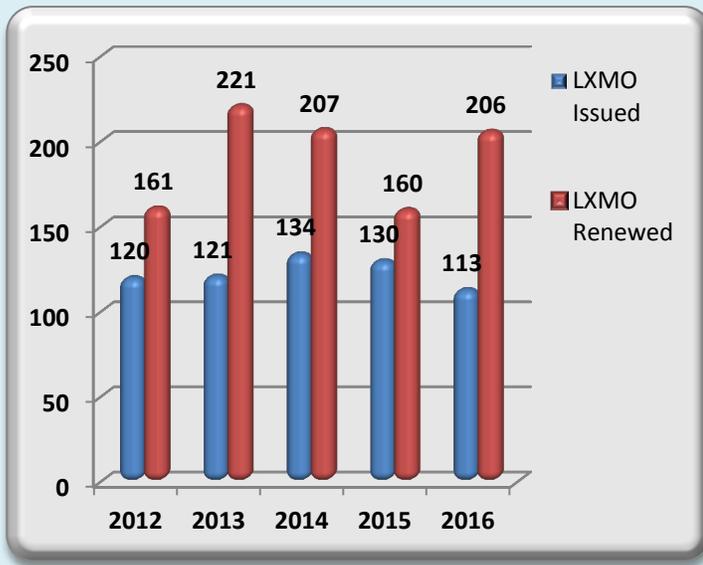
There are currently 198 Mississippi licensed physician assistants. One-hundred and sixty-eight are practicing medicine in Mississippi with 30 practicing out-of-state.

There has been a gradual increase in physician assistants practicing in Mississippi since PA legislation was enacted. However, with the first graduating class from the State's only PA program, there has been a significant increase in the number of physician assistants remaining and practicing in Mississippi. The Board anticipates that this trend will continue with each graduating class.



In compliance with Mississippi Code (1972) Annotated, Section 41-58-1 through Section 41-58-5, the Licensure Division continued tracking continuing education requirements for limited x-ray machine operators and others employed in a physician's office who perform x-rays under the specific direction of a physician. Limited x-ray machine operator permits are issued to those individuals whose certificate of completion of required courses has been received by the Board of Medical Licensure. This requirement is an ongoing process of the Licensure Division.

During the fiscal year ending June 30, 2016, the Board issued 113 limited x-ray machine operator permits and renewed 206 permits.



The Licensure Division responds to thousands of telephone calls and emails each year from the public as well as other licensing/regulatory agencies regarding the status of a licensee's license or permit. The Licensure Division submits certified documentation of licensee licensure information to other state boards upon request by the licensee, and responds to requests for laws, rules and regulations pertaining to licensees in this state. The Licensure Division is responsible for filing all rules and regulations of the Board with the office of the Secretary of State in compliance with the Administrative Procedures Act. Licensees can also download licensure requirements, laws, rules and regulations, application packets, and statistical information from the Board's website at www.msbl.ms.gov.

NUMBER OF PHYSICIAN ASSISTANTS BY COUNTY

		LEE	17
ALCORN	1	LINCOLN	1
COAHOMA	1	LOWNDES	3
DESOTO	19	MADISON	3
FORREST	16	PEARL RIVER	2
HANCOCK	1	PIKE	1
HARRISON	19	PRENTISS	1
HINDS	24	RANKIN	4
JACKSON	24	SIMPSON	1
JONES	2	STONE	1
LAFAYETTE	2	TISHOMINGO	1
LAMAR	6	UNION	2
LAUDERDALE	4	WARREN	12

NUMBER OF PHYSICIANS BY COUNTY

ADAMS	66	LINCOLN	45
ALCORN	98	LOWNDES	119
AMITE	3	MADISON	174
ATTALA	16	MARION	13
BENTON	2	MARSHALL	16
BOLIVAR	46	MONROE	42
CALHOUN	6	MONTGOMERY	8
CHICKASAW	10	NESHOBA	25
CHOCTAW	8	NEWTON	13
CLAIBORNE	7	NOXUBEE	3
CLARKE	5	OKTIBBEHA	61
CLAY	21	PANOLA	34
COAHOMA	36	PEARL RIVER	40
COPIAH	15	PERRY	7
COVINGTON	8	PIKE	83
DESOTO	248	PONTOTOC	15
FORREST	496	PRENTISS	20
FRANKLIN	5	QUITMAN	3
GEORGE	19	RANKIN	231
GREEN	2	SCOTT	14
GRENADA	32	SHARKEY	3
HANCOCK	37	SIMPSON	20
HARRISON	515	SMITH	1
HINDS	1,893	STONE	8
HOLMES	15	SUNFLOWER	20
HUMPHREY	4	TALLAHATCHIE	8
ITAWAMBA	4	TATE	13
JACKSON	255	TIPPAH	9
JASPER	4	TISHOMINGO	9
JEFF DAVIS	6	TUNICA	2
JEFFERSON	3	UNION	35
JONES	101	WALTHALL	10
KEMPER	3	WARREN	84
LAFAYETTE	133	WASHINGTON	76
LAMAR	17	WAYNE	12
LAUDERDALE	277	WEBSTER	5
LAWRENCE	8	WILKINSON	8
LEAKE	7	WINSTON	8
LEE	398	YALOBUSHA	5
LEFLORE	78	YAZOO	10

MSBML INVESTIGATIVE

Under the direction of the Executive Director, the Investigative Division of the Board carries out the responsibilities of investigating violations of the Medical Practice Act and the Mississippi Uniform Controlled Substances Act as it applies to physicians, podiatrists, radiologist assistants, physician assistants and acupuncture practitioners. The Board does not have jurisdiction over other health professionals such as psychologists, dentists or nurses. Neither does it have jurisdiction over health care facilities such as hospitals and nursing homes, or personal care homes.

The Investigative Division's Office Director has supervisory responsibility for a licensing investigator supervisor, two staff officers, an administrative assistant and six field investigators. Three investigators work in decentralized offices in the northern and southern areas of the state. This enables Investigators to be extended around the state and minimize travel time from area to area.

The Board is complaint driven. The Investigative Division is responsible for making inquiries concerning all valid complaints of violations of the Medical Practice Act or Rules and Regulations of the Board. Complaints may involve prescribing issues, professional boundary violations, competency questions, civil and criminal court actions, Mississippi Uniform Controlled Substance Law, the practice of medicine or assisting an unlicensed person to practice medicine, or compliance violations of existing Board Orders. Part of the investigative process entails written correspondence between the complainant, the licensee, and the Board. During the fiscal year ending June 30, 2016, Investigative Division staff, with the oversight of the Executive Director, formulated and mailed 98 letters to complainants and 259 letters to licensees advising of the status of the complaint and/or the resolution of the matter, when appropriate.

The Board is responsible for regulating and checking the legitimate drug traffic among physicians (M.D./D.O.), podiatrists (D.P.M.), and physician assistants (P.A.). Pursuant to the State's Uniform Controlled Substance Law and the Administrative Code of the Board, licensees of the Board may prescribe, administer, and dispense controlled substances in all five schedules (II, IIN, III, IIIN, IV, and V) and may prescribe or dispense other drugs having addiction-forming and addiction-sustaining liability in the usual course of treatment for a diagnosed condition. It is the duty of Investigative Division staff to monitor the "legitimate" or pharmaceutical drug traffic among the Board's licensees by conducting pharmacy profiling (visiting local pharmacies to review prescriptions written by licensees of the Board) and by using the Mississippi Prescription Monitoring Program

(PMP) that may have substance abuse problems or have been diverting controlled drugs for profit.

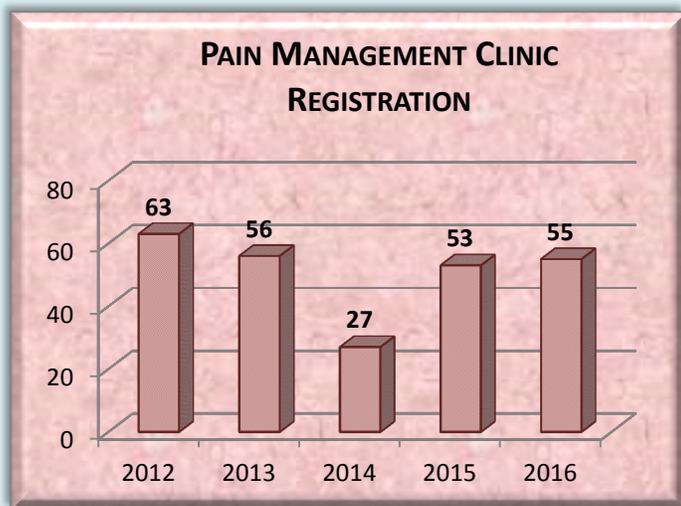
Pharmacy profiling and the monitoring of the PMP by the investigative staff often reveal the diversion of drugs by "doctor shopping" patients (patients going to several physicians during the same time period and getting prescriptions for the same controlled substance from each physician visited).

The increase in prescription drug abuse/diversion is a major concern for the citizens of the state of Mississippi. The number of so called "pain clinics" operating in Mississippi have contributed to the increase in prescription drug diversion and abuse. By working with members of the law enforcement community, the investigative staff's pharmacy profiling efforts and PMP monitoring have identified many patients that have criminal histories involving prescription drug selling and getting prescriptions for controlled substances from such clinics. The Investigative Division staff's use of the PMP has also allowed the investigators to work with licensees of the Board to implement solutions to the problem of prescription drug abuse/diversion by providing information to licensees concerning their patients that have not been taking their prescribed medications as directed by the licensees or have been diverting their medications for unlawful reasons. During the fiscal year ending June 30, 2016, the Investigative Division staff requested 1,247 PMP reports. These PMP requests resulted in 248 actions i.e. visits or letters to licensees, referral to law enforcement or other state regulatory agencies.

The Board knows that access to and the provision of competent health care can affect the issues related to diversion and abuse of prescription drugs. Pursuant to the Mississippi State Board of Medical Licensure Administrative Code Title 30: Part 2640, Chapter 1: Rules and Regulations Pertaining to Prescribing, Administering and Dispensing Medication, Rule 1.15, registration of pain management medical practices is now a requirement for pain management practices to operate in this State. A pain management medical practice is defined as a public or privately owned medical practice that provides pain management services to patients, a majority (more than 50%) of which are issued a prescription for or are dispensed, opioids, barbiturates, benzodiazepines, carisoprodol, butalbital compounds or tramadol for more than 180 days in a twelve month period. The pain management practice has to be majority owned by a licensed physician and the physician must register the pain management practice with the Board. Hospital owned pain management clinics are exempt from the Board's physician ownership requirements.

The Investigative Division's Staff Officers have the responsibility of issuing the registration certificates for the

pain management medical practices and for monitoring these practices for compliance. During the fiscal year ending June 30, 2016, 55 applications to operate pain management medical practices were approved by the Board.



Pursuant to Miss. Code Section 73-25-51 through 73-25-67 (the Disabled Physician Law), if the Board has reasonable cause to believe that a physician licensed to practice medicine in this state is unable to practice medicine with reasonable skill and safety to patients by reason of mental illness, physical illness, including but not limited to deterioration through the aging process, or loss of motor skill; or excessive use of drugs, including alcohol, the Board can take appropriate action.

Through a Memorandum Of Understanding with the Mississippi State Medical Association, the Board utilizes the Mississippi Professionals Health Program (MPHP) for intervention and recovery with long term, intensive monitoring of licensees. A Staff Officer of the Investigative Division assists MPHP by maintaining records of licensees that are being monitored by MPHP.

During the fiscal year ending June 30, 2016, the Board entered into 14 non-disciplinary Recovery Contract Agreements (RCA) with licensees participating in the MPHP. Recovery Contract Agreements are written agreements between the program participant (licensee), the Board, MPHP, and the Mississippi Professionals Health Committee (MPHC), which place non-disciplinary restrictions and requirements for the purpose of maintaining the participant's recovery. So long as the participant complies with the terms and conditions of the RCA, the MPHP/MPHC serves as an advocate to support the participant's continued licensure with the Board. If the participant violates the terms of the RCA, the MPHP/MPHC has the right to withdraw advocacy, wherein the Board may enforce the RCA through an order prohibiting the licensee to practice medicine.

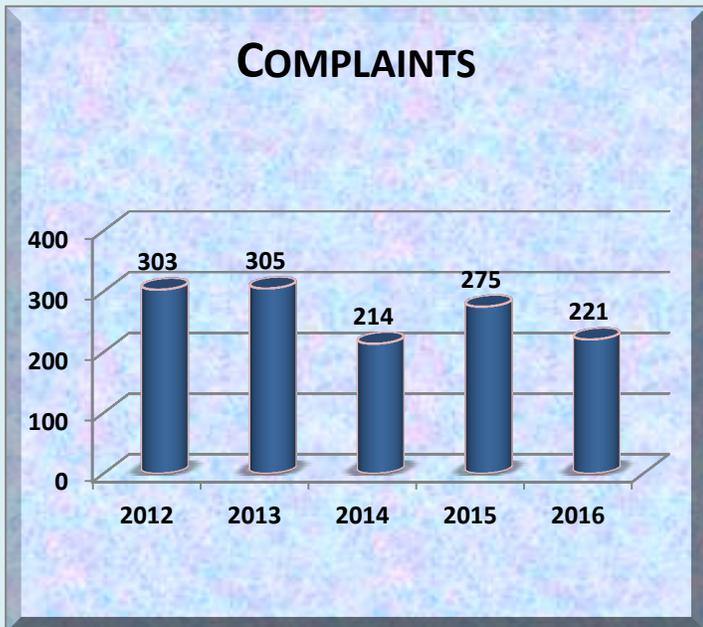


The Investigative Division staff collected 125 random urine specimens from these participants as part of their monitoring process with the Board. Although most licensees enter the recovery program on a voluntary basis, the Investigative Division was responsible for referring four licensees to the MPHP. Some licensees are monitored when there are competency questions regarding their clinical skills, or a mental or physical disability which would impede or prohibit their ability to safely practice. When such questions arise, the Board refers these individuals to an Examining Committee of the Mississippi State Medical Association for evaluation purposes. The Board made six such referrals to the Examining Committee.

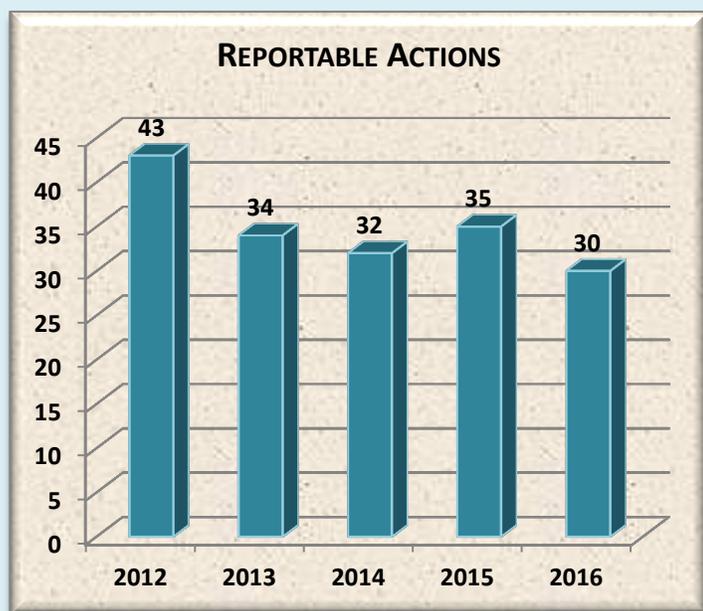
The Investigative Division staff investigates cases involving fraud in the procurement of a license; conviction of crimes; incompetence, negligence and malpractice; substance abuse; the improper handling of controlled substances; complaints of sexual relations between licensees and patients; and complaints or claims of unauthorized practice of medicine. Upon determination of need to pursue disciplinary action, the Investigative Division staff assists the Board's Complaint Counsel in case preparation by conducting interviews; performing analysis of patient records and pharmacy profiles; and serving Administrative Inspection and Search Warrants, subpoenas and summonses. Further, investigators often assist other state and federal regulatory or law enforcement agencies in investigations involving licensees of the Board.

During the fiscal year ending June 30, 2016, the Investigative Division received and processed 221 complaint cases of which 142 cases were closed. On average, it took 30 calendar days to close or refer complaints that did not proceed to adjudication. Regarding these complaints, the Board rendered 30 reportable disciplinary actions, of which there were three Consent Orders; one Consent Order Violation; six Orders of Prohibition; two Voluntary Surrenders of License; two

Revocations of License; three Continuances; one Denial of Restriction Removal; one Denial of Continuance; two Agreements Not to Renew or Seek Reinstatement; two Requests for Reinstatement of License and nine Removal of All Restrictions.



During crucial parts of an investigation, three Suspensions and one Administrative Inspection and Search Warrant was served upon a physician in order to compel the production of patient medical records. The investigative staff served 19 Summons and Affidavits for licensees to appear for hearings before the Board. Nine subpoenas were served by the investigative staff for witnesses to appear at Board hearings or to provide medical records.



The Investigative Division staff made 682 field/office visits to various entities, including visits to hospitals, physicians' offices, law enforcement offices, pharmacies, homes of patients and witnesses, etc., when conducting investigations. In addition to the aforementioned field/office visits for investigative purposes, there were 24 visits made to physicians to monitor compliance with Board Orders, Board Rules and Regulations, prescribing laws, etc. The investigative staff also reviewed/examined the continuing medical education (CME) of two licensees to ensure compliance with the Board's CME requirements.

The Investigative Division received and processed 39 requests for license verifications and certifications; 60 public records requests; and composed and mailed 24 letters in regard to licensees' compliance with the Mississippi Professionals Health Program (MPHP).

During the year ending June 30, 2016, the Investigative Division's staff officer for collaborative practices contacted physicians that have collaborative practices with advanced practice nurses (APRN) and reviewed all collaborative practices of physicians and APRN(s) operating free standing clinics (clinics more than 15 miles away from the primary offices of the supervising physician) in the state of Mississippi.

The Staff Officer has continued the process established during the previous fiscal year. This process includes the maintenance of a spreadsheet for inter-office use regarding physicians who are collaborators with APRNs in approved free standing clinics (FSC) and scanning all pertinent paperwork maintained on the Board's website.

Statistics of note are as follows: FSCs approved-39; FSCs denied-11; letters mailed regarding collaboration-78; compliance inspections (site visits)-4; and licensee Board appearances, Executive Committee appearances and informal meetings regarding collaboration-13. All matters were conducted within the subject matter of Title 30: Professions and Occupations, Mississippi State Board of Medical Licensure Administrative Code., Part 2630, Chapter 1: *Collaboration/Consultation with Nurse Practitioners*. The figures cited above may, in part, reflect some clinics that are operated by the Mississippi State Department of Health, the Department of Mental Health or clinics owned by the United States Government; however, the Board records this for informational purposes only and not to obstruct lawful state and federal clinic operations.