

**BOARD MINUTES
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
NOVEMBER 12, 2015**

The regularly scheduled meeting of the Mississippi State Board of Medical Licensure was held on Thursday, November 12, 2015, in the Board Room of the Office of the Board located at 1867 Crane Ridge Drive, Jackson, Mississippi.

The following members were present:

Virginia M. Crawford, M.D., Hattiesburg, President
Charles D. Miles, M.D., West Point, Vice President
Rickey L. Chance, D.O., Ocean Springs, Secretary
Claude D. Brunson, M.D., Jackson
John C. Clay, M.D., Meridian
S. Randall Easterling, M.D., Vicksburg
C. Kenneth Lippincott, M.D., Tupelo
William S. Mayo, D.O., Oxford
J. Ann Rea, M.D., Summit

Also present:

H. Vann Craig, M.D., Director
Stan T. Ingram, Complaint Counsel for the Board
Ellen O'Neal, Special Assistant Attorney General
Rhonda Freeman, Bureau Director, Licensure Division
Thomas Washington, Bureau Director, Investigative Division
Arlene Davis, Systems Manager
Leslie Ross, Investigations Supervisor
Frances Carrillo, Special Projects Officer, Investigative Division
Sherry H. Pilgrim, Staff Officer
Wesley Breland, Hattiesburg, Consumer Health Committee

Not present:

Charles Thomas, Yazoo City, Consumer Health Committee
Maj Gen (Ret) Erik Hearon, Consumer Health Committee

The meeting was called to order at 9:00 a.m. by Dr. Crawford, President. The invocation was given by Dr. Easterling and the pledge was led by Dr. Chance. Dr. Crawford welcomed Paulynn Raley, Court Reporter, and extended a welcome to all visitors present at the meeting.

Dr. Crawford opened the floor for public comments but there were none.

BOARD MINUTES
November 12, 2015
Page 2

APPROVAL OF CERTIFICATION OF MISSISSIPPI LICENSES TO OTHER ENTITIES FOR THE PERIOD SEPTEMBER 01, 2015, THROUGH OCTOBER 31, 2015

Three hundred twenty-seven (327) licenses were certified to other entities for the period of September 01, 2015, through October 31, 2015. Motion was made by Dr. Easterling, seconded by Dr. Miles, and carried to approve these certifications.

APPROVAL OF LICENSES ISSUED FOR THE PERIOD SEPTEMBER 01, 2015, THROUGH OCTOBER 31, 2015

Seventy-two (72) licenses were issued for the period of September 01, 2015, through October 31, 2015. Motion was made by Dr. Mayo, seconded by Dr. Miles, and carried unanimously to approve these licenses.

REVIEW OF MINUTES OF THE TRI-REGULATORY WORKSHOP DATED SEPTEMBER 16, 2015, MINUTES OF THE EXECUTIVE COMMITTEE MEETING DATED SEPTEMBER 16, 2015, AND MINUTES OF THE BOARD MEETING DATED SEPTEMBER 17, 2015

Minutes of the Tri-Regulatory Workshop dated September 16, 2015, Minutes of the Executive Committee Meeting dated September 16, 2015, and Minutes of the Board Meeting dated September 17, 2015, were reviewed. Dr. Mayo moved for approval of the minutes as submitted. Dr. Rea seconded the motion and it carried unanimously.

REPORT OF NOVEMBER 11, 2015, EXECUTIVE COMMITTEE MEETING

Dr. Craig briefly discussed issues/appearances that were discussed by the Executive Committee on November 11, 2015. Information pertaining to the Executive Committee's decisions/recommendations is included in the Executive Committee Minutes dated November 11, 2015.

Following a brief discussion, Dr. Crawford stated that the Executive Committee moves that their actions/decisions be approved. The Board unanimously moved to ratify the actions taken by the Executive Committee.

REPORTS FROM COMMITTEES

Scope of Practice - Dr. Easterling (Chair), Dr. Chance, Dr. Miles, Dr. Rea, Mr. Thomas

Dr. Easterling advised there was no new information to report.

BOARD MINUTES
November 12, 2015
Page 3

Professionals Health Program - Dr. Chance (Chair), Dr. Lippincott, Dr. Crawford

Dr. Chance advised there was no new information to report.

Rules, Regulation & Legislative - Dr. Mayo (Chair), Dr. Easterling, Dr. Miles, Dr. Clay,
Mr. Breland

Dr. Mayo advised there was no new information to report.

Telemedicine / Interstate Licensure Compact - Dr. Brunson (Chair), Dr. Crawford,
Dr. Craig, Ms. Freeman, Maj Gen (Retired) Hearon

Dr. Brunson advised there was no new information to report.

Licensees Education and Communication - Dr. Easterling (Chair), Dr. Chance,
Dr. Crawford, Dr. Rea, Ms. Freeman

Dr. Easterling advised there was no new information to report.

**INTERSTATE MEDICAL LICENSURE COMPACT AND MISSISSIPPI STATE
MEDICAL ASSOCIATION (MSMA) 2016 PROPOSED LEGISLATION**

There was a brief discussion about whether or not the Medical Practice Act would have to be opened. Dr. Craig advised that Eric Fish, Attorney with the Federation of State Medical Boards, advised that it has to be handled by legislative action signed by the governor. Ms. O'Neal, Special Assistant Attorney General, advised that the legislature can create a new chapter of the Code and then the Medical Practice Act would not have to be opened. David Roberts, Director of Government Affairs with Mississippi State Medical Association, advised that a new chapter of the Code would in fact be created. He clarified that the Board's enabling statutes would still have to be amended, namely, § 73-43-11 regarding duties of the Board, but that the Medical Practice Act itself would not have to be opened.

Motion was made by Dr. Mayo, seconded by Dr. Brunson, and carried to support legislation for the Compact.

**FINAL ADOPT AMENDMENT CHANGES TO TITLE 30, PART 2605, CHAPTER 2,
LICENSURE REQUIREMENTS FOR THE PRACTICE OF PODIATRISTS**

Dr. Craig briefly discussed the regulation and advised that the Board had not received any comments.

BOARD MINUTES
November 12, 2015
Page 4

Motion was made by Dr. Easterling, seconded by Dr. Miles, and carried of the Board's intent to final adopt the amended regulation concerning licensure requirements for the practice of podiatrists. A copy of the regulation is attached hereto and incorporated by reference. The regulation will be filed with the Secretary of State under the Administrative Procedures Act.

FINAL ADOPT AMENDMENT CHANGES TO TITLE 30, PART 2605, CHAPTER 3, TEMPORARY LICENSURE

Dr. Craig briefly discussed the regulation and advised that the Board had not received any comments.

Motion was made by Dr. Mayo, seconded by Dr. Miles, and carried of the Board's intent to final adopt the amended regulation concerning temporary licensure. A copy of the regulation is attached hereto and incorporated by reference. The regulation will be filed with the Secretary of State under the Administrative Procedures Act.

FINAL ADOPT AMENDMENT CHANGES TO TITLE 30, PART 2640, CHAPTER 1, RULE 1.15 PAIN MANAGEMENT

Dr. Craig briefly discussed the regulation and advised that the Board had not received any comments.

Following a brief discussion about the changes, motion was made by Dr. Easterling, seconded by Dr. Mayo, and carried of the Board's intent to final adopt the amended regulation concerning pain management. A copy of the regulation is attached hereto and incorporated by reference. The regulation will be filed with the Secretary of State under the Administrative Procedures Act.

HEARING IN THE CASE OF STEPHEN C. AYERS, M.D., LAKE CHARLES, LA, MISSISSIPPI MEDICAL LICENSE NUMBER 14332, REQUESTING LIFTING OF RESTRICTIONS

Stan Ingram, Complaint Counsel for the Board, introduced Dr. Ayers and advised the Board that Dr. Ayers was here today to request the lifting of all restrictions on his medical license from the Consent Order dated January 20, 2011.

Mr. Ingram advised that Dr. Ayers was here today without legal counsel and advised that Ellen O'Neal, Special Assistant Attorney General, would like to question him regarding legal representation. Following questions from Ms. O'Neal, Dr. Ayers stated that he wanted to waive his right to an attorney and proceed without legal

BOARD MINUTES
November 12, 2015
Page 5

counsel.

Mr. Ingram briefly summarized the Consent Order mirroring action taken by the Louisiana Medical Board and placed exhibits into the record.

Dr. Ayers was sworn in by the court reporter and addressed the Board to make his request. Dr. Ayers advised that he had met all the requirements of the Consent Order and was here today requesting an unrestricted license.

Following several questions from Board members, motion was made by Dr. Easterling, seconded by Dr. Mayo, and carried unanimously to remove all restrictions on Dr. Ayers' license. A copy of the Order lifting restrictions is attached hereto and incorporated by reference.

A verbatim account of this proceeding was recorded by Paulynn Raley, Court Reporter.

**HEARING IN THE CASE OF DAVID L. JAMESON, M.D., SUMRALL, MISSISSIPPI
MEDICAL LICENSE NUMBER 12510, DISCUSS CURRENT ORDER OF
PROHIBITION**

Stan Ingram, Complaint Counsel for the Board, introduced Dr. Jameson and advised the Board that Dr. Jameson was here today to request restrictions previously imposed by the Order of Prohibition dated September 01, 2015, be removed and that he be authorized to return to the practice of medicine. Also, Mr. Ingram advised that Dr. Scott Hambleton, Medical Director, Mississippi Professionals Health Program (MPHP), was here today to advocate for Dr. Jameson.

Mr. Ingram advised that Dr. Jameson was here today without legal counsel and advised that Ellen O'Neal, Special Assistant Attorney General, would like to question him regarding legal representation. Following questions from Ms. O'Neal, Dr. Jameson stated that he wanted to waive his right to an attorney and proceed without legal counsel.

Dr. Jameson was sworn in by the court reporter and addressed the Board to make his request. Dr. Jameson made a statement and briefly discussed the contract violation. Dr. Jameson advised that he is working with Dr. Hambleton and was requesting the Board to authorize his return to practice.

Dr. Jameson responded to several questions from the Board members before stepping down from the witness stand.

BOARD MINUTES
November 12, 2015
Page 6

Scott Hambleton, M.D., Medical Director, MPHP, was called to the witness stand and sworn in by the court reporter. Dr. Hambleton advised the Board that he supports Dr. Jameson's request for reinstatement and briefly discussed the Acumen evaluation.

Following several questions from the Board, motion was made by Dr. Chance, seconded by Dr. Rea, and carried unanimously to lift the Order of Prohibition and authorize Dr. Jameson to return to the practice of medicine. A copy of the Order is attached hereto and incorporated by reference.

A verbatim account of this proceeding was recorded by Paulynn Raley, Court Reporter.

**HEARING IN THE CASE OF MICHAEL A. WHITE, M.D., COLUMBUS, MISSISSIPPI
MEDICAL LICENSE NUMBER 11125, RECONSIDERATION REQUEST**

Stan Ingram, Complaint Counsel for the Board, introduced Dr. White and advised the Board that Dr. White was here today to request that the Board reconsider their denial for another continuance and to retract and replace the Order of Revocation until a later date.

Mr. Ingram advised that Dr. White was here today without legal counsel and advised that Ellen O'Neal, Special Assistant Attorney General, would like to question him regarding legal representation. Following questions from Ms. O'Neal, Dr. White stated that he wanted to waive his right to an attorney and proceed without legal counsel.

Mr. Ingram briefly provided a history of the background leading up to Dr. White's revocation and placed several exhibits into the record.

Dr. White was sworn in by the court reporter and addressed the Board to make his statement concerning why he had not complied with the Board's previous Orders and asked the Board to rescind the revocation and allow him a continuance until a later date.

Following questions from Mr. Ingram and the Board members, motion was made by Dr. Mayo, seconded by Dr. Chance, and carried that the Board enter into Executive Session to discuss a matter which could result in adverse action taken on Dr. White's license.

Upon a motion by Dr. Chance, seconded by Dr. Crawford, and carried the Board came out of Executive Session at which time Dr. Crawford asked Dr. Chance to

BOARD MINUTES
November 12, 2015
Page 7

report on the Board's decision. Dr. Chance advised that the Board voted to deny Licensee's request for reconsideration. A copy of the Order Denying Request for Reconsideration is attached hereto and incorporated by reference.

A verbatim account of this proceeding was recorded by Paulynn Raley, Court Reporter.

**HEARING IN THE CASE OF ANTHONY VERNON DALLAS, JR., M.D.,
BRENTWOOD, TN, MISSISSIPPI MEDICAL LICENSE NUMBER 21620, REQUEST
LIFTING OF RESTRICTIONS**

Mr. Ingram introduced Dr. Dallas and his attorney, Joel Howell. Mr. Ingram advised that Dr. Dallas was here today to request that the Board lift all restrictions on his medical license from the September 4, 2014, Board Order.

Mr. Ingram briefly covered the Consent Order and advised Mr. Howell and Dr. Dallas that they had the floor to make their request. Dr. Dallas advised that he had met all the requirements outlined in the Consent Order and that he was here today to request the lifting of all restrictions on his license.

Following questions from Board members, motion was made by Dr. Mayo, seconded by Dr. Rea, and carried to lift all restrictions on Dr. Dallas' license. Dr. Easterling opposed. A copy of the Order is attached hereto and incorporated by reference.

A verbatim account of this proceeding was recorded by Paulynn Raley, Court Reporter.

**HEARING IN THE CASE OF WILLIAM FRANK MCARTHUR, III, LUMBERTON,
MISSISSIPPI MEDICAL LICENSE NUMBER, 16177, REQUEST REINSTATEMENT**

Mr. Ingram introduced Dr. McArthur and his attorney, Diane Pumphrey.

Mr. Ingram provided a summary of the events leading up to Dr. McArthur's appearance before the Board today. Mr. Ingram placed several exhibits into the record. Mr. Ingram advised that by virtue of an Order dated May 17, 2012, Licensee's petition for reinstatement was denied until such time as he had completed and was released from the federal probationary terms and conditions and had fulfilled all continuing medical education as recommended by the CPEP evaluation. Mr. Ingram stated that on November 19, 2014, Licensee's license was summarily reinstated by staff without full review by the Board and now he is appearing to request the Board's approval and formal ratification of the reinstatement and to request that it be retro to November 19,

BOARD MINUTES
November 12, 2015
Page 8

2014.

Dr. McArthur was called to the witness stand and sworn in by the court reporter. Dr. McArthur advised that his application was processed and that he has been working since November 2014, and that he had not formally petitioned the Board for removal of the restrictions.

Following several questions from Board members, motion was made by Dr. Mayo, seconded by Dr. Miles, and carried unanimously to grant Dr. McArthur's request for reinstatement with the effective date being November 19, 2014. A copy of the Order is attached hereto and incorporated by reference.

A verbatim account of this proceeding was recorded by Paulynn Raley, Court Reporter.

**HEARING IN THE CASE OF STEVEN LINDSEY BAYER, M.D., GADSDEN, AL,
MISSISSIPPI MEDICAL LICENSE NUMBER 14718, SUMMONS AND AFFIDAVIT**

Mr. Ingram advised that he was asking the Board for a continuance until the January 2016, meeting to hear the matter concerning Dr. Bayer.

Following a brief discussion, motion was made by Dr. Miles, seconded by Dr. Easterling, and carried unanimously to grant the continuance until the January 2016 Board meeting. A copy of the Continuance is attached hereto and incorporated by reference.

**HEARING IN THE CASE OF IKECHUKUWU HYGINUS OKORIE, M.D.,
HATTIESBURG, MISSISSIPPI MEDICAL LICENSE NUMBER 19875, SUMMONS
AND AFFIDAVIT**

Mr. Ingram introduced Dr. Okorie and his attorneys, Julie Mitchell, Philip Chapman and Collier Graham. Mr. Ingram advised that they were appearing today due to a Summons and Affidavit being served on Dr. Okorie.

Mr. Ingram entered numerous exhibits into the record and handed out a summary of the exhibits to the Board members.

Mr. Chapman entered numerous exhibits into the record on Dr. Okorie's behalf.

Mr. Ingram provided the Board with an opening statement.

BOARD MINUTES
November 12, 2015
Page 9

Ms. Mitchell provided the opening statement for Dr. Okorie. Ms. Mitchell also introduced Lindsey Blackstone as an attorney with the Mitchell Day Law Firm.

THE BOARD RECESSED FOR LUNCH AT 11:35 A.M. AND RETURNED AT 12:20 P.M.

Mr. Ingram called Dr. Okorie as an adverse witness. Dr. Okorie was sworn in by the court reporter. Mr. Ingram questioned Dr. Okorie as well as he responded to questions from Board members.

MR. BRELAND EXITED THE MEETING AT 2:00 P.M.

THE BOARD RECESSED AT 2:30 P.M. AND RECONVENED AT 2:35 P.M.

Upon return from break, Mr. Graham addressed the Board and provided a proposal in lieu of continuing with the hearing.

Motion was made by Dr. Easterling, seconded by Dr. Rea, and carried that the Board enter into Executive Session to discuss opposing counsel's proposal recommendation.

Upon a motion by Dr. Mayo, seconded by Dr. Easterling, and carried the Board came out of Executive Session at which time Dr. Crawford asked Dr. Chance to report on the Board's decision. Dr. Chance advised that the Board denies the proposal of Dr. Okorie's attorney and provided the Board's proposal.

THE BOARD RECESSED AT 2:55 P.M. AND RECONVENED AT 3:15 P.M. AT THE OPPOSING COUNSEL'S REQUEST TO DISCUSS THE BOARD'S PROPOSAL

Dr. Okorie and opposing counsel returned and thanked the Board but declined the Board's proposal and wished to continue with the hearing.

Mr. Chapman called Darrell Contreras to the witness stand and he was sworn in by the court reporter. Mr. Chapman provided a brief background of Mr. Contreras as well as providing his CV and asked that the Board tender him as an expert. The Board agreed and Mr. Chapman followed with several questions before Mr. Contreras was questioned by Mr. Ingram as well as several board members. Mr. Contreras advised that he was obtained by the Mitchell Day Law Firm in November 2014 and had been working with Dr. Okorie to improve his record keeping.

Dr. Okorie was once again called to the witness stand and reminded that he was still under oath.

BOARD MINUTES
November 12, 2015
Page 10

DR. MAYO EXITED THE MEETING AT 4:10 P.M.

Mr. Ingram began questioning Dr. Okorie concerning patient #3.

THE BOARD RECESSED AT 4:45 P.M. AND RECONVENED AT 4:55 P.M.

Mr. Chapman followed Mr. Ingram questioning Dr. Okorie. Several board members questioned Dr. Okorie also.

Mr. Ingram called Dr. Thomas Fowlkes to the witness stand and he was sworn in by the court reporter. Mr. Ingram provided a brief background of Dr. Fowlkes' work history as well as his CV and requested that the Board accept him as an expert.

Dr. Fowlkes responded to questions from Mr. Ingram, Mr. Chapman and several board members.

THE BOARD RECESSED FOR DINNER AT 7:10 P.M. AND RECONVENED AT 7:30 P.M.

Mr. Ingram called Dr. Kirk Kinard to the witness stand. Dr. Kinard was sworn in by the court reporter. Mr. Ingram provided a brief summary of Dr. Kinard's work history and his CV and asked the Board to accept him as an expert in pain medicine. Upon the Board's approval, Mr. Ingram questioned Dr. Kinard concerning the standard of care relative to pain medicine.

Mr. Graham questioned Dr. Kinard concerning his testimony.

Several board members questioned Dr. Kinard before he exited the witness stand.

THE BOARD RECESSED AT 8:25 P.M. AND RECONVENED at 8:35 P.M.

Mr. Graham called Ms. Natalie Keyes, an employee of Dr. Okorie's, to the witness stand. Ms. Keyes was sworn in by the court reporter before she responded to Mr. Graham's questions.

There being no questions from Mr. Ingram or the Board, Ms. Keyes stepped down from the witness stand.

Mr. Graham called Dr. Justin Wasserman to the witness stand. Dr. Wasserman was sworn in by the court reporter. Mr. Graham provided a background and CV and asked that the Board accept him as an expert in pain and addiction

BOARD MINUTES
November 12, 2015
Page 11

medicine. The Board agreed.

Mr. Graham questioned Dr. Wasseman and he advised that he had come to Mississippi to work with Dr. Okorie in his practice and to check his records.

Mr. Ingram questioned Dr. Wasseman as well as several of the board members.

Both sides presented closing remarks.

Motion was made by Dr. Chance, seconded by Dr. Miles, and carried that the Board enter into Executive Session to discuss a matter that could adversely affect Dr. Okorie's license.

Upon a motion by Dr. Easterling, seconded by Dr. Miles, the Board came out of Executive Session at which time Dr. Crawford asked Dr. Chance to report on the Board's decision. Dr. Chance advised that based upon the facts outlined in the affidavit and supported by the documentary evidence and testimony, the Board finds Dr. Okorie guilty of Counts 2, 5, 8, 9, 10, 13 and 14, and not guilty of Counts 1, 3, 4, 6, 7, 11, 12, 15 and 16. As a result of these findings the Board advised Dr. Okorie of the following:

- 1) you have 6 months to cease managing chronic pain patients and addiction medicine patients;
- 2) you have 1 year to take the following Board approved courses: 1) Ethics, 2) Boundaries, 3) Prescribing, 4) Documentation;
- 3) you will take no new chronic pain or addiction medicine patients;
- 4) the Board will obtain monthly PMP reports on you and your practice;
- 5) you are responsible for all administrative/investigate costs; and,
- 6) you have the right to petition the Board to reappear in 1 year.

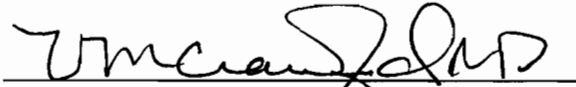
A copy of the Order is attached hereto and incorporated by reference.

A verbatim account of this proceeding was recorded by Paulynn Raley, Court Reporter.

ADJOURNMENT

There being no further business, the meeting adjourned at 12:05 a.m., with the next meeting scheduled for Thursday, January 14, 2016.

BOARD MINUTES
November 12, 2015
Page 12



Virginia M. Crawford, M.D.
President

Minutes taken and transcribed
by Sherry H. Pilgrim
Staff Officer
November 12, 2015

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Board of Medical Licensure		CONTACT PERSON Rhonda Freeman	TELEPHONE NUMBER (601) 987-3079	
ADDRESS 1867 Crane Ridge Drive, Suite 200-B		CITY Jackson	STATE MS	ZIP 39216
EMAIL rhonda@msbml.ms.gov	SUBMIT DATE 11-13-15	Name or number of rule(s): Part 2605 Chapter 2: Licensure Requirements for the Practice of Podiatrists		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Part 2605 Chapter 2: Licensure Requirements for the Practice of Podiatrists is being updated to include the new licensure examination as offered by the APMLE.

Specific legal authority authorizing the promulgation of rule: 73-43-11

List all rules repealed, amended, or suspended by the proposed rule: Part 2605 Chapter 2: Licensure Requirements for the Practice of Podiatrists

ORAL PROCEEDING:

- An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____
- Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

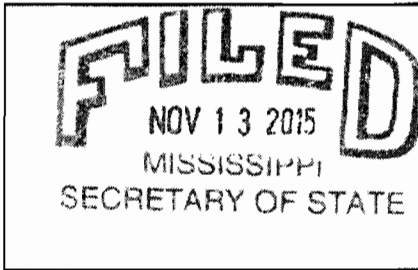
ECONOMIC IMPACT STATEMENT:

- Economic impact statement not required for this rule. Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect in _____ days Effective date: <input type="checkbox"/> Immediately upon filing <input type="checkbox"/> Other (specify): _____	Action proposed: <input type="checkbox"/> New rule(s) <input type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed final effective date: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____	Date Proposed Rule Filed: <u>09/18/2015</u> Action taken: <input checked="" type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed Effective date: <input checked="" type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____

Printed name and Title of person authorized to file rules: Rhonda Freeman, Bureau Director

Signature of person authorized to file rules: *Rhonda Freeman*

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		
Accepted for filing by	Accepted for filing by	Accepted for filing by <i>[Signature]</i> #21655

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Part 2605 Chapter 2: Licensure Requirements for the Practice of Podiatrists

Rule 2.1 Licensure by Credentials. If the original license of an applicant was obtained by state board examination, the applicant must have the state board where original license was obtained by written examination submit a certified copy of the examination directly to the Board.

The Board may grant licenses to Diplomates of the NBPME. If a Diplomate of the NBPME, the applicant must have certification of endorsement from that Board submitted directly to the Board. Applicants graduating podiatry school on or after January 1, 2010, must take and pass all three (3) parts of the APMLE.

In addition to the above, an individual shall meet the following requirements:

- A. Applicant must be twenty-one (21) years of age, and of good moral character.
- B. Applicant must have had at least four (4) years high school and be graduate of same; he or she shall have at least one (1) year pre-podiatry college education.
- C. Present a diploma from a college of podiatric medicine recognized by the Board as being in good standing, subject to the following conditions.
 1. Any diploma or other document required to be submitted to the Board by an applicant which is not in the English language must be accompanied by a certified translation thereof into English.
 2. No college of podiatry or chiropody shall be accredited by the Board as a college of good standing which does not require for graduation a course of study of at least four (4) years (eight and one-half [8½] months each) and be accredited by the CPME at the time of graduation.
- D. Present proof of completion of one (1) year of APMA-approved postgraduate training in the U.S. or Canada. If the podiatrist graduated from an accredited college of podiatric medicine prior to 1990, has continuously practiced for the past ten (10) years and has held unrestricted license(s) to practice podiatry, the one (1) year of APMA-approved postgraduate training may be waived at the Board's discretion.
- E. Submit certified copy of birth certificate or valid passport.
- F. Complete an application for podiatry license and submit it to the Board in the manner prescribed by the Board with a recent passport type photograph.
- G. Submit fee prescribed by the Board.
- H. Appear for a personal interview in the office of the Board, submit for a criminal background check and successfully pass the Jurisprudence Examination as administered by the Board.

Amended March 8, 2007. Amended May 17, 2007. Amended January 24, 2008. Amended November 20, 2008. Amended November 13, 2015.

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

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Board of Medical Licensure		CONTACT PERSON Rhonda Freeman	TELEPHONE NUMBER (601) 987-3079	
ADDRESS 1867 Crane Ridge Drive, Suite 200-B		CITY Jackson	STATE MS	ZIP 39216
EMAIL rhonda@msbml.ms.gov	SUBMIT DATE 11-13-15	Name or number of rule(s): Part 2605 Chapter 3: Temporary Licensure		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Part 2605 Chapter 3: Temporary Licensure is being updated to provide temporary licensure for osteopathic physicians and podiatrists.

Specific legal authority authorizing the promulgation of rule: 73-43-11

List all rules repealed, amended, or suspended by the proposed rule: Part 2605 Chapter 3: Temporary Licensure

ORAL PROCEEDING:

- An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____
- Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

- Economic impact statement not required for this rule. Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect in _____ days Effective date: <input type="checkbox"/> Immediately upon filing <input type="checkbox"/> Other (specify): _____	Action proposed: <input type="checkbox"/> New rule(s) <input type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed final effective date: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____	Date Proposed Rule Filed: <u>09/18/2015</u> Action taken: <input checked="" type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed Effective date: <input checked="" type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____

Printed name and Title of person authorized to file rules: Rhonda Freeman, Bureau Director

Signature of person authorized to file rules: *Rhonda Freeman*

<p>OFFICIAL FILING STAMP</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Accepted for filing by</p>	<p>DO NOT WRITE BELOW THIS LINE</p> <p>OFFICIAL FILING STAMP</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Accepted for filing by</p>	<p>OFFICIAL FILING STAMP</p> <div style="border: 1px solid black; padding: 10px;"> <p align="center">FILED</p> <p align="center">NOV 13 2015</p> <p align="center">MISSISSIPPI</p> <p align="center">SECRETARY OF STATE</p> </div> <p>Accepted for filing by <i>H. 21656</i></p>
--	---	--

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Part 2605 Chapter 3: Temporary Licensure

Rule 3.1 Temporary Licensure.

- A. Mississippi temporary medical or podiatric licenses may be issued to applicants for licensure in Mississippi under the following conditions:
1. A restricted temporary medical or podiatric license may be issued upon proper completion of an application to an applicant who otherwise meets all requirements for licensure except successful completion:
 - a. of the postgraduate training requirements provided in Part 2605, Chapter 1, Rule 1.1 or Chapter 2, Rule 2.1; and/or
 - b. of Step 3 of USMLE, Level 3 of COMLEX, or Part 3 of the APMLE.Such restricted temporary license shall entitle the physician to practice medicine or podiatric medicine only within the confines of an ACGME, AOA or APMA approved postgraduate training program in this state and may be renewed annually for the duration of the postgraduate training for a period not to exceed five (5) years.
 2. An unrestricted temporary medical license may be issued in an exceptional case to an applicant seeking licensure by credentials. Such an unrestricted temporary license shall remain valid only for a period of time sufficient for applicant to submit required documents and credentials to complete an application for permanent licensure, but in no instance to exceed 30 days.
- B. The Board may issue a temporary license to practice medicine for a period not to exceed 90 days at a youth camp licensed by the State Department of Health to any nonresident physician who is not licensed to practice medicine in this state or to any resident physician who is retired from the active practice of medicine in this state while serving as a volunteer at such camp.
1. Nonresident Physician
 - a. must have favorable references from two physicians with whom the applicant has worked or trained within the last year;
 - b. must have written certification from the medical licensing authority in the state in which he or she holds a currently valid license to practice medicine; and
 - c. must submit fee prescribed by the Board.
 2. Retired Resident Physician
 - a. must be in good standing with the Board, and
 - b. must submit fee as prescribed by the Board.
- C. The Board may issue a temporary license to practice medicine to physicians who have been admitted for treatment in a drug and/or alcohol treatment program approved by the Board, or who are enrolled in the fellowship of addictionology in the Mississippi State Medical Association Professionals Health Program; provided that, a nonresident applicant shall hold a valid (unrestricted) license to practice medicine in another state and the medical licensing authority of that state shall certify to the Board in writing that such license is in good standing.
1. A temporary license issued under this rule shall be valid for a period of ninety (90) days but may be renewed every ninety (90) days for the duration of the fellowship or treatment program. If the applicant discontinues treatment or leaves the

fellowship program, the temporary license shall automatically become null and void. The Board may rescind or extend this temporary license for cause.

2. A temporary license issued to a physician under this rule shall be limited to the out-patient phase of the treatment program or the time necessary to complete the fellowship of addictionology. The physician to whom the license is issued may administer treatment and care within the scope of the drug and/or alcohol treatment program or fellowship in an institutional setting and shall not otherwise practice in this state. A physician licensed under this rule shall not apply to the U.S. Drug Enforcement Administration for a controlled substances registration certificate and must be under the supervision of another physician holding a valid and unrestricted license in this state.
3. A physician who has had his or her permanent license to practice in this state revoked or suspended by the Board due to habitual personal use of intoxicating liquors or narcotic drugs, or any other drug having addiction-forming or addiction-sustaining liability, may be granted a temporary license pursuant to this rule provided the temporary license is not in conflict with the prior disciplinary order of the Board rendered against the physician.
4. The applicant applying for a ninety (90) day temporary license to practice while in treatment in an approved drug and/or alcohol treatment program or while enrolled in the fellowship of addictionology shall pay a fee prescribed by the Board (not to exceed \$50.00) to the Board. No additional fee shall be charged for an extension.

Mississippi temporary medical licenses are issued under the condition that the licensee shall not apply to the U.S. Drug Enforcement Administration for a Controlled Substances Registration Certificate.

Amended November 13, 2015.

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

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Board of Medical Licensure		CONTACT PERSON Rhonda Freeman	TELEPHONE NUMBER (601) 987-3079	
ADDRESS 1867 Crane Ridge Drive, Suite 200-B		CITY Jackson	STATE MS	ZIP 39216
EMAIL rhonda@msbml.ms.gov	SUBMIT DATE 11-13-15	Name or number of rule(s): Part 2640 Chapter 1, Rule 1.15 Pain Management Medical Practice		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Part 2640 Chapter 1, Rule 1.15 Pain Management is being updated to include additional CME requirements.

Specific legal authority authorizing the promulgation of rule: 73-43-11

List all rules repealed, amended, or suspended by the proposed rule: Title 30, Part 2640, Chapter 1, Rule 1.15

ORAL PROCEEDING:

- An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____
- Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

- Economic impact statement not required for this rule. Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	Action proposed: _____ New rule(s) _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed final effective date: _____ 30 days after filing _____ Other (specify): _____	Date Proposed Rule Filed: <u>09/18/2015</u> Action taken: <input checked="" type="checkbox"/> Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: <input checked="" type="checkbox"/> 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Rhonda Freeman, Bureau Director

Signature of person authorized to file rules: *Rhonda Freeman*

OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by	OFFICIAL FILING STAMP <div style="border: 1px solid black; padding: 10px;"> <p align="center">FILED</p> <p align="center">NOV 13 2015</p> <p align="center">MISSISSIPPI</p> <p align="center">SECRETARY OF STATE</p> </div> Accepted for filing by <i>H. 21657</i>
---	--	--

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Title 30: Professions and Occupations

Part 2640: Prescribing, Administering and Dispensing

Part 2640 Chapter 1: Rules Pertaining to Prescribing, Administering and Dispensing of Medication

Rule 1.15 Pain Management Medical Practice.

- A. Definitions. For the purpose of Part 2640, Rule 1.15 only, the following terms have the meanings indicated:
1. “Board” means the Mississippi State Board of Medical Licensure.
 2. “Physician” means any person licensed to practice medicine or osteopathic medicine in the state of Mississippi as required by Part 2601, Chapter 02.
 3. “Physician Assistant” means any person meeting the requirements of licensure in the state of Mississippi as required by Part 2617, Chapter 1.
 4. “Prescriptive Authority” means the legal authority of a professional licensed to practice in the state of Mississippi who prescribes controlled substances and is registered with the U. S. Drug Enforcement Administration in compliance with Title 21 CFR, Part 1301 Food and Drugs.
 5. “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 one hundred eighty days (180) days in a twelve month period. Excluded from this definition are all licensed hospitals, state health department facilities, federally qualified community health clinics, volunteer clinics, hospice services, outpatient surgical clinics or physician/clinic practice(s) at which the majority of the patients are treated for pain as a result of a terminal illness.
- B. The physician owner(s)/operator(s) of the pain management medical practice must possess and maintain a majority ownership (more than 50%) of the pain management medical practice and shall register the practice with the Board. No physician may practice in a pain management medical practice unless that practice is majority owned (over 50 %) by a physician or physicians, unless exempted under A.5 above. A hospital or hospital-system owned pain management practice is exempt from the majority ownership requirement. A physician or medical director who owns, operates or is employed in any pain management medical practice must meet the requirements set forth below.
- C. Application for Initial Registration and Renewal. A physician owner(s)/operator(s) of the pain practice must:
1. submit the documents required by the application process for proof of ownership or provide alternative documents with a written request for special consideration;
 2. report ownership or investment interest of any other pain management facility operating within the state of Mississippi and provide the name and address of the other pain management facility(ies) in which there is an ownership or vested interest;

3. identify all individuals with prescriptive authority who are employed or contracted in any capacity and will be prescribing or dispensing controlled substances to patients of the facility; and
 4. report any changes of information provided in the application for registration or renewal within 30 days.
- D. Physician owner(s)/operator(s) may not operate a pain management practice in the state of Mississippi without obtaining a certificate from the Mississippi State Board of Medical Licensure. Certificates, once issued, are not transferable or assignable. Only the primary physician owner is required to register with the Board if there is more than one physician owner of the practice. Each practice requires a separate certificate.
- E. Physician owner(s)/operator(s) or employees may not operate in Mississippi unless the practice is owned or operated by a hospital or by a medical director who:
1. is a physician who practices full time in Mississippi; (Full time is defined as at least 20 hours per week of direct patient care.)
 2. holds an active unrestricted medical license that is not designated as limited, retired, temporary, or in-training; and
 3. holds a certificate of registration for that pain management practice.
- F. In addition, the physician owner(s)/operator(s) of a pain management practice, a physician or physician assistant employee of the practice or a physician or physician assistant with whom the physician owner(s)/operator(s) of a practice contracts for services may not:
1. have been denied, by any jurisdiction, a certificate issued by the Drug Enforcement Administration (DEA) under which the person may prescribe, dispense, administer, supply or sell a controlled substance or the other listed medications under definitions;
 2. have held a certificate issued by the Drug Enforcement Administration under which the person may prescribe, dispense, administer, or supply, or sell a controlled substance that has been restricted;
 3. have been subject to a disciplinary action by any licensing entity for conduct that was a result of inappropriately prescribing, dispensing, administering, supplying or selling a controlled substance; or
 4. have been terminated from Mississippi's Medicaid Program, the Medicaid program of any other state, or the federal Medicare program, unless eligibility has been restored.
- G. No physician or physician assistant may practice in a pain management medical practice who has been convicted of, pled nolo contendere to or received deferred adjudication for:
1. an offense that constitutes a felony; or
 2. an offense that constitutes a misdemeanor, the facts of which relates to the illegal distribution or sale of drugs or controlled substances.
- H. Training Requirements for All Physicians Practicing in Pain Management Medical Practices. Effective July 1, 2014, physicians who have not met the qualifications set forth in subsections (1) through (5) below, shall have successfully completed a pain residency fellowship or a pain medicine residency that is accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA). All physicians prescribing or dispensing controlled substance medications in pain management practices registered by the Board must meet one (1) of the following qualifications:

1. board certification by a specialty board recognized by the American Board of Medical Specialties (ABMS) or the American Board of Addiction Medicine (ABAM) and hold a subspecialty certification in pain medicine;
2. board certification by a specialty board recognized by the American Osteopathic Association Bureau of Osteopathic Specialists (BOS) in pain management;
3. board certification in pain medicine by the American Board of Pain Medicine (ABPM);
4. successful completion of a residency program in physical medicine and rehabilitation, anesthesiology, neurology, or neurosurgery and approved by the ACGME or the AOA; or
5. successful completion of 100 hours of in-person, face to face, live participatory AMA or AOA Category 1 CME courses in pain management.

Upon qualifying under any of the 5 subsections above, physicians must also document completion of 30 hours of live lecture format, Category 1 CME for renewal of a pain practice certificate.

- a. Live lecture format participation may be in person or remotely as is the case of teleconferences or live Internet webinars.
 - b. CME must have emphasis in the specific areas of pain management, addiction and/or prescribing of opiates.
 - c. CME is to be included with the forty hour requirement for licensure renewal.
 - d. Excess hours may not be carried over to another two year cycle. For the purpose of this regulation, the two year period begins with the fiscal year July 1, 2014, and every two years thereafter to be concurrent with the licensure requirement.
- I. Physicians and physician assistants practicing in a registered pain practice must be registered with the Mississippi Prescription Monitoring Program (MPMP). A report shall be obtained on the initial visit and at intervals deemed appropriate for good patient care from the MPMP for every patient receiving controlled substances in a registered pain management practice.
- J. Requirements for Physician Assistants Practicing in Pain Management Medical Practices. Physician assistants must meet the following qualifications prior to practicing in a registered pain management practice:
1. A Board approved protocol in the practice of pain management as required by Part 2615, Chapter 1, Rules 5 and 6, that is not designated as limited, restricted, retired, temporary, or in-training;
 2. Physician assistants with approved prescriptive authority must obtain 10 hours as required by the licensure requirement plus 5 hours of Category 1 CME related to prescribing and pain management for every year the physician assistant is practicing in a Board registered pain practice;
 3. Physician assistants with prescriptive authority must be familiar with and adhere to the Administrative Rule Pertaining to Prescribing, Administering and Dispensing of Medication, Part 2640, Chapter 1; and
 4. Physician assistants with prescriptive authority must be registered with the Mississippi Prescription Monitoring Program (MPMP).
- K. A physician who is a current participant in the Mississippi Professionals Health Program (MPHP) may not be the primary physician owner of a pain practice. Notwithstanding, this does not prohibit a MPHP participant from working in a pain practice.

- L. Certificates are valid for one year and must be renewed annually along with the practitioner's license to practice medicine in the state of Mississippi. There is a thirty-day grace period for renewal after which the owner(s)/operator(s) must reapply for an original certificate. The physician owner(s)/operator(s) of the practice shall post the certificate in a conspicuous location so as to be clearly visible to patients. The practice may not continue to operate while the certificate has expired.
- M. The Board shall have the authority to inspect a pain management practice. During such inspections, authorized representatives of the Board, who may be accompanied by agents of the Mississippi Bureau of Narcotics, may inspect all necessary documents and medical records to ensure compliance with all applicable laws and rules.
- N. If the Board finds that a registered pain management practice no longer meets any of the requirements to operate as a pain practice, the Board may immediately revoke or suspend the physician's certificate to operate a pain management practice. The physician owner(s)/operator(s) shall have the right to an administrative hearing before the Board at the next available and scheduled meeting of the Board. Further, the Board has the discretion to lift the suspension of a certificate when the practice demonstrates compliance with the Board's rules and regulations.

Amended November 13, 2015.

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

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

STEPHEN C. AYERS, M.D.

ORDER

THIS MATTER came on regularly for hearing on November 12, 2015, before the Mississippi State Board of Medical Licensure, in response to the petition of Stephen C. Ayers, M.D. (hereinafter "Licensee"), seeking removal of all restrictions on his license to practice medicine in the State of Mississippi, imposed by virtue of that certain Consent Order dated January 11, 2011. In support of Licensee's request for removal of restrictions, the Board has been submitted proof that Licensee has complied with all terms of the aforementioned Consent Order. Therefore, the Board, after hearing said request, finds the same to be well-taken.

IT IS HEREBY ORDERED, that Licensee's request for removal of all restrictions is hereby granted. Licensee now holds an unrestricted license to practice medicine in the State of Mississippi.

IT IS HEREBY ORDERED, that pursuant to Miss. Code Ann. Section 73-25-27 (1972), a copy of this Order shall be sent by registered mail or personally served upon, Stephen C. Ayers, M.D.

ORDERED, this the 12th of November, 2015.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY: _____


**VIRGINIA M. CRAWFORD, M.D.
PRESIDENT**

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

DAVID LEONARD JAMESON, M.D.

ORDER

THIS MATTER came on regularly for hearing on November 12, 2015, before the Mississippi State Board of Medical Licensure (hereinafter referred to as "Board") in response to the petition of David Leonard Jameson, M.D. (hereinafter referred to as "Licensee"), for authorization to return to the practice of medicine.

Based on a history of chemical dependency with repeated relapses, on September 1, 2015, the Board issued an Order, whereby Licensee was prohibited from practicing medicine until such time as he completed certain requirements, including, but not limited to the completion of a comprehensive multi-disciplinary psychiatric and behavioral evaluation, followed by adherence to all treatment recommendations as a result thereof. In addition, as a condition for the return to practice, Licensee was required to secure and maintain affiliation with the Mississippi Professionals Health Program (MPHP). Licensee now appears before the Board presenting documentation and testimony that he has completed all requirements set forth. Furthermore, testimony was received from Scott Hambleton, M.D., Medical Director of the MPHP, indicating that Licensee has taken all steps necessary to complete treatment and obtain affiliation. Because of Licensee's extensive history of relapse, his practice will be closely monitored through a Recovery Contract Agreement with the MPHP. After consideration of the request, the Board finds Licensee's request to be well-taken.


IT IS, THEREFORE, ORDERED that all restrictions previously imposed by Order of the Board are hereby removed and Licensee is authorized to return to the practice of medicine.

IT IS FURTHER ORDERED, that pursuant to Miss. Code Ann. Sections 73-25-27 and 73-25-32 (1972), a copy of this Order shall be sent by registered mail or personally served upon David Leonard Jameson, M.D.

ORDERED, this the 12th of November, 2015.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY: _____



**VIRGINIA M. CRAWFORD, M.D.
PRESIDENT**

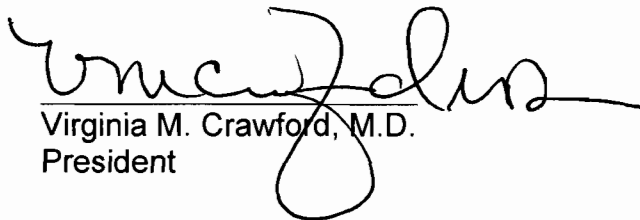
**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
November 12, 2015**

AGENDA ITEM: Hearing in the case of Michael A. White, M.D.

In a motion made by Dr. Mayo, seconded by Dr. Chance, and carried the Board denied Dr. White's request for reconsideration.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Claude D. Brunson, M.D.	X			
Rickey L. Chance, D.O.	X			
John C. Clay, M.D.	X			
Virginia M. Crawford, M.D.	X			
S. Randall Easterling, M.D.	X			
C. Ken Lippincott, M.D.	X			
William S. Mayo, D.O.	X			
Charles D. Miles, M.D..				X
J. Ann Rea, M.D.	X			

With a motion by Dr. Chance, seconded by Dr. Crawford, the Board came out of Executive Session.


Virginia M. Crawford, M.D.
President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

MICHAEL ALEX WHITE, M.D.

ORDER DENYING REQUEST FOR RECONSIDERATION

THIS MATTER came on regularly for hearing on November 12, 2015, before the Mississippi State Board of Medical Licensure (hereinafter "Board"), in response to a request for reconsideration filed by Michael Alex White, M.D., (hereinafter "Licensee"). On June 15, 2015, a Summons and Affidavit was issued by the Board commanding Licensee to appear for a hearing on July 16, 2015, based on charges that (i) he violated an order previously rendered by the Board and (ii) was guilty of unprofessional conduct, all in violation of Miss. Code Ann., Section 73-25-29(13) and Section 73-25-29(8)(b). Pursuant to a request by Licensee, the hearing was continued until Thursday, September 17, 2015. Both the Order Granting Continuance and transmittal letter advised Licensee that "no further continuances will be granted." Despite the clear statement contained in the aforementioned order, on September 11, 2015, the Board was in receipt of a letter dated September 9, 2015, from Rodney A. Ray, attorney for Licensee, requesting further continuance. In addition to being contrary to the Board's directive, the request was dated and received less than fifteen (15) days prior to the scheduled hearing contrary to Rule 1.9, Part 2645, Chapter 1, Rule 1.9 of the Board Rules of Procedure. Following receipt of the September 9, 2015, letter, Licensee nor his attorney made any follow-up contact with the Board in order to determine the status of the request.

On September 17, 2015, the Board convened as scheduled in order to conduct the hearing, wherein neither Licensee nor his attorney appeared. Testimony and evidence was then received and Licensee was found guilty as charged, i.e. violation of an order previously rendered by the Board and being guilty of unprofessional conduct, all in violation of Miss. Code Ann. Section 73-25-29(13) and Section 73-25-29(8)(b). Mississippi Medical License No. 11125 issued to Licensee was revoked.

Licensee now wishes for the Board to reconsider the denial of continuance, thus rescinding the revocation until another hearing can be conducted. Licensee was present without counsel and elected to proceed without counsel. After consideration of the request and arguments made, the Board does not find the motion as presented by Licensee to be well taken. Accordingly, Licensee's Request for Reconsideration is denied. Pursuant to Section 73-25-27, a copy of this Order shall be sent by registered mail, or personally served upon Michael Alex White, M.D.

SO ORDERED, this the 12th day of November, 2015.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY:


VIRGINIA M. CRAWFORD, M.D.
PRESIDENT

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

ANTHONY VERNON DALLAS, JR., M.D.

ORDER

THIS MATTER came on regularly for hearing on November 12, 2015, before the Mississippi State Board of Medical Licensure, in response to the petition of Anthony Vernon Dallas, JR., M.D. (hereinafter "Licensee"), seeking removal of all restrictions on his license to practice medicine in the State of Mississippi, imposed by virtue of that certain Consent Order dated September 4, 2014. In support of Licensee's request for removal of restrictions, the Board has been submitted proof that Licensee has complied with all terms of the aforementioned Consent Order. Therefore, the Board, after hearing said request, finds the same to be well-taken.

IT IS HEREBY ORDERED, that Licensee's request for removal of all restrictions is hereby granted. Licensee now holds an unrestricted license to practice medicine in the State of Mississippi.

IT IS HEREBY ORDERED, that pursuant to Miss. Code Ann. Section 73-25-27 (1972), a copy of this Order shall be sent by registered mail or personally served upon, Anthony Vernon Dallas, JR., M.D.

ORDERED, this the 12th of November, 2015.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY:



VIRGINIA M. CRAWFORD, M.D.

President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

WILLIAM FRANK MCARTHUR, III, M.D.

ORDER

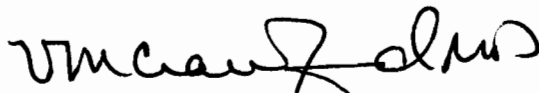
THIS MATTER came on regularly for hearing on November 12, 2015, before the Mississippi State Board of Medical Licensure, in response to the request of William Frank McArthur, III, M.D., (hereinafter "Licensee") seeking formal reinstatement of his medical license in the state of Mississippi. Licensee was present, represented by Diane Pumphrey. By virtue of that certain Order dated May 17, 2012, Licensee's petition for reinstatement of his license to practice medicine in the State of Mississippi was denied until such time as Licensee had completed and was released from the federal probationary terms and conditions and had fulfilled all continuing medical education as recommended by the CPEP evaluation. On November 19, 2014, Licensee's license was summarily reinstated by staff without full review by the Board. Licensee seeks Board approval and formal ratification of that reinstatement. In support of Licensee's request, the Board has been submitted proof that Licensee has complied with all terms of the aforementioned Order.

IT IS HEREBY ORDERED, that pursuant to Miss Code Ann. Section §73-25-14 (6), Licensee's license is hereby considered reinstated effective **November 19, 2014**.

SO ORDERED, this the 12th day of November, 2015.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY:



**VIRGINIA M. CRAWFORD, M.D.
PRESIDENT**

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

OF

STEVEN LINDSEY BAYER, M.D.

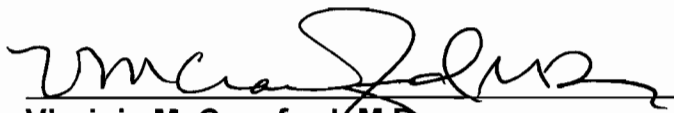
ORDER OF CONTINUANCE

THIS MATTER came on regularly for hearing on November 12, 2015, before the Mississippi State Board of Medical Licensure in response to a request for continuance of the hearing set for this date filed by the Board's attorney Stan Ingram. After consideration of the matter, the Board finds Licensee's motion to be well taken.

IT IS, THEREFORE, ORDERED, that this matter is continued until January 14, 2016.

ORDERED, this the 12th day of November, 2015.

Mississippi State Board of Medical Licensure


Virginia M. Crawford, M.D.
President

**EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
November 12, 2015**

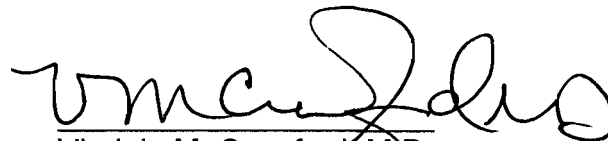
AGENDA ITEM: Hearing in the case of Ikechukwu H. Okorie, M.D.

In a motion by Dr. Easterling, seconded by Dr. Miles, and carried the Board based upon the facts outlined in the affidavit and supported by the documentary evidence and testimony finds Dr. Okorie guilty of Counts II, V, VIII, IX, X, XIII, XIV, and not guilty of Counts I, III, IV, VI, VII, XI, XII, XV, and XVI.

CONTINUED ON ATTACHED SHEET

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Claude D. Brunson, M.D.	X			
Rickey L. Chance, D.O.	X			
John C. Clay, M.D.	X			
Virginia M. Crawford, M.D.	X			
S. Randall Easterling, M.D.	X			
C. Ken Lippincott, M.D.	X			
William S. Mayo, D.O.				X
Charles D. Miles, M.D..	X			
J. Ann Rea, M.D.	X			

With a motion by Dr. Easterling, seconded by Dr. Miles, the Board came out of Executive Session.


Virginia M. Crawford, M.D.
President

EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
November 12, 2015

CONTINUATION OF BOARD'S DECISION:

As a result of the findings the Board orders the following:

- 1) You have 6 months to cease managing chronic pain patients and addiction medicine patients.
- 2) You have 1 year to take the following courses: 1) Ethics, 2) Boundaries, 3) Prescribing, and 4) Documentation.
- 3) You will take no new chronic pain or addiction medicine patients.
- 4) The Board will obtain monthly PMP reports on you and your practice.
- 5) You are responsible for all administrative/investigative costs.
- 6) You have the right to petition the Board to reappear in 1 year.

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

OF

IKECHUKWU HYGINUS OKORIE, M.D.

DETERMINATION AND ORDER

THIS MATTER came on regularly for hearing on November 12, 2015, before the Mississippi State Board of Medical Licensure (hereinafter "Board"), pursuant to Title 73, Chapter 25 of Mississippi Code (1972) Annotated. The Board initiated these proceedings on October 13, 2015, by issuance of an Amended Summons and Amended Affidavit against Ikechukwu Hyginus Okorie, M.D., (hereinafter "Licensee") setting forth a total of sixteen (16) counts of violation of Miss. Code Ann. Sections 73-25-29 and 73-25-83.

Licensee was present, represented by Julie R. Mitchell, Philip J. Chapman and D. Collier Graham, Jr. Complaint Counsel for the Board was Honorable Stan T. Ingram. Sitting as legal advisor to the Board was Honorable Ellen O'Neal, Special Assistant Attorney General. Board members present for all proceedings were Virginia Crawford, M.D., President; William S. Mayo, D.O.; Claude D. Brunson, M.D.; S. Randall Easterling, M.D.; Rickey L. Chance, D.O.; Charles D. Miles, M.D.; Ann Rea, M.D.; John Clay, M.D.; and Ken Lippincott, M.D.

Based upon the evidence and testimony presented, the Board renders the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. Licensee is a physician licensed to practice medicine in the State of Mississippi, currently holding License No. 19875. Said license is current until June 30, 2016.

2. Licensee's Uniform Controlled Substance Registration Certificate No. FO0384583 was issued on July 18, 2007, with an expiration date of December 31, 2015, and includes prescriptive authority in schedules II, IIN, III, IIIN, IV, and V. Licensee also holds Uniform Controlled Substance Registration Certificate No. XO0384583, known as an "X number," for the purpose of prescribing Suboxone and Subutex products for use in opiate addiction therapy.

3. On October 28, 2010, Board Investigators and an Agent from the United States Drug Enforcement (DEA) Task Force, in a review of selected patient records, identified patients who were on a combination of multiple opiates, benzodiazepines and Soma (Carisoprodol), known as the 'Trinity' in the black market drug trade. This concern and others were discussed with Licensee, who stated he would implement changes to his practice in order to come into compliance with the Board's Administrative Code and state law.

4. On October 13, 2011, Board Investigators conducted a followup visit to Licensee's clinic at which similar drug combinations as seen on the prior visit were still observed.

5. On October 11, 2012, Licensee was sent a letter formally denying his renewal application for a pain clinic certificate.

6. On July 9, 2014, Licensee presented before the Executive Committee to discuss his application for a pain management practice, at which time the Executive Committee found that Licensee did not have the requisite training under the current regulations to operate a pain management practice. Licensee was directed by the Board to reduce his volume of chronic pain patients immediately and refer them to an appropriate specialist / physician.

7. While Licensee ultimately secured the requisite training to obtain authorization to operate a pain management practice, the Board withheld approval pending further evaluation of his pain and Suboxone practice.

8. In September 2014, at the request of the Board, an analysis of Licensee's PMP revealed that Licensee prescribed the following approximate amounts of controlled substances from February 1, 2014, to September 15, 2014, (approximately a seven and a half month time frame):

Drug Name	Total Quantity	Per Patient Avg.	Total R (incl. any refills)
Adderall XR	120	30	4
Alavert D-12 (Pseudoephedrine)	90	45	2
Alprazolam (Xanax)	30,031	59.23	507
Amphetamine Salts (Adderall)	10,005	52.94	189
Androgel	225ml	52.94ml	3
Belviq	15	15	1
Buprenorphine Tabs (Suboxone)	6,998	46.04	152
Butalbital (Fioricet)	1,060	42.4	25
Butalbital (w/Codeine)	120	60	2
Carisoprodol (Soma)	21,400	59.94	357
Clonazepam (Klonopin)	30,135	57.07	528

Drug Name	Total Quantity	Per Patient Avg.	Total R (incl. any refills)
CVS Allergy Relief-D	60	60	1
Depo-Testosterone	30ml	10ml	3
Dextro-Amphetamine	960	60	16
Diazepam (Valium)	16,889	53.79	314
Dilaudid	840	76.36	11
Diphenoxylate (Lomotil)	150	75	2
Dronabinol	240	120	2
Endocet (Percocet)	3,765	56.19	67
Fentanyl (patches)	545	9.73	56
Focalin XR	90	30	3
Hydrocodone/APAP	219,361	74.08	2,961
Hydromorphone (Dilaudid)	944	72.61	13
Ibudone	30	30	1
Lorazepam (Ativan)	1,235	58.81	21
Lunesta	210	30	7
Lyrica	2,970	67.5	44
Meperidine (Demerol)	30	30	1
Methadone	5,997	68.15	88
Methylphenidate (Ritalin)	360	30	12
Modafinil (Provigil)	120	30	4
Morphine Sulfate	750	57.69	13
Opana	60	60	1
Oxycodone (HCL & APAP)	41,322	62.05	666
Phentermine	5,490	30.16	182
Promethazine w/Codeine	32,100ml	214ml	150
Pseudoephedrine	78	26	3
SM Nasal Decongest	30	30	1
Suboxone SL Film	33,001	29.07	1,135
Sudogest	1,140	51.81	22

Drug Name	Total Quantity	Per Patient Avg.	Total R (incl. any refills)
Temazepam (Restoril)	420	30	14
Testosterone Cypionate	80ml	10ml	8
Tramadol HCL	5,346	58.75	91
Vyvanse	210	30	7
Zolpidem (Ambien)	5,770	26.83	215
Zubsolv (Suboxone Tabs)	120	30	4

The information stated in the above chart translates to the following approximate totals and other pertinent information:

Total Pain Relieving Narcotic Tablets	278,595 dosage units
Total Benzodiazepines/Sedatives	107,150 dosage units
Total Narcotic Cough Syrup	8.54 gallons
Furthest Distance Traveled	215 miles ; 3.5 hours (Amory, MS)

9. Title 30, Part 2640 of Chapter 1, Rule 1.4 and 1.7, of the Board's Administrative Code governing the "Use of Controlled Substances for Chronic (Non-Terminal) Pain," requires that physicians, when prescribing controlled substances on a long-term (chronic) basis, perform certain monitoring and documentation requirements.

Those requirements provide, in relevant part, as follows:

Rule 1.4 Maintenance of Records and Inventories

Patient Record. A physician who prescribes, dispenses or administers a controlled substance shall 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 controlled substance; the name, dose, strength, quantity of the controlled substance and the date that the controlled substance was prescribed, dispensed or administered. The record required by this rule shall be maintained in the patient's medical records, provided that such medical records are maintained at the office of the physician and are available for inspection by the representatives of the Mississippi State Board of Medical Licensure pursuant to authority granted in Mississippi Code, Section 41-29-125. No physician shall prescribe, administer or dispense any controlled

substance or other drug having addiction-forming or addiction-sustaining liability without a good faith prior examination and medical indication therefore.

Rule 1.7 Use of Controlled Substances for Chronic (Non-Terminal) Pain

B. Notwithstanding any other provisions of these rules, a physician may prescribe, administer, or dispense controlled substances in Schedules II, IIN, III, IIIN, IV and V, or other drugs having addiction-forming and addiction-sustaining liability to a person in the usual course of treatment of that person for a diagnosed condition causing chronic pain.

C. Notwithstanding any other provisions of these rules, as to the prescribing, administration, or dispensation of controlled substances in Schedules II, IIN, III, IIIN, IV and V, or other drugs having addiction-forming and addiction-sustaining liability, use of said medications in the treatment of chronic pain should be done with caution. A physician may administer, dispense or prescribe said medications for the purpose of relieving chronic pain, provided that the following conditions are met:

1. Before initiating treatment utilizing a Schedule II, IIN, III, IIN, IV or V controlled substance, or any other drug having addiction-forming and addiction-sustaining liability, the physician shall conduct an appropriate risk/benefit analysis by reviewing his or her own records of prior treatment or review the records of prior treatment which another treating physician has provided to the physician, that there is an indicated need for long-term controlled substance therapy. Such a determination shall take into account the specifics of each patient's diagnosis, past treatments and suitability for long-term controlled substance use either alone or in combination with other indicated modalities for the treatment of chronic pain. This shall be clearly entered into the patient medical record and shall include consultation/referral reports to determine the underlying pathology or cause of the chronic pain.

2. Documentation in the patient record shall include a complete medical history and physical examination that indicates the presence of one or more recognized medical indications for the use of controlled substances.

3. Documentation of a written treatment plan which shall contain stated objectives as a measure of successful treatment and planned diagnostic evaluation, e.g., psychiatric evaluation or other treatments. The plan should also contain an informed consent agreement for treatment that details relative risks and benefits of the treatment course. This should also include specific requirements of the patient,

such as using one physician and pharmacy if possible, and urine/serum medication level monitoring when requested.

4. Periodic review and documentation of the treatment course is conducted at reasonable intervals (no more than every six months) with modification of therapy dependent on the physician's evaluation of progress toward the stated treatment objectives. This should include referrals and consultations as necessary to achieve those objectives.

D. No physician shall administer, dispense or prescribe a controlled substance or other drug having addiction-forming or addiction-sustaining liability that is non-therapeutic in nature or non-therapeutic in the manner the controlled substance or other drug is administered, dispensed or prescribed.

E. No physician shall administer, dispense or prescribe a controlled substance for treatment of chronic pain to any patient who has consumed or disposed of any controlled substance or other drug having addiction-forming or addiction-sustaining liability other than in strict compliance with the treating physician's directions. These circumstances include those patients obtaining controlled substances or other abusable drugs from more than one physician and those patients who have obtained or attempted to obtain new prescriptions for controlled substances or other abusable drugs before a prior prescription should have been consumed according to the treating physician's directions. This requirement will not be enforced in cases where a patient has legitimately temporarily escalated a dose of the pain medication due to an acute exacerbation of their condition but have maintained a therapeutic dose level; however, it will be required of the treating physician to document in the patient record that such increase in dose level was due to a recognized indication and was within appropriate therapeutic dose ranges. Repetitive or continuing escalations should be a reason for concern and a re-evaluation of the present treatment plan shall be undertaken by the physician.

Patient #1

10. Patient #1 was a 34 year old male, initially seen by Licensee on September 6, 2011 for treatment of opioid dependency.

11. During January 1, 2014, through October 29, 2014, Licensee issued to Patient #1 twenty one (21) prescriptions, including refills, totaling approximately 540 sublingual films and approximately 810 dosage units of controlled substances, or other drugs having addiction-forming or addiction-sustaining liability, to wit: three (3) prescriptions for approximately 60 Suboxone 8-2mg tablets; nine (9) prescriptions for approximately 750 Xanax 1mg tablets and nine (9) prescriptions for approximately 540 Suboxone 8-2mg sublingual films. A summary of said prescriptions is as follows:

Written Date	Fill Date	Drug Name & Strength	#	In File	On PMP	Rx Number
1/21/14	1/21/14	Suboxone 8/2mg tablets	30	✓	✓	00206412
1/21/14	2/2/14	Suboxone 8-2 mg	15	✓	✓	00206412
1/21/14	2/9/14	Suboxone 8-2mg	15	✓	✓	00206412
2/17/14	2/17/14	Suboxone 8-2mg SL Film	15	✓	✓	00210530
2/17/14	2/24/14	Suboxone 8-2mg SL Film	30	✓	✓	00210530
2/17/14	3/10/14	Suboxone 8-2mg SL Film	10	✓	✓	00210530
2/17/14	3/14/14	Suboxone 8-2mg SL Film	5	✓	✓	00210530
2/17/14	2/17/14	Xanax 1mg tablet	90	✓	✓	00210531
3/18/14	3/19/14	Suboxone 8-2mg SL Film	10	✓	✓	00214751
3/18/14	3/26/14	Suboxone 8-2mg SL Film	10	✓	✓	00214751
3/18/14	3/30/14	Suboxone 8-2mg SL Film	10	✓	✓	00214751
3/18/14	4/6/14	Suboxone 8-2mg SL Film	1	✓	✓	00214751
3/18/14	4/7/14	Suboxone 8-2mg SL Film	5	✓	✓	00214751
3/18/14	4/11/14	Suboxone 8-2mg SL Film	10	✓	✓	00214751
3/18/14	4/18/14	Suboxone 8-2mg SL Film	9	✓	✓	00214751
3/18/14	4/18/14	Suboxone 8-2mg SL Film	1	✓	✓	00214751
3/18/14	4/22/14	Suboxone 8-2mg SL Film	4	✓	✓	00214751
3/18/14	3/18/14	Xanax 1mg	90	✓	✓	2942004
4/24/14	4/24/14	Suboxone 8-2mg SL Film	7	✓	✓	00220035
4/24/14	4/26/14	Suboxone 8-2mg SL Film	4	✓	✓	00220035
4/24/14	4/29/14	Suboxone 8-2mg SL Film	8	✓	✓	00220035

Written Date	Fill Date	Drug Name & Strength	#	In File	On PMP	Rx Number
4/24/14	5/3/14	Suboxone 8-2mg SL Film	10	✓	✓	00220035
4/24/14	5/8/14	Suboxone 8-2mg SL Film	25	✓	✓	00220035
4/24/14	5/18/14	Suboxone 8-2mg SL Film	6	✓	✓	00220035
4/24/14	4/24/14	Xanax 1mg	90	✓	✓	00220034
5/23/14	5/23/14	Suboxone 8-2mg SL Film	5	✓	✓	00224041
5/23/14	5/27/14	Suboxone 8-2mg SL Film	30	✓	✓	00224041
5/23/14	6/11/14	Suboxone 8-2mg SL Film	6	✓	✓	00224041
5/23/14	6/13/14	Suboxone 8-2mg SL Film	14	✓	✓	00224041
5/23/14	6/20/14	Suboxone 8-2mg SL Film	5	✓	✓	00224041
5/23/14	5/23/14	Xanax 1mg	90	✓	✓	4423563
6/24/14	6/24/14	Suboxone 8-2mg SL Film	14	✓	✓	00228357
6/24/14	7/1/14	Suboxone 8-2mg SL Film	15	✓	✓	00228357
6/24/14	7/9/14	Suboxone 8-2mg SL Film	9	✓	✓	00228357
6/24/14	7/15/14	Suboxone 8-2mg SL Film	12	✓	✓	00228357
6/24/14	7/19/14	Suboxone 8-2mg SL Film	6	✓	✓	00228357
6/24/14	7/23/14	Suboxone 8-2mg SL Film	4	✓	✓	00228357
6/24/14	6/24/14	Xanax 1mg	90	✓	✓	4423787
7/25/14	7/25/14	Suboxone 8-2mg SL Film	14	✓	✓	3001609
7/25/14	8/1/14	Suboxone 8-2mg SL Film	16	✓	✓	3001609
7/25/14	8/8/14	Suboxone 8-2mg SL Film	15	✓	✓	3001609
7/25/14	8/15/14	Suboxone 8-2mg SL Film	15	✓	✓	3001609
7/25/14	7/25/14	Xanax 1mg	60	✓	✓	3001608
8/21/14	8/21/14	Suboxone 8-2mg SL Film	30	✓	✓	00236071
8/21/14	9/2/14	Suboxone 8-2mg SL Film	16	✓	✓	00236071
8/21/14	9/10/14	Suboxone 8-2mg SL Film	12	✓	✓	00236071
8/21/14	9/16/14	Suboxone 8-2mg SL Film	12	✓	✓	00236071
8/21/14	9/21/14	Suboxone 8-2mg SL Film	5	✓	✓	00236071
8/21/14	8/21/14	Xanax 1mg	90	✓	✓	00236108
9/23/14	9/23/14	Suboxone 8-2mg SL Film	9	✓	✓	00240282
9/23/14	9/26/14	Suboxone 8-2mg SL Film	14	✓	✓	00240282
9/23/14	10/2/14	Suboxone 8-2mg SL Film	16	✓	✓	00240282
9/23/14	10/8/14	Suboxone 8-2mg SL Film	18	✓	✓	00240282
9/23/14	10/15/14	Suboxone 8-2mg SL Film	18	✓	✓	00240282

Written Date	Fill Date	Drug Name & Strength	#	In File	On PMP	Rx Number
9/23/14	9/23/14	Xanax 1mg	90	✓	✓	00240284
10/21/14	10/21/14	Suboxone 8-2mg SL Film	18	X	✓	01095148
10/21/14	10/28/14	Suboxone 8-2mg SL Film	12	X	✓	01095148
10/21/14	10/21/14	Xanax 1mg	60	X	✓	01095149

12. Patient #1 signed a treatment agreement dated September 6, 2011, which purported to lay out the rules of treatment by Licensee of the patient, but Licensee failed to follow the agreement. Patient #1's record contained an opioid risk tool which indicated Patient #1 was a high risk patient to abuse substances.

13. On September 20, 2011, Licensee prescribed Xanax, a drug typically prescribed for anxiety, with no basis for doing so noted in the patient's record and without a clear treatment plan, and despite Licensee's electronic medical record which stated: "Denied any depression or anxiety at this visit." Licensee continued to issue prescriptions for Xanax, but did not record a diagnosis of anxiety until approximately two (2) years later, July 25, 2013.

14. On November 8, 2011, in a drug screen, Patient #1 tested positive for amphetamines despite not having been prescribed amphetamines by Licensee or any other provider and despite a report from the Mississippi Pharmacy Board - Prescription Monitoring Program (PMP) showing Patient #1 as receiving no prescriptions for amphetamines from any source. Licensee issued a warning letter to Patient #1 on February 3, 2012, five months after beginning treatment, and threatened dismissal from treatment if noncompliance continued. Licensee did not dismiss or take any further action regarding Patient #1's noncompliance, and continued to make notes that Patient #1 was in

compliance, despite drug screens that indicated positive results for drugs not prescribed and negative results for drugs prescribed.

15. On July 6, 2012, Licensee noted "Patient relapsed today," with (i) no explanation as to what constituted the relapse, and (ii) no evidence of any consequences. Licensee did not attempt to refer Patient #1 for an evaluation or other specialty care (e.g., referral to a psychiatrist) to determine if the patient had dependence or abuse problems with substances other than opiates. Thereafter, Licensee failed to adjust his electronic medical records, resulting in the entry of the words "Patient relapsed today" in each monthly patient visit over the next approximate two years.

16. In treating and issuing controlled substances prescriptions to Patient #1, Licensee failed to document and follow a written treatment plan that contained stated objectives and planned diagnostic evaluation of the progress being made.

17. The evidence presented as to Licensee's treatment of Patient #1 indicates to the Board that Licensee should not treat suboxone (opioid addicted) patients.

Patient #2

18. Patient #2 was a 39 year old female, initially seen by Licensee on January 21, 2011, for knee pain. On the initial visit Licensee noted (utilizing a standard patient software entry) that the patient had seen, ". . . multiple physician for the same problem and used Tylenol and Ibuprofen with muscle relaxants for the same problem with no relief." The record goes on to state that the patient has seen a Dr. Barbieri for pain and had, ". . . multiple surgeries for this problems." Licensee diagnosed the patient with Osteoarthritis of the lower leg, elevated blood pressure and chronic pain syndrome. There are some

records from other sources, such as Forrest General Hospital and Southern Bone and Joint, which indicated the patient has been treated in years past.

19. From January 1, 2014, through October 29, 2014, Licensee issued to Patient #2, forty five (45) prescriptions, including refills, totaling approximately 2,515 dosage units of controlled substances, or other drugs having addiction-forming or addiction-sustaining liability, to wit: one (1) prescription for approximately 100 Percocet 10-325 mg tablets; ten (10) prescriptions for approximately 330 Adderall 20 mg tablets; ten (10) prescriptions for approximately 535 Klonopin 1 mg tablets; five (5) prescriptions for approximately 150 Claritin D tablets; eight (8) prescriptions for approximately 800 Norco 10-325 mg tablets and eleven (11) prescriptions for approximately 600 Sudogest 60 mg tablets. A summary of said prescriptions is as follows:

Written Date	Fill Date	Drug Name & Strength	#	In File	On PMP	Rx Number
1/13/14	1/13/14	Percocet 10-325mg tablet	100	✓	✓	2233869
1/13/14	1/13/14	Adderall 20mg tablet	30	✓	✓	2233870
1/13/14	1/13/14	Klonopin 1mg tablet	60	✓	✓	4554148
1/13/14	1/13/14	Claritin-D 24 hour tablet	30	✓	✓	04432473
1/13/14	Not Filled	Sudofed 60mg tablet	60	✓	X	Not Filled
1/13/14	2/10/14	Claritin-D 24 hour tablet	30	✓	✓	04432473
1/13/14	3/8/14	Claritin-D 24 hour tablet	30	✓	✓	04432473
1/13/14	3/10/14	Claritin-D 24 hour tablet	30	✓	✓	04432473
1/13/14	4/3/14	Claritin-D 24 hour tablet	30	✓	✓	04432473
2/10/14	2/10/14	Norco 10-325mg tablet	100	✓	✓	4555063
2/10/14	2/10/14	Adderall 20mg	30	✓	✓	2234020
2/10/14	2/10/14	Klonopin 1mg	60	✓	✓	4555062
3/10/14	3/10/14	Norco 10-325mg	93	✓	✓	4485894
3/10/14	3/10/14	Norco 10-325mg	7	✓	✓	4485894

Written Date	Fill Date	Drug Name & Strength	#	In File	On PMP	Rx Number
3/10/14	3/10/14	Adderall 20mg	30	✓	✓	2212845
3/10/14	3/10/14	Klonopin 1mg	55	✓	✓	4485895
3/10/14	3/10/14	Sudogest 60mg	60	✓	✓	4485893
4/7/14	4/7/14	Norco 10-325mg	93	✓	✓	4486761
4/7/14	4/7/14	Norco 10-325mg	7	✓	✓	4486761
4/7/14	4/7/14	Adderall 20mg	30	✓	✓	2213081
4/7/14	4/7/14	Klonopin 1mg	55	✓	✓	4486762
4/7/14	4/7/14	Sudogest 60mg	60	✓	✓	4486763
5/5/14	5/5/14	Norco 10-325mg	93	✓	✓	4487586
5/5/14	5/27/14	Norco 10-325mg	7	✓	✓	4487586
5/5/14	5/5/14	Adderall 20mg	30	✓	✓	2213308
5/5/14	5/5/14	Klonopin 1mg	55	✓	✓	4487585
5/5/14	5/5/14	Sudogest 60mg	30	✓	✓	4487584
6/2/14	6/2/14	Norco 10-325mg	100	✓	✓	4488418
6/2/14	6/2/14	Adderall 20mg	30	✓	✓	2213567
6/2/14	6/2/14	Klonopin 1mg	60	✓	✓	4488419
6/2/14	6/2/14	Sudogest 60mg	60	✓	✓	4488420
6/30/14	6/30/14	Norco 10-325mg	100	✓	✓	4489288
6/30/14	6/30/14	Adderall 20mg	30	✓	✓	2213807
6/30/14	6/30/14	Klonopin 1mg	60	✓	✓	4489287
6/30/14	6/30/14	Sudogest 60mg	60	✓	✓	4489289
6/30/14	8/25/14	Sudogest 60mg	60	✓	✓	4489289
6/30/14	9/22/14	Sudogest 60mg	60	✓	✓	4489289
6/30/14	10/20/14	Sudogest 60mg	60	✓	✓	4489289
8/25/14	8/25/14	Norco 10-325mg	100	✓	✓	4491019
8/25/14	8/25/14	Adderall 20mg	30	✓	✓	2214349
8/25/14	8/25/14	Klonopin 1mg	55	✓	✓	4491021
8/25/14	9/4/14	Sudogest 60mg	60	✓	✓	4424312
9/22/14	9/22/14	Norco 10-325mg	100	✓	✓	4491852
9/22/14	9/22/14	Adderall 20mg	30	✓	✓	2214651
9/22/14	9/22/14	Klonopin 1mg	60	✓	✓	4491851
9/22/14	9/22/14	Sudogest 60mg	60	✓	✓	4562158
10/20/14	Not Filled	Norco 10-325mg	100	✓	X	Not Filled

Written Date	Fill Date	Drug Name & Strength	#	In File	On PMP	Rx Number
10/20/14	10/20/14	Adderall 20mg	60	✓	✓	2215212
10/20/14	10/20/14	Klonopin 1mg	15	✓	✓	4492478
10/20/14	10/20/14	Sudogest 60mg	30	✓	✓	4434873

20. Pursuant to Miss. Code Ann., § 41-29-113 through 41-29-121, Percocet is classified as a Schedule II controlled substance indicated for the relief of moderate to severe pain. Adderall is classified as a Schedule II controlled substance indicated for the treatment of narcolepsy and attention deficit hyperactivity disorder (ADHD). Norco is classified as a Schedule II controlled substance, but was Schedule III until 10/6/14, for the relief of moderate to severe pain. Klonopin is classified as a Schedule IV controlled substance indicated for the management of seizures associated with epilepsy and the treatment of panic disorder. Sudogest/Claritin D contains pseudoephedrine, which is classified in Mississippi as a Schedule III controlled substance indicated for the relief of nasal congestion.

21. Documents in Patient #2's record indicate a high risk to misuse or abuse substances. Licensee did not dismiss or take any appropriate action regarding Patient #2's noncompliance despite drug screens that indicated positive results for drugs not prescribed and negative results for drugs prescribed.

22. During the course of treatment of Patient #2, Licensee failed to adhere to the minimum principles or guidelines enumerated by the Board for the treatment of chronic (non-terminal) pain, in that prior to initiating treatment, Licensee did not conduct an appropriate risk/benefit analysis by reviewing the records of prior treatment which another treating physician had provided to determine the need for long-term controlled substance therapy. Licensee did not consider (or at least adequately document) the specifics of

Patient #2's diagnosis, past treatments and suitability for long-term controlled substance use either alone or in combination with other indicated modalities for the treatment of that patient's chronic pain. Licensee did not include any such analysis in Patient #2's record and did not include sufficient consultation/referral reports to determine the underlying pathology or cause of the chronic pain.

Patient #3

23. Patient #3 was a 56 year old female, initially seen by Licensee on May 26, 2010, for bilateral knee pain and back pain. Licensee diagnosed diabetes mellitus, lumbago, osteoarthritis and hypertension, with prescriptions issued for Lortab and Soma. Patient #3 was already on a regular regimen of Lortab and Soma prior to seeing Licensee. Despite the fact that Licensee claims that a "pain contract" was duly executed on or about the initial visit, the patient record did not reveals such a contract (as required by the Board) until September 6, 2012, two (2) years after Licensee first prescribed pain medications to the Patient #3.

24. From January 1, 2014, through October 29, 2014, Licensee issued to Patient #3 fifteen (15) prescriptions, including refills, totaling approximately 1,440 dosage units of controlled substances, or other drugs having addiction forming or addiction sustaining liability, to wit: five (5) prescriptions for approximately 300 Soma 350mg tablets; nine (9) prescriptions for approximately 1080 Norco 10-325mg tablets and one (1) prescription for approximately 60 Klonopin 1mg tablets. A summary of said prescriptions is as follows:

Written Date	Fill Date	Drug Name & Strength	#	In File	On PMP	Rx Number
1/21/14	1/21/14	Soma 350mg tablet	60	✓	✓	4064351
1/21/14	1/21/14	Norco 10-325mg	120	x	✓	4064350

Written Date	Fill Date	Drug Name & Strength	#	In File	On PMP	Rx Number
1/21/14	Not Filled	Klonopin 1mg tablet	60	✓	X	Not Filled
2/19/14	2/19/14	Soma 350mg	60	✓	✓	4065865
2/19/14	2/19/14	Norco 10-325mg	120	✓	✓	4065866
2/19/14	2/19/14	Klonopin 1mg	60	✓	✓	4065867
3/19/14	3/19/14	Soma 350mg	60	✓	✓	675400
3/19/14	3/19/14	Norco 10-325mg	120	✓	✓	675401
3/19/14	Not Filled	Klonopin 1mg	60	✓	X	Not Filled
4/15/14	4/16/14	Soma 350mg	60	✓	✓	4068829
4/15/14	4/16/14	Norco 10-325mg	120	✓	✓	4068828
4/15/14	Not Filled	Klonopin 1mg	60	✓	X	Not Filled
5/6/14	5/17/14	Soma 350mg	60	✓	✓	4069652
5/6/14	5/9/14	Norco 10-325mg	120	✓	✓	4069651
6/11/14	6/11/14	Norco 10-325mg	120	✓	✓	684288
8/6/14	8/6/14	Norco 10-325mg	120	✓	✓	689905
8/6/14	9/5/14	Norco 10-325mg	120	✓	✓	689905
10/2/14	10/9/14	Norco 10-325mg	120	✓	X	2021915

25. Pursuant to Miss. Code Ann., § 41-29-113 through 41-29-121, Norco was classified as a Schedule III controlled substance at this time and is indicated for the relief of moderate to severe pain. Soma is a Schedule III controlled substance indicated for pain and stiffness due to muscle spasms. Klonopin is classified as a Schedule IV controlled substance indicated for the management of seizures associated with epilepsy and the treatment of panic disorder.

26. Patient #3's record showed minimal attempts to determine the true etiology of the pain reported by Patient # 3.

27. On September 7, 2010, Licensee prescribed Xanax, indicated for anxiety, to Patient #3, with no stated reason and despite the fact that the patient specifically denied depression or anxiety. Licensee continued to prescribed Xanax or other benzodiazepines

despite the fact that a diagnosis of anxiety was not entered into the patient record until approximately two (2) years later on June 5, 2012.

28. On October 22, 2010, and again on November 16, 2010, Licensee prescribed Fentanyl patches for no stated reason.

29. No risk/benefit analysis was performed nor an outline of the planned course of treatment.

30. Patient #3's pain management contract expressly prohibited Patient #3 from obtaining controlled substances from other providers and pharmacies not indicated in the contract, but Licensee had documentation from the PMP indicating Patient #3 was simultaneously obtaining similar controlled substances from other providers and actively filing prescriptions at multiple pharmacies, contrary to the patient management contract. Reports from the PMP revealed that Patient #3 had utilized at least four (4) different pharmacies and obtained controlled substances from five (5) additional providers.

31. Licensee did not perform sufficient radiological tests to determine the underlying cause of pain, appearing to rely almost exclusively on the verbal representations of Patient #3 to justify the prescribing of controlled substances for pain.

32. Licensee's entries in Patient #3's record were almost all identical with very little, if any, substantive changes, i.e., from June 11, 2010 until June 11, 2014, a period of roughly four (4) years, the 'plan' section of Patient #3's chart, save a few entries, is exactly the same from visit to visit.

33. Patient #3's record contained clear indicators or red flags suggesting possible drug abuse or noncompliance by Patient #3, specifically:

(i) On more than one occasion, Patient #3 tested negative for all substances prescribed; (ii) On December 10, 2010, and August 15, 2011, Patient #3's PMP showed utilization of multiple providers for similar substance, but Licensee continued to prescribe controlled substances.

34. Licensee prescribed narcotic drugs to Patient #3, otherwise than in the course of legitimate professional practice.

35. During the course of treatment of Patient #3, Licensee failed to adhere to the minimum principles or guidelines enumerated by the Board for the treatment of chronic (non-terminal) pain, in that prior to initiating treatment, Licensee did not conduct an appropriate risk/benefit analysis by reviewing the records of prior treatment which another treating physician had provided to determine the need for long-term controlled substance therapy. Licensee did not consider the specifics of Patient #3's diagnosis, past treatments and suitability for long-term controlled substance use either alone or in combination with other indicated modalities for the treatment of that patient's chronic pain. Licensee did not include any such analysis in Patient #3's record and did not include sufficient consultation/referral reports to determine the underlying pathology or cause of the chronic pain.

36. Licensee prescribed controlled substances to Patient #3 in a non-therapeutic manner.

Patient #4

37. Patient #4 was a 53 year old male, initially seen by Licensee on April 23, 2012, for back and leg pain. Licensee diagnosed Patient # 4 with osteoarthritis of the lower leg, degeneration of the lumbar or lumbosacral intervertebral disc, hypertension, chronic

ischemic heart disease and fever. Patient #4 had recently been issued a prescription for Soma from another pain physician prior to his initial visit with Licensee. On the initial visit Licensee prescribed Soma, Xanax, Lortab and Methadone. After September 24, 2012, Licensee turned Patient #4's care to his collaborative APRNs, who continued to prescribe controlled substances for chronic pain.

38. From April 1, 2012, through September 30, 2012, Licensee issued to Patient #4 twenty one (21) prescriptions, including refills, totaling approximately 2,310 dosage units of controlled substances, or other drugs having addiction forming or addiction sustaining liability, to wit: five (5) prescriptions for approximately 450 Norco 10-500mg tablets; six (6) prescriptions for approximately 960 Methadone 10mg tablets; six (6) prescriptions for approximately 540 Xanax 1mg tablets; and four (4) prescriptions for approximately 360 Soma 350mg tablets. A summary of said prescriptions is as follows:

Written Date	Fill Date	Drug Name & Strength	#	In File	On PMP	Rx Number
4/23/12	4/23/12	Norco 10-500mg	90	✓	✓	4023743
4/23/12	4/24/12	Methadone 10mg tablets	60	✓	✓	347704
4/23/12	4/23/12	Xanax 1mg tablets	90	✓	✓	4023782
4/23/12	Not Filled	Soma 350mg tablets	90	✓	✗	Not Filled
4/27/12	Not Filled	Norco 10-500mg	90	✓	✗	Not Filled
4/27/12	Not Filled	Methadone 10mg	60	✓	✗	Not Filled
4/27/12	Not Filled	Xanax 10mg	90	✓	✗	Not Filled
4/27/12	Not Filled	Soma 350mg	90	✓	✗	Not Filled
5/4/12	6/22/12	Norco 10-500mg	90	✓	✓	357651
5/4/12	5/6/12	Methadone 10mg	180	✓	✓	2621529
5/4/12	5/7/12	Xanax 1mg	90	✓	✓	350012
5/4/12	5/7/12	Soma 350mg	90	✓	✓	350013
7/3/12	7/10/12	Norco 10-500mg	90	✓	✓	360529
7/3/12	Not Filled	Methadone 10mg	60	✓	✗	Not Filled
7/3/12	7/3/12	Xanax 1mg	90	✓	✓	359426

Written Date	Fill Date	Drug Name & Strength	#	In File	On PMP	Rx Number
7/3/12	Not Filled	Soma 350mg	90	✓	X	Not Filled
7/9/12	7/11/12	Methadone 10mg	180	X	✓	360764
7/9/12	7/11/12	Soma 350mg	90	X	✓	360762
7/31/12	8/7/12	Norco 10-500mg	90	✓	✓	330509
7/31/12	8/8/12	Methadone 10mg	180	✓	✓	365371
7/31/12	7/31/12	Xanax 1mg	90	✓	✓	363921
7/31/12	Not Filled	Soma 350mg	90	✓	X	Not Filled
8/27/12	Not Filled	Norco 10-500mg	90	✓	X	Not Filled
8/27/12	Not Filled	Methadone 10mg	180	✓	X	Not Filled
8/27/12	Not Filled	Xanax 1mg	90	✓	X	Not Filled
8/27/12	Not Filled	Soma 350mg	90	✓	X	Not Filled
8/29/12	8/29/12	Xanax 1mg	90	X	✓	333860
8/29/12	8/29/12	Soma 350mg	90	X	✓	333858
9/4/12	9/4/12	Methadone 10mg	180	X	✓	531364
9/14/12	9/27/12	Methadone 10mg	180	X	✓	373560
9/24/12	9/24/12	Norco 10-500mg	90	✓	✓	373561
9/24/12	Not Filled	Methadone 10mg	180	✓	X	Not Filled
9/24/12	9/24/12	Xanax 1mg	90	✓	✓	373563
9/24/12	9/24/12	Soma 350mg	90	✓	✓	373562

39. Pursuant to Miss. Code Ann., § 41-29-113 through 41-29-121, Norco was classified as a Schedule III controlled substance at this time and is indicated for the relief of moderate to severe pain. Methadone is classified as a Schedule II controlled substance indicated for the treatment of moderate to severe pain and also may be used to treat narcotic drug addiction. Soma is a Schedule III controlled substance indicated for pain and stiffness due to muscle spasms. Xanax is classified as a Schedule IV controlled substance indicated for the management of anxiety disorder or for the short-term relief of the symptoms of anxiety.

40. Patient #4 signed a pain contract on April 23, 2012, which indicated a specific pharmacy, but the first prescriptions issued by Licensee were filled at a different pharmacy in Petal.

41. On March 17, 2013, Patient #4 passed. While an autopsy was never performed, a report from the State Crime Lab showed the cause of death a "Mixed Drug Toxicity," and made reference to a "History of Drug Addiction." Just three days prior to his death, Patient #5 was prescribed Lortab, Xanax and Methadone by one of Licensee's collaborative APRNs.

42. During the course of treatment of Patient #4, Licensee failed to adhere to the minimum principles or guidelines enumerated by the Board for the treatment of chronic (non-terminal) pain. Despite the fact that Licensee reduced the amount of Soma, Xanax, Lortab and Methadone prescribed to the patient on a monthly basis from that prescribed by the previous physician, Licensee failed to conduct an appropriate risk/benefit analysis, nor did he establish and follow a treatment plan outlining the goals for Patient #4 to better manage his pain.

43. Radiologic reports dated May 4, 2012, revealed evidence of a prior myocardial infarction, yet Licensee and his collaborative APRNs continued to prescribe combinations of benzodiazepines and opiates which induce respiratory depression.

44. Patient #4's pain management contract expressly prohibited Patient #4 from obtaining controlled substances from other providers and pharmacies not indicated, but Licensee had documentation indicating that Patient #4 had utilized at least four (4) different pharmacies and obtained controlled substances from three (3) additional providers.

45. Patient #4's record contained indicators or red flags suggesting possible drug abuse or noncompliance by Patient #4, to-wit:

(i) Records from a previous provider indicated a prescription for Lortab to Patient #4 for "dental," but Licensee did not inquire or discuss this prior prescription or diagnosis.

(ii) Radiological results for Patient #4 on February 13, 2013 were normal, with no indication of a disease process which would cause pain.

(iii) On November 20, 2012, Patient #4 tested negative in a drug screen for Methadone, Benzodiazepines and Opiates, despite these substances having been prescribed by Licensee's collaborative APRN on October 23, 2012.

46. The evidence presented as to Licensee's treatment of Patients #2, #3 and #4, indicate that Licensee should not treat chronic pain patients, based upon Licensee's failure to conduct appropriate risk/benefit analyses, Licensee's failure to develop sufficient treatment plans and Licensee's failure to objectively use his own data such as urine screens in determining continued treatment of his patients.

CONCLUSIONS OF LAW

Counts II and XIV

Based upon the above and foregoing Findings of Fact as to Patients #1 and #4, the Board concludes that Licensee is guilty of Counts II and XIV, respectively, of the October 13, 2015 Affidavit of Jonathan Dalton, in violation of Title 30, Part 2640, Rule 1.7, C(3), "Pertaining to Prescribing, Administering and Dispensing of Medication," as a result of Licensee failing to document sufficient written treatment plans for Patients #1 and #4 which

contained stated objectives as a measure of successful treatment and planned diagnostic evaluations, all in violation of Miss. Code Ann., § 73-25-29(13).

Counts V, IX and XIII

Based upon the above and foregoing Findings of Fact as to Patient #2, #3 and #4, the Board concludes that Licensee is guilty of Counts V, IX and XIII, respectively, of the October 13, 2015 Affidavit of Jonathan Dalton, in violation of Title 30, Part 2640, Rule 1.7, C(1) "Pertaining to Prescribing, Administering and Dispensing of Medication," as a result of Licensee failing to conduct appropriate risk/benefit analyses for Patients #2, #3 and #4, by failing to review his own records of previous medical history or records which were provided by another treating physician, indicating a need for long-term controlled substance therapy. Licensee failed to clearly enter into those patient records the analysis and a consultation/referral report which determined the underlying pathology or cause of the chronic pain of these patients, all in violation of Miss. Code Ann., § 73-25-29(13).

Count VIII

Based upon the above and foregoing Findings of Fact as to Patient #3, the Board concludes that Licensee is guilty of Count VIII of the October 13, 2015 Affidavit of Jonathan Dalton, in violation of Miss. Code Ann., § 73-25-29(3) as a result of Licensee administering, dispensing, or prescribing narcotic drugs, or other drugs having addiction-forming or addiction-sustaining liability, to Patient #3, otherwise than in the course of legitimate professional practice.

Count X

Based upon the above and foregoing Findings of Fact as to Patient #3, the Board concludes that Licensee is guilty of Count X of the October 13, 2015 Affidavit of Jonathan

Dalton, in violation of Title 30, Part 2640, Rule 1.7, D, "Pertaining to Prescribing, Administering and Dispensing of Medication," as a result of Licensee prescribing to Patient #3 controlled substances or other drugs having addiction-forming or addiction-sustaining liability for chronic pain in a non-therapeutic manner, all in violation of Miss. Code Ann., § 73-25-29(13).

Counts II, III, IV, VI, VII, XI, XII, XV and XVI

Based upon the above and foregoing Findings of Fact, the Board concludes that Licensee is not guilty of Counts I, III, IV, VI, VII, XI, XII, XV and XVI of the October 13, 2015 Affidavit of Jonathan Dalton.

ORDER

IT IS THEREFORE, ORDERED that based upon the Findings of Fact and Conclusions of Law enumerated above, Licensee shall refrain from taking any new chronic pain and/or addiction medicine patients and shall, within six (6) months from the date of this Order, cease managing any chronic pain and/or addiction medicine patients in his practice;


IT IS FURTHER ORDERED, that within one (1) year from the date of this Order, Licensee shall enroll and successfully complete AMA Category 1 CME (Continuing Medical Education) courses in the areas of (1) Prescribing of Controlled Substances; (2) Proper Record Keeping; (3) Medical Ethics; and, (4) Boundaries. All CME courses shall be approved in advance by the Executive Director of the Board. Following completion of each course, Licensee shall submit to the Board documentary proof of successful completion. This is in addition to the forty (40) hours of Category 1 CME requirements as cited in Title 30, Part 2610, Chapter 2 of the Board's Rules and Regulations.

IT IS FURTHER ORDERED, that for one (1) year after the date of this Order, Licensee shall submit to the Board, or the Board may obtain, PMP reports every month on Licensee and his practice;

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. § 73-25-30, with said amount not to exceed \$10,000. Licensee shall be advised of the total assessment by separate notification, and shall tender to the Board a certified check or money order on or before forty (40) days from the date the assessment is mailed to Licensee via U. S. mail at the address shown above.

IT IS FURTHER ORDERED, that pursuant to Section 73-25-27, a copy of this Determination and Order shall be sent by registered mail, or personally served upon Ikechukwu Hyginus Okorie, M.D. or his Counsel.

SO ORDERED, this the 12th day of November, 2015.

MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE
BY: 
VIRGINIA CRAWFORD, M.D., PRESIDENT