

**BOARD MINUTES**  
**MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE**  
**SEPTEMBER 17, 2015**

The regularly scheduled meeting of the Mississippi State Board of Medical Licensure was held on Thursday, September 17, 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  
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, Assistant Attorney General  
Rhonda Freeman, Bureau Director, Licensure Division  
Thomas Washington, Bureau Director, Investigative Division  
Leslie Ross, Investigations Supervisor  
Frances Carrillo, Special Projects Officer, Investigative Division  
Sherry H. Pilgrim, Staff Officer  
Wesley Breland, Hattiesburg, Consumer Health Committee  
Charles Thomas, Yazoo City, Consumer Health Committee  
Maj Gen (Ret) Erik Hearon, Consumer Health Committee

Not present:

C. Kenneth Lippincott, M.D., Tupelo

The meeting was called to order at 9:00 a.m. by Dr. Crawford, President. The invocation was given by Dr. Miles and the pledge was led by Mr. Thomas. 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. Dr. Crawford advised that the Board held an inaugural Tri-Regulatory Workshop yesterday and that it went well. Dr. Crawford advised that the Pharmacy Board is planning on

**BOARD MINUTES**  
**September 17, 2015**  
**Page 2**

holding the next workshop at their office during the first quarter of 2016.

**APPROVAL OF CERTIFICATION OF MISSISSIPPI LICENSES TO OTHER ENTITIES FOR THE PERIOD JULY 01, 2015, THROUGH AUGUST 31, 2015**

Two hundred sixty-seven (267) licenses were certified to other entities for the period of July 01, 2015, through August 31, 2015. Motion was made by Dr. Easterling, seconded by Dr. Mayo, and carried unanimously to approve these certifications.

**APPROVAL OF LICENSES ISSUED FOR THE PERIOD JULY 01, 2015, THROUGH AUGUST 31, 2015**

One hundred thirty-two (132) licenses were issued for the period of July 01, 2015, through August 31, 2015. Motion was made by Dr. Mayo, seconded by Dr. Miles, and carried unanimously to approve these licenses.

**REVIEW OF MINUTES OF THE EXECUTIVE COMMITTEE MEETING DATED JULY 15, 2015, AND MINUTES OF THE BOARD MEETING DATED JULY 16, 2015**

Minutes of the Executive Committee Meeting dated July 15, 2015, and Minutes of the Board Meeting dated July 16, 2015, were reviewed. Dr. Miles moved for approval of the minutes as submitted. Dr. Mayo seconded the motion and it carried unanimously.

**REPORT OF SEPTEMBER 16, 2015, EXECUTIVE COMMITTEE MEETING**

Dr. Craig briefly discussed issues/appearances that were discussed by the Executive Committee on September 16, 2015. Information pertaining to the Executive Committee's decisions/recommendations is included in the Executive Committee Minutes dated September 16, 2015.

Before voting on the recommendations, Dr. Easterling had a question concerning Dr. Conerly and the matter was briefly discussed. Following the 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**  
**September 17, 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 that the Committee met earlier today and discussed several regulations. Dr. Mayo discussed updates to three (3) current regulations.

- 1) Part 2605, Chapter 3, Temporary Licensure - being updated to provide temporary licensure for osteopathic physicians and podiatrists.
- 2) Part 2605, Chapter 2, Licensure Requirements for the Practice of Podiatrists - being updated to include the new licensure exam as offered by the APMLE.
- 3) Part 2640, Chapter 1, Rule 1.15 Pain Management - being updated to include additional CME requirements.

Following a brief discussion, motion was made by Dr. Easterling, seconded by Dr. Miles, and carried unanimously of the Board's intent to adopt the three (3) proposed updated regulations. A copy of each proposed regulation is attached hereto and incorporated by reference. The regulations will be filed with the Secretary of State under the Administrative Procedures Act.

Dr. Mayo stated that the Committee also discussed proposed regulations concerning Suboxone Therapy and the Practice of Hospice. Dr. Mayo advised these regulations will be handled at a later date.

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

Dr. Brunson advised that the Committee would like to have Dr. Craig send a blast email to all physicians to clarify the Board's interpretation of the telemedicine regulations.

**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.

**BOARD MINUTES**  
**September 17, 2015**  
**Page 4**

**PERSONAL APPEARANCE BY OBIE MCNAIR, M.D., JACKSON, MISSISSIPPI  
MEDICAL LICENSE NUMBER 10538, DISCUSS APRN AND TELEHEALTHONE**

Dr. Craig advised that Dr. McNair had been invited to appear before the Board to discuss his collaboration with an APRN at TelehealthONE.

Following the introductions, Dr. Crawford asked Dr. McNair to explain how he and the APRN will be working together with him practicing in Jackson and her practicing in Canton. Dr. McNair addressed the Board and briefly discussed how he and APRN Mangum will be working together and advised that he will be holding monthly review meetings with APRN Mangum.

Following several questions from Board members, motion was made by Dr. Easterling, seconded by Dr. Chance, and carried that the Board enter into Executive Session to discuss a pending inquiry.

The Board came out of Executive Session and advised that no motion was made, that they only had discussion. Dr. Crawford advised Dr. McNair that the Board wanted to impress upon him that the collaborative agreement is between him and the APRN. Dr. Crawford stated that the distance between their practice locations is more than 15 miles, so they will need to apply for a free standing clinic. Dr. Crawford advised that the Board expects this to be a true collaborative relationship and that he is the one responsible for his license. Also, Dr. Crawford stated the Board expects him to comply with the Board's rules and regulations, and reminded him that at the present time that audio only is not in the Board's regulations.

Dr. Crawford thanked Dr. McNair for appearing at today's meeting.

**PERSONAL APPEARANCE BY JOHN P. LOUWERENS, M.D., GREENVILLE,  
MISSISSIPPI MEDICAL LICENSE NUMBER 09506, REQUEST RESTRICTIONS BE  
REMOVED**

Stan Ingram, Complaint Counsel for Board, introduced Dr. Louwerens and advised the Board that Dr. Louwerens was here today to request the lifting of all restrictions on his medical license from the Consent Order dated September 19, 2013, as a result of an investigation.

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

**BOARD MINUTES**  
**September 17, 2015**  
**Page 5**

Mr. Ingram briefly summarized the Consent Order and placed an exhibit into the record.

Dr. Louwerens was sworn in by the court reporter and addressed the Board to make his request. Dr. Louwerens 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. Clay, seconded by Dr. Mayo and carried unanimously to remove all restrictions on Dr. Louwerens' license effective September 19, 2015, due to the fact that the 2013 Order was approved by the Board on September 19, 2013, and it was for two (2) years. 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 THOMAS PANICO, M.D., OXFORD, MISSISSIPPI**  
**MEDICAL LICENSE NUMBER 20882, APPEAL ORDER OF PROHIBITION**

Mr. Ingram introduced Dr. Panico and his attorney, William Bell. Mr. Ingram advised that Dr. Panico was appearing today to appeal the Order of Prohibition served on May 22, 2015.

Mr. Ingram discussed the Order of Prohibition and covered the violations of his Recovery Contract Agreement (RCA) with the Mississippi Professionals Health Program (MPHP) that had led to MPHP withdrawing advocacy, and reviewed the letter from Dr. Hambleton dated May 28, 2015. Mr. Ingram placed several exhibits into the record before making an opening statement.

Mr. Bell addressed the Board and made an opening statement and stated that evidence will show that Dr. Panico has been sober four (4) years. Mr. Bell stated that Dr. Panico is asking the Board to lift the Order of Prohibition and return to the April 30, 2015, agreement not to practice that Dr. Panico had signed with MPHP.

Dr. Panico was called to the witness stand as an adverse witness and was sworn in by the court reporter. Dr. Panico answered several questions from both attorneys as well as from Board members.

Mr. Ingram called Scott Hambleton, M.D., Medical Director, MPHP, to the witness stand and he was sworn in by the court reporter. Mr. Ingram asked several questions and asked the Board to approve Dr. Hambleton as an expert witness in

**BOARD MINUTES**  
**September 17, 2015**  
**Page 6**

addiction medicine, and the Board affirmed his request. Mr. Ingram asked several questions concerning Dr. Panico's RCA and what led MPHP to withdraw advocacy.

Mr. Bell questioned Dr. Hambleton and entered several exhibits into the record, as well as discussed the April 30, 2015, agreement not to practice.

Following several questions concerning the investigative process, Thomas Washington, Bureau Director of Investigations, was called to the witness stand and was sworn in by the court reporter. Mr. Washington answered questions from both attorneys and Board members.

**THE BOARD RECESSED FOR LUNCH AT 12:30 P.M. AND RETURNED AT 1:15 P.M.**

Mr. Bell continued by calling Mark Mooneyham to the witness stand. Mr. Mooneyham was sworn in by the court reporter. Mr. Bell asked Mr. Mooneyham how he knew Dr. Panico and he stated that they both drive taxi cabs in Oxford. Following several questions from Mr. Bell and Mr. Ingram, Mr. Mooneyham was allowed to step down from the witness stand.

Mr. Bell again called Dr. Panico to the witness stand and he was sworn in by the court reporter. Mr. Bell, Mr. Ingram, as well as Board members questioned Dr. Panico.

Following closing statements, motion was made by Dr. Mayo, seconded by Dr. Miles, and carried that the Board enter into Executive Session to discuss a matter which could have adverse affect on Dr. Panico's medical license.

Upon a motion by Dr. Crawford, seconded by Dr. Easterling, 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 voted to continue the Order of Prohibition until such time as Dr. Panico has advocacy with MPHP, at which time he may request a hearing before the Board. 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 RONALD VINCENT MYERS, SR., M.D., BELZONI, MISSISSIPPI MEDICAL LICENSE NUMBER 11615, SUMMONS AND AFFIDAVIT**

Mr. Ingram introduced Dr. Myers and his attorney Ottawa Carter and advised

that Dr. Myers had been summoned by the Board for a hearing.

Mr. Ingram briefly covered the Summons and Affidavit and stated that Dr. Myers has voluntarily surrendered his license in Oklahoma. Mr. Ingram advised that there is no need to retry the case as the documents and actions taken by the Oklahoma Board constitutes sufficient grounds upon which disciplinary action can be based.

Mr. Carter addressed the Board and discussed the settlement conference. Mr. Carter stated that he understands Mr. Ingram's objection to retrying the Oklahoma action, but that Dr. Myers is here to request that the Board allow him to practice with a restricted license.

Following a brief discussion, motion was made by Dr. Miles, seconded by Dr. Mayo, and carried that the Board enter into Executive Session to discuss a matter which could result in adverse action taken on Dr. Myers' license.

Upon returning from Executive Session, Dr. Crawford advised that the Board did not have enough information to make a decision and wants to proceed with the hearing before rendering a decision.

**MR. BRELAND EXITED THE MEETING AT 3:00 P.M.**

Mr. Ingram placed several exhibits into the record and then called Dr. Myers as an adverse witness to the witness stand. Dr. Myers was sworn in by the court reporter. Mr. Ingram asked several questions and then Mr. Carter questioned Dr. Myers and placed several exhibits into the record. Also, Board members questioned Dr. Myers.

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

Upon a motion by Dr. Easterling, seconded by Dr. Mayo, 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 revokes Dr. Myers' license based on the findings that he is guilty of Count I and Count II of the Affidavit. 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 IKECHUKUWU HYGINUS OKORIE, M.D.,  
HATTIESBURG, MISSISSIPPI MEDICAL LICENSE NUMBER 19875, SUMMONS  
AND AFFIDAVIT/BOARD'S PROPOSED CONSENT ORDER**

Mr. Ingram advised that Dr. Okorie nor his attorneys were present at this time. Mr. Ingram advised that the Board had a settlement conference and that a proposed Consent Order had been sent to Dr. Okorie, but that he had not signed the proposal so the matter will have to be heard at a later date. Mr. Ingram requested the Board's authorization to amend the Summons and Affidavit.

Following a brief discussion, motion was made by Dr. Mayo, seconded by Dr. Chance, and carried to amend the Summons and Affidavit to adjust the charges, and possibly add additional charges to be heard at the November Board meeting.

**HEARING IN THE CASE OF JONATHAN DAVID INGRAM, M.D., ATLANTA, GA.,  
MISSISSIPPI MEDICAL LICENSE NUMBER 16549, SUMMONS AND AFFIDAVIT**

Mr. Ingram introduced Dr. Ingram (no relation to the Board's attorney) and advised that he was here today without legal counsel due to having been served a Summons and Affidavit. Mr. Ingram advised Dr. Ingram that Ellen O'Neal, Assistant Attorney General, would like to question him regarding legal representation. Following questions from Ms. O'Neal, Dr. Ingram stated that he wanted to waive his right to an attorney and proceed without legal counsel.

Before Mr. Ingram summarized the Summons and Affidavit he noted that due to mail being returned that Dr. Ingram had not been provided the 30 day notice to appear, but Dr. Ingram advised that he wanted to waive the 30 day notice and have the hearing today.

Mr. Ingram advised the Board that Dr. Ingram is a radiologist and has medical license in thirteen (13) states. Mr. Ingram briefly summarized the Summons and Affidavit before entering several exhibits into the record.

Dr. Ingram was called to the witness stand and was sworn in by the court reporter. Dr. Ingram addressed the Board and explained how the problems all started when a company renewed his medical license. Dr. Ingram advised that he has not actually read films since 2013.

Following several questions from Mr. Ingram and Board members, motion was made by Dr. Easterling, seconded by Dr. Rea, and carried to grant Dr. Ingram an unrestricted medical license due to extenuating circumstances. 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 introduced Doug Mercier who is the attorney for Dr. Bayer. Mr. Mercier advised that the Board in the last couple weeks had amended the affidavit to clarify facts and add additional information. Mr. Mercier stated that the Board's regulations state that a summons and affidavit may be amended to add additional charges or counts provided the amended summons and affidavit is served upon respondent not less than thirty (30) days from the scheduled hearing. Mr. Mercier advised this was not the case and that he was requesting a continuance. Also, Mr. Mercier advised that Dr. Bayer wants to make sure all information is disclosed, so this will give them time to prepare for the hearing.

Motion was made by Dr. Mayo, seconded by Dr. Miles, and carried unanimously to grant the continuance until the November Board meeting. A copy of the Continuance is attached hereto and incorporated by reference.

**REQUEST FROM JOHN D. CAMPBELL, ORLANDO, FL, POTENTIAL APPLICANT**

Dr. Craig advised that Dr. Campbell is a physician residing in Orlando, FL, that had sent a letter concerning licensure in Mississippi. Dr. Craig advised that Dr. Campbell suffered a traumatic brain injury in 1998 and has recovered. The Florida Medical Board will allow him to re-enter practice under certain stipulations, mainly being under supervision initially to demonstrate his ability to handle practicing on his own.

Following a brief discussion, motion was made by Dr. Rea, seconded by Dr. Miles, and carried to request that Dr. Craig advise Dr. Campbell that once he clears up the matter in Florida and receives an unrestricted license that he may then apply in Mississippi.

**FOR INFORMATIONAL PURPOSES, DAVID L. JAMESON, M.D., TYLERTOWN,  
MISSISSIPPI MEDICAL LICENSE NUMBER 12510, ORDER OF PROHIBITION**

For informational purposes only, Dr. Craig advised that Dr. Jameson had been served with an Order of Prohibition. A copy of the Order of Prohibition is attached hereto and incorporated by reference.

**REFERRAL TO EXAMINING COMMITTEE OF MPHP #0440, FINAL REPORT OF DETERMINATION AND RECOMMENDATION FOR BOARD REVIEW AND APPROVAL**

Dr. Craig discussed the anonymous referral to the Examining Committee and their recommendation. Motion was made by Dr. Easterling, seconded by Dr. Miles, and carried to accept the Examining Committee's Final Report and recommendations.

**REFERRAL TO EXAMINING COMMITTEE OF MPHP #0441, FINAL REPORT OF DETERMINATION AND RECOMMENDATION FOR BOARD REVIEW AND APPROVAL**

Dr. Craig discussed the anonymous referral to the Examining Committee and their recommendation. Motion was made by Dr. Easterling, seconded by Dr. Miles, and carried to accept the Examining Committee's Final Report and recommendations.

**LIST OF MISSISSIPPI PHYSICIANS AND PHYSICIAN ASSISTANTS THAT DID NOT RENEW THEIR LICENSE BY JUNE 30, 2015**

For informational purposes only, Dr. Craig advised that the list shows all physicians and physicians assistants that did not renew their medical license by June 30, 2015.

**ALI DODGE-KHATAMI, M.D., PHD, UNIVERSITY OF MISSISSIPPI MEDICAL CENTER, APPLICANT, WAIVER REQUEST FOR PERMANENT LICENSE**

Dr. Craig advised that Dr. Dodge-Khatami had been discussed at the July Board meeting. Dr. Craig advised that Dr. Dodge-Khatami has requested a waiver relative to the Board's regulation to allow the Board to grant waivers for exemplary applicants after the committee reviews the application and waiver request.

Following a brief discussion concerning Dr. Dodge-Khatami's post graduate training, motion was made by Dr. Mayo, seconded by Dr. Brunson, and carried unanimously to approve Dr. Dodge-Khatami's waiver request to allow for permanent licensure.

**HEARING IN THE CASE OF MICHAEL A. WHITE, M.D., COLUMBUS, MISSISSIPPI MEDICAL LICENSE NUMBER 11125, SUMMONS AND AFFIDAVIT**

Mr. Ingram requested that Thomas Washington, Bureau Director of Investigations, check to see if Dr. White was in the building or had signed the sign in sheet at the receptionist's desk. Mr. Washington checked and advised that Dr. White

**BOARD MINUTES**  
**September 17, 2015**  
**Page 11**

was not in the building and had not signed in at the receptionist's desk.

Mr. Ingram advised that Dr. White had been properly served and that he had been granted a Continuance at the July Board meeting that stated, "No further continuances will be granted." Also, Dr. White had been sent certified mail stating the same and the Board has received the signed receipt back from Dr. White. Mr. Ingram advised that Dr. White's attorney, Rodney Ray, sent a request for a continuance on September 9, 2015, and the Board's regulation clearly states that motions for a continuance must be filed with the Board at least fifteen (15) days prior to the scheduled hearing. Mr. Ingram advised that he has sent a letter to Mr. Ray advising that he will object a continuance at the Board meeting.

Motion was made by Dr. Mayo, seconded by Dr. Easterling, and carried of the Board's intention to deny the request for the continuance and to hold the hearing in absentia.

Mr. Ingram placed several exhibits into the record and summarized the summons and affidavit before calling Thomas Washington to the witness stand.

Mr. Washington was sworn in by the court reporter before he was questioned by Mr. Ingram as well as Board members concerning Dr. White and his failure to comply with the Board's Determination and Order dated January 19, 2012.

Following a brief discussion, motion was made by Dr. Chance, seconded by Dr. Rea, and carried that the Board enter into Executive Session to discuss a matter that could adversely affect Dr. White's medical license.

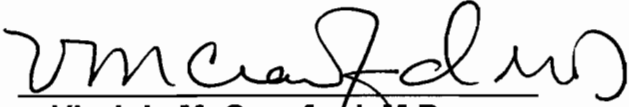
Upon a motion by Dr. Mayo, seconded by Dr. Easterling, and carried the Board came out of Executive Session at which time Dr. Crawford asked Dr. Chance to report on the Board's decision. Dr. Chance advised that due to Dr. White's failure to comply with the Board's Order that they found him guilty of Counts I and II as charged. Therefore, Dr. White's license is revoked. A copy of the Order is attached hereto and incorporated by reference.

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

**BOARD MINUTES**  
**September 17, 2015**  
**Page 12**

**ADJOURNMENT**

There being no further business, the meeting adjourned at 5:55 p.m., with the next meeting scheduled for Thursday, November 12, 2015.

  
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**Virginia M. Crawford, M.D.**  
**President**

Minutes taken and transcribed  
by Sherry H. Pilgrim  
Staff Officer  
September 17, 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 <a href="mailto:rhonda@msbml.ms.gov">rhonda@msbml.ms.gov</a>	SUBMIT DATE 9-18-2015	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 Rule 3.1

**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.

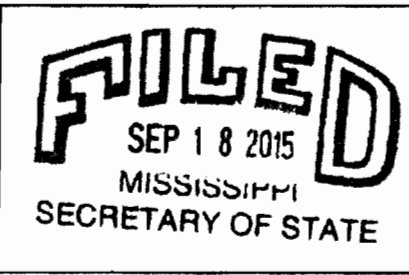
**ECONOMIC IMPACT STATEMENT:**

- 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 checked="" 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 checked="" type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____	Date Proposed Rule Filed: _____ Action taken: <input 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 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 #21532 <i>[Signature]</i>	Accepted for filing by

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.

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

*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 ~~for medical licensure by credentials~~ 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. successful completion 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, ~~or 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.

*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@msbmi.ms.gov	SUBMIT DATE 9-18-2015	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 Rule 2.1

**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.

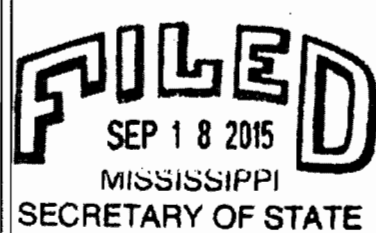
**ECONOMIC IMPACT STATEMENT:**

- 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) <input checked="" type="checkbox"/> Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed final effective date: <input checked="" type="checkbox"/> 30 days after filing _____ Other (specify): _____	Date Proposed Rule Filled: _____ Action taken: _____ Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: _____ 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; padding: 10px; text-align: center;">  </div> Accepted for filing by #21531 <i>[Signature]</i>	OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by
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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.**

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

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

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- 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.**

*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 9-18-2015	Name or number of rule(s): Part 2640 Chapter 1, Rule 1.15 Pain Management		

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.

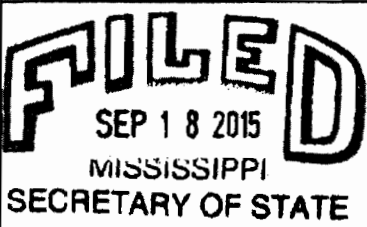
**ECONOMIC IMPACT STATEMENT:**

- 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) <input checked="" type="checkbox"/> Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed final effective date: <input checked="" type="checkbox"/> 30 days after filing _____ Other (specify): _____	Date Proposed Rule Filed: _____ Action taken: _____ Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: _____ 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	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		
Accepted for filing by	Accepted for filing by <i>[Signature]</i> #21533	Accepted for filing by

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.

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

## **Title 30: Professions and Occupations**

### **Part 2640: Prescribing, Administering and Dispensing**

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  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.
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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:
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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
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  - 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 ~~15~~ 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.

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**

**JOHN PETER LOUWERENS, M.D.**

**ORDER**

**THIS MATTER** came on regularly for hearing on September 17, 2015, before the Mississippi State Board of Medical Licensure, in response to the petition of John Peter Louwerens, M.D. (hereinafter "Licensee"), seeking removal of all restrictions on his license to practice medicine in the State of Mississippi. By virtue of that certain Consent Order dated September 19, 2013, Licensee's certificate to practice medicine in the State of Mississippi, Licensee was not permitted to practice in a hospice, directly or indirectly, in a facility or home care. After expiration of two (2) years Licensee had the right to petition the Board for reinstatement to practice in a hospice, provided Licensee reimburse the Board for all costs incurred in the matter and complete certain continuing medical education. 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 effective September 19, 2015. 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, John Peter Louwerens, M.D.

**ORDERED**, this the 17<sup>th</sup> of September, 2015.

**MISSISSIPPI STATE BOARD OF  
MEDICAL LICENSURE**

BY:

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

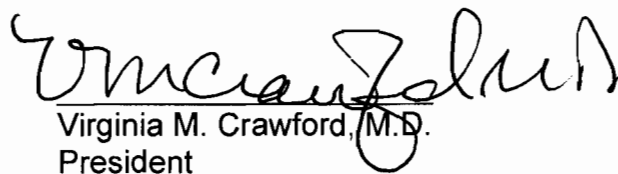
**EXECUTIVE SESSION**  
**MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE**  
**September 17, 2015**

AGENDA ITEM: Hearing in the case of Thomas Panico, M.D.

In a motion made by Dr. Mayo, seconded by Dr. Rea, and carried the Board voted to continue the Order of Prohibition until such time as Dr. Panico has advocacy with MPHP at which time Dr. Panico may request a hearing before the Board.

<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. Crawford, seconded by Dr. Easterling, 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**

**THOMAS E. PANICO, M.D.**

**DETERMINATION AND ORDER**

THIS MATTER came on regularly for hearing on September 17, 2015, before the Mississippi State Board of Medical Licensure (hereinafter "Board"), pursuant to Title 73, Chapter 25 of Mississippi Code (1972) Annotated. Thomas E. Panico, M.D., (hereinafter "Dr. Panico" or "Licensee") initiated these proceedings by virtue of his request for authorization to return to practice. Pursuant to authority granted in a Recovery Contract Agreement with Dr. Panico, the Board issued an Order of Prohibition on May 21, 2015, thereby prohibiting Licensee from practicing medicine until such time as the Board and the Mississippi Professionals Health Program (hereinafter "MPHP") determine that Dr. Panico is able to return to the practice of medicine. The hearing was scheduled for this purpose.

Dr. Panico was present and represented by Honorable William Bell. Complaint Counsel for the Board was Honorable Stan T. Ingram. Sitting as legal advisor to the Board was Honorable Ellen O'Neal, Assistant Attorney General. Board members present for the 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., and John Clay, 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. Dr. Panico is a disabled physician, who suffers from chemical dependency. His drug of choice is alcohol. Dr. Panico is the current holder of Mississippi Medical License No. 20882 issued on October 27, 2009. While Dr. Panico currently holds a Mississippi medical license, he is prohibited from practicing medicine by virtue of the aforementioned Order of Prohibition issued by the Board on May 21, 2015, following receipt of notification from the MPHP that Dr. Panico had violated the terms of a Recovery Contract Agreement (hereinafter "RCA"). Specifically, on March 10, 2014, Dr. Panico entered into a RCA with the Mississippi Professionals Health Committee (hereinafter "MPHC"), the operating arm of the MPHP. Recovery Contract Agreements are monitoring agreements entered into by and between a disabled or impaired physician which offers support and advocacy from the MPHP as consideration in exchange for the impaired physician agreeing to do certain things to insure sobriety and recovery. As to Dr. Panico, the stated consideration was set forth in the March 10, 2014, RCA states in part:

"IN CONSIDERATION, of the Mississippi Professional Health Program (MPHP) agreeing to assume an active advocacy role on my behalf with the Mississippi State Board of Medical Licensure (MSBML), or other licensing boards, hospital boards, managed care panels, malpractice carriers and other appropriate agencies, I, Thomas Panico, M.D., hereby agrees to comply with the following terms and conditions:"

The March 10, 2014, RCA then sets forth those terms and conditions which Dr. Panico must adhere to, including but not limited to total abstinence from any mood-altering substances, random and witnessed urine and/or blood screens, use of a primary care physician named in the contract and prohibited against taking any mood-altering substances other than in cases of medical emergencies. When executing the March 10,

2014, RCA, Dr. Panico also acknowledged receipt of a list of over-the-counter medications which are approved and those which are not approved. One of the over-the-counter medications which Dr. Panico was advised not to take was Diphenhydramine, commonly known as Benadryl. The reason Diphenhydramine is on the list of non-approved medications is because it may impact impulse control, especially for those suffering from alcohol dependence. Again, Licensee's drug of choice is alcohol.

2. As with all Recovery Contract Agreements, Dr. Panico and the MPHP/MPHC are not the only signatory parties to the March 10, 2014, RCA. The Mississippi State Board of Medical Licensure is also a signatory party. There are a number of reasons for this, most notably to ensure the right of the Board to independently take urine and/or blood screens from the disabled physician and the right of the Board to take disciplinary action in the event the disabled physician fails to comply with all terms and conditions stated therein.

While the Board is a signatory party to the agreement, the contract itself is not deemed to be disciplinary action, thus no report is filed with the National Practitioner Data Bank, unless and until formal disciplinary action is taken following a relapse and/or violation of the contract terms. This is to encourage disabled physicians to voluntarily enter into treatment and thereafter maintain sobriety. In this regard, paragraph 23 of the March 10, 2014, RCA with Dr. Panico sets forth the specific consequences of a breach of the contract and/or relapse:

23. **Breach of Contract and/or Relapse.** I understand that any breach of this contract will be grounds for re-evaluation by the MPHP with an immediate report to the MSBML.

I understand that if I experience a relapse, this fact shall be immediately reported by the MPHP to the Executive Director of the MSBML. Such report will include, or be followed by MPHP's response to the relapse

and its recommendations regarding the relapse. I understand that MPHP's practice related recommendations regarding licensure/DEA issues are non-binding to the MSBML.

In the event I should relapse or fail to comply with any of the conditions of this agreement, the MSBML shall have the authority, with recommendation from the MPHP/MPHC, to immediately prohibit me from practicing medicine until such time as the MSBML and MPHP determines that I am able to return to the practice of medicine. In so doing, the MSBML and MPHP may require me to undergo further evaluation.

In the event of a relapse or violation of this agreement, any action by the MSBML may be deemed disciplinary action, and all documents relating thereto, including this agreement, shall thereafter be deemed public record and reportable to the Federation of State Medical Boards, the National Practitioner Data Bank and other entities requiring MSBML reporting.

The withdrawal of MPHP's advocacy may, in the MPHC's discretion, include the express authority of the MPHP and the MPHP to notify any entity or individual before whom there has been (or would have been support on my behalf, including without limitation, the following concerned parties: any employer, my referent, appropriate insurers with whom the MPHP has established agreement, or with whom the MPHP has communicated or offered support on my behalf, credentialing entities, and possibly, the MSBML (or other relevant licensing boards). This agreement constitutes my irrevocable authorization to the MPHP and the MPHC to make such communications about the withdrawal of support.

3. Pursuant to the terms and conditions of the March 10, 2014, RCA, Dr. Panico provided a random drug screen obtained by Board investigator, Mickey Boyette on March 17, 2015. The sample was positive for Diphenhydramine. Dr. Panico admitted that he had taken the substance because he could not fall asleep after drinking energy drinks. Because of the violation of the RCA, Dr. Panico signed an agreement not to practice with the MPHP, pending review of the matter by the MPHC, all preliminary to its recommendation to the Board as required under the RCA. The Board was not a party to

the April 30, 2015, letter agreement, the same being an agreement solely between the MPHC and Dr. Panico pending the committee's investigation and making recommendations to the Board. On May 7, 2015, following its review of the matter, the MPHP advised the Board that it was no longer able to provide advocacy for Dr. Panico's continued practice of medicine. The letter informed the Board of the positive urine screen and then stated, in part:

“Unfortunately, Dr. Panico has been unable to comply with the terms of a Recovery Contract Agreement. Therefore, we have no mechanism to advocate for his ability to practice medicine with reasonable skill and safety to patients; and we are referring this case to your office for a final disposition.”

On May 28, 2015, the MPHP advised Dr. Panico, with a copy to the Board, that it was their recommendation that he continue to participate in recovery related activities and live in a halfway house or some other kind of sober living environment, “and that you continue to obtain documented sobriety for the next three to five years.” Provided he complies with this recommendation, the MPHC stated that it would be willing to revisit the issue in three to five years to consider once again providing advocacy for his return to the practice medicine. The matter was formerly referred to the Board for final disposition.

4. During the hearing, Scott Hambleton, M.D., Medical Director of the MPHP and an expert in addiction medicine, testified as to why the MPHP/MPHC chose to withdraw advocacy and require three to five years of documented sobriety before reconsideration. While any violation of an RCA constitutes grounds for disciplinary action by the Board, in the case of Dr. Panico, the violation was the culmination of a long history of repeated treatments, relapses and other violations. Evidence presented before the Board established the following extensive history pertaining to Dr. Panico, all of which he

openly acknowledged:

- a. Dr. Panico has been treated five (5) separate times for alcohol dependency, including treatment at Marworth Health, Waverly, Pennsylvania; Healthcare Connection, Tampa, Florida; COPAC, Brandon, MS; Harbor House, Jackson, MS; and Palmetto Addiction Recovery, Rayville, Louisiana.
- b. There were two (2) relapses and three (3) treatments for alcohol dependency before Dr. Panico even received a license to practice medicine in 2009 from this Board. The MPHP advocated for Dr. Panico and recommended licensure provided he complies with the terms of a recovery contract agreement.
- c. In view of the multiple relapses and treatments, Dr. Panico has executed multiple monitoring agreements, four (4) of which were with the Mississippi Professionals Health Program. Each contract followed a relapse and/or contract violation. Dr. Panico's first RCA with the MPHP was executed on September 9, 2009, when he received his initial medical license.
- d. Following his third relapse and residential treatment at Harbor House, Dr. Panico executed his second RCA for a five (5) year term. This was followed by a fourth relapse and treatment at Palmetto Addiction Recovery Center, wherein the Board on October 5, 2011, issued an Order of Prohibition similar to the one now under consideration, which effectively prohibited Dr. Panico from practicing. Following several years without a medical license, Dr. Panico again received advocacy and support from the MPHP, and executed the current March 10, 2014, RCA. With support of the MPHP, the Board gave Dr. Panico yet another chance and reinstated his license on May 5, 2014. The Board took note and

found it significant that when the Board entered the Order reinstating Dr. Panico's license on May 15, 2014, one of the reasons for authorizing reinstatement was Dr. Panico's agreement to execute the current March 10, 2014, RCA and his compliance with all terms and conditions therein. Dr. Panico failed to do so.

5. During the hearing, Dr. Panico and his lawyer introduced exhibits and argued that he has been in recovery for the past four (4) years and that the only violation of the contract was a technical lapse in judgement when he chose to take Benadryl. However, Dr. Scott Hambleton testified and the Board finds that such conduct exhibited not only poor judgment but a pattern of behavior consistent with the extensive history of repeated relapses, violations and treatments. It was this reason that Dr. Hambleton testified that the MPHPC felt that they would no longer be able to effectively monitor his sobriety and that he must document three (3) to five (5) years of sober living and recovery related activities. It is the Board's decision not to revoke Dr. Panico's license, but to require that he document the aforementioned three (3) to five (5) years of sober living prior to any Board reconsideration of his return to practice.

### **CONCLUSIONS OF LAW**

The Board finds that pursuant Miss. Code Ann. Section 73-25-59, the March 10, 2014, Recovery Contract Agreement is a valid and binding contract (voluntary restriction of licensure) between this Board and Dr. Panico. Further, the Board finds that when executing the contract, Dr. Panico waived those hearing procedures enumerated in Miss. Code Ann. Section 73-25-63, based in part on the consideration he received through years of advocacy from the MPHP; and the benefit he has received as a result of the non-

disciplinary approach utilized. Pursuant to the terms and conditions of the March 10, 2014, Recovery Contract Agreement, the Board hereby continues the May 22, 2015, Order of Prohibition until such time as Dr. Panico has secured advocacy from the Mississippi Professionals Health Program. Stated differently, it is the opinion of this Board that Dr. Panico participate in recovery/related activities and live in a halfway house or some other kind of sober living environment and that he continue to document sobriety for the next three (3) to five (5) years.

**ORDER**

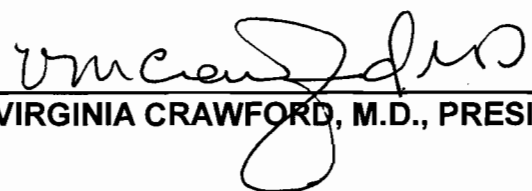
**IT IS THEREFORE, ORDERED** that based upon the Findings of Fact and Conclusions of Law enumerated above, Licensee request for authorization to return to practice (lifting the Order of Prohibition) is hereby denied. Licensee shall have the right to petition for reinstatement at such time has he has regained advocacy with the Mississippi Professionals Health Program.

**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 Thomas E. Panico, M.D., or his counsel.

**SO ORDERED**, this the 17th day of September, 2015.

**MISSISSIPPI STATE BOARD OF  
MEDICAL LICENSURE**

BY:

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

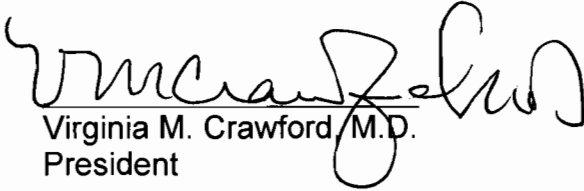
**EXECUTIVE SESSION**  
**MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE**  
**September 17, 2015**

AGENDA ITEM: Hearing in the case of Ronald V. Myers, Sr., M.D.

In a motion made by Dr. Easterling, seconded by Dr. Clay, and carried the Board voted to revoke Dr. Myers' license based on the findings that he is guilty of Count I and Count II of the Summons and Affidavit.

<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. Mayo, 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**

**RONALD VINCENT MYERS, SR., M.D.**

**DETERMINATION AND ORDER**

THIS MATTER came on regularly for hearing on September 17, 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 August 5, 2015, by issuance of a Summons and Affidavit against Ronald Vincent Myers, Sr., M.D., (hereinafter "Licensee") setting forth a total of two (2) counts of violation of Miss. Code Ann. Sections 73-25-29 and 73-25-83.

Licensee was present and represented by Honorable Ottawa Carter. Complaint Counsel for the Board was Honorable Stan T. Ingram. Sitting as legal advisor to the Board was Honorable Ellen O'Neal, Assistant Attorney General. Board members present for the 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. and John Clay, 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 the current holder of Mississippi Medical License Number 11615, to practice medicine in the State of Mississippi. Said License expired as of June 30, 2015.
2. On or about August 22, 2014, the Oklahoma Board of Medical Licensure and Supervision issued a citation to Licensee in Case No. 12-05-4542, charging Licensee with

multiple allegations of “professional misconduct” pertaining in part to Licensee’s prescribing and handling of controlled substances at a medical clinic, alleged to be a “Pill Mill,” all in violation of the Oklahoma Medical Practice Act.

3. On April 14, 2015, Licensee voluntarily surrendered his State of Oklahoma Medical license (No. 17754) by signing a written document entitled, “Voluntary Surrender in Lieu of Prosecution”. Licensee acknowledged that he had committed acts of unprofessional conduct as summarized therein. The Voluntary Surrender was accepted by the Oklahoma State Board of Medical Licensure and Supervision on May 14, 2015. By virtue of the Surrender, Licensee agreed that he shall not, and is ineligible to apply for reinstatement of his Oklahoma medical license for at least one (1) year from the date. On May 14, 2015, the surrender was accepted by the Secretary to the Oklahoma Board. As a condition for acceptance of the surrender of license in lieu of prosecution, Licensee acknowledged and agreed that, should he ever apply for reinstatement of his medical license, the following alleged acts of unprofessional conduct, as stated in the Amended Complaint against Licensee, shall be adjudicated prior to the Board’s consideration of whether such application for reinstatement should be granted:

- A. Failing to maintain an office record for each patient which accurately reflects the evaluation, treatment, and medical necessity of treatment of the patient, in violation of 59 O.S. 2011, § 509(18);
- B. Failing to provide necessary ongoing medical treatment when a doctor-patient relationship has been established, in violation of 59 O.S. 2011, § 509(19);
- C. Failing to provide a proper and safe medical facility setting and qualified assistive personnel for a recognized medical act and maintaining adequate medical records to support diagnosis, procedure, treatment or prescribed medications, in violation of 59 O.S. 2011, § 509(20) and Okla. Admin. Code § 435:10-7-4(41);

- D. Delegating of authority to another person for the signing of prescriptions for either controlled or non-controlled drugs, in violation of Okla. Admin. Code § 435:10-7-4(7);
- E. Engaging in gross or repeated negligence in the practice of medicine and surgery, in violation of Okla. Admin. Code § 435:10-7-4(15);
- F. Aiding or abetting the practice of medicine and surgery by an unlicensed, incompetent, or impaired person, in violation of 59 O.S. 2011, § 509(14) and Okla. Admin. Code § 509(14) and Okla. Admin. Code § 435:10-7-4(21);
- G. Engaging in the improper management of medical records, in violation of Okla. Admin. Code § 435:10-7-4(36);
- H. Failing to properly supervise P.A. Tougas, impermissibly permitting P.A. Tougas to issue prescriptions or orders for drugs the Defendant (Licensee) is not permitted to prescribe, and knowingly allowing or participating with P.A. Tougas in the negligence of P.A. Tougas' practice as a physician assistant, in violation of Okla. Admin. Code §§ 435:10-7-7(27), 435:15-5-1(b)(1)-(5), (7), 435:15-5-10(e), 435:15-5-11(a)(4),(b);
- I. Acting as the employee of P.A. Tougas, in violation of Okla. Admin. Code §§435:10-7-4(27), 435:15-5-1(b)(6);
- J. Violating, or attempting to violate, directly or indirectly, the provisions of the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act, either as a principal, accessory or accomplice, in violation of 59 O.S. 2011, §§ 509(13), (14), and Okla. Admin. Code § 435:10-7-4(21); and
- K. Receiving a fee, commission, or other compensation for professional services not actually rendered, in violation of Okla. Admin. Code § 435:10-7-4(30).

4. As a part of the Surrender document which Licensee duly executed, Licensee acknowledged that on April 2, 2015, a final order was entered following a hearing before the Oklahoma Bureau of Narcotics, resulting in revocation of his Oklahoma controlled substances registration certificate. That particular order determined that Licensee did, among other findings of fact, fail to maintain effective controls against the diversion of controlled dangerous drugs; prescribed controlled dangerous drugs other than for

legitimate purpose; prescribed controlled dangerous drugs without establishing a physician-patient relationship; and permitted a physician assistant to prescribe controlled dangerous drugs outside the scope of his practice and authority under Licensee's supervision. At the hearing before the Oklahoma Bureau of Narcotics, Licensee was represented by two attorneys.

5. At the hearing before this Board, Licensee attempted to explain that he was not the medical director of the Oklahoma clinic and was responsible for only handling certain patients for which he made substantial efforts to lower the number of narcotics which they were then taking. In addition, Licensee attempted to explain his relationship with the physician assistant and the findings by the Oklahoma Bureau of Narcotics that he routinely signed prescriptions presented to him by the physician assistant. In so doing, Licensee stated that in Oklahoma physician assistants are not permitted to prescribe controlled dangerous drugs. Exhibits introduced by Board Counsel established otherwise. Regardless, the mere fact that Licensee surrendered his Oklahoma license establishes sufficient grounds by this Board upon which to take action as set forth below.

### **CONCLUSIONS OF LAW**

Based upon the foregoing, Licensee is guilty of Count One (1) of the August 5, 2015, Affidavit by virtue of the surrender of his license or authorization to practice medicine in another state or jurisdiction, all in violation of Miss. Code Ann., Section 73-25-29(10).

Based on the foregoing, Licensee is guilty of Count Two (2) of the August 5, 2015, Affidavit by virtue of conduct deemed unprofessional, all in violation of Miss. Code Ann., Section 73-25-29(8)(d).

**ORDER**

**IT IS THEREFORE, ORDERED**, that based upon the Findings of Fact and Conclusions of Law enumerated above, that Mississippi Medical License No. 11615, duly issued Ronald Vincent Myers, Sr., M.D., is hereby revoked.

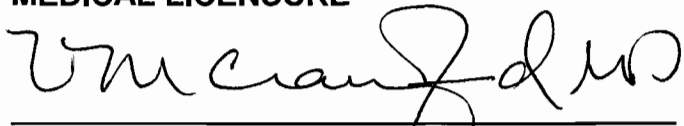
**IT IS FURTHER ORDERED**, that Licensee shall reimburse the Board for all costs incurred in relation to the pending matter pursuant to Miss. Code Ann. § 73-25-30, with said amount not to exceed \$10,000. Licensee shall be advised of the total assessment by separate notification, and shall tender to 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 to her primary practice location as currently shown in his last licensure renewal.

**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 Ronald Vincent Myers, Sr., M.D.

**SO ORDERED**, this the 17th day of September, 2015.

**MISSISSIPPI STATE BOARD OF  
MEDICAL LICENSURE**

**BY:**

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

**BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE**

**IN THE MATTER OF THE PHYSICIAN'S LICENSE**

**OF**

**JONATHAN DAVID INGRAM, M.D.**

**DETERMINATION AND ORDER**

THIS MATTER came on regularly for hearing on September 17, 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 August 10, 2015, by issuance of a Summons and Affidavit against Jonathan David Ingram, M.D., (hereinafter "Licensee") setting forth a total of two (2) counts of violation of Miss. Code Ann. Sections 73-25-29 and 73-25-83.

Licensee was present without counsel. Complaint Counsel for the Board was Honorable Stan T. Ingram. Sitting as legal advisor to the Board was Honorable Ellen O'Neal, Assistant Attorney General. Board members present for the 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. and John Clay, 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. 16549. Said license expired June 30, 2013.

2. That on May 9, 2012, Licensee's certificate to practice medicine and surgery in the State of Ohio was revoked by the State Medical Board of Ohio, based in part on his failure to comply with investigatory requests, subpoenas, and orders as directed by the Ohio Board. The Ohio Board action was based on a denial of licensure by the State of Florida, which was based on a determination that Licensee had failed to adequately respond to questions raised during the application process.

3. Licensee testified regarding his failure to be responsive to the Ohio and Florida boards, and addressed a number of personal issues then impacting his life. While this Board finds that such personal issues are no excuse, such matters do explain his lack of responsiveness.

### **CONCLUSIONS OF LAW AND ORDER**

Based upon the foregoing, Licensee is guilty of both counts as set forth in the charging affidavit. However, based on the extenuating circumstances revealed during the testimony of Licensee, it is the decision of the Board to permit Licensee to seek reinstatement of his expired Mississippi license.

**IT IS THEREFORE ORDERED** that Licensee shall have the right to seek reinstatement of his Mississippi Medical License (No. 16549) upon proper submission of an application, payment of all arrears and adherence to any other requirements pertaining licensure renewal as mandated by Board regulation.

**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

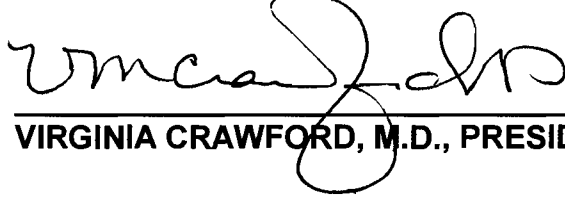
before forty (40) days from the date the assessment is mailed to Licensee via U. S. mail to his primary practice location as currently shown in his last licensure renewal.

**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 Jonathan David Ingram, M.D.

**SO ORDERED**, this the 17th day of September, 2015.

**MISSISSIPPI STATE BOARD OF  
MEDICAL LICENSURE**

BY:



**VIRGINIA 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.**

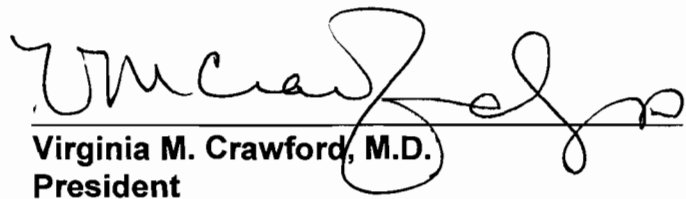
**ORDER OF CONTINUANCE**

**THIS MATTER** came on regularly for hearing on September 17, 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 Steven Lindsey Bayer, M.D., (hereinafter "Licensee") through his attorney, Doug Mercier. 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 November 12, 2015.

**ORDERED**, this the 17<sup>th</sup> day of September, 2015.

**Mississippi State Board of Medical Licensure**

  
**Virginia M. Crawford, M.D.**  
**President**

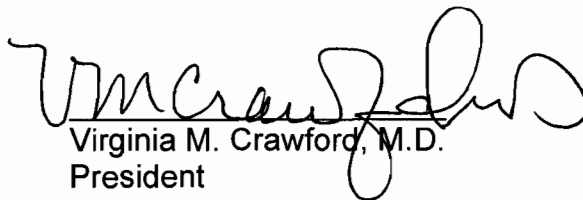
**EXECUTIVE SESSION**  
**MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE**  
**September 17, 2015**

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

In a motion made by Dr. Mayo, seconded by Dr. Rea, and carried the Board voted that due to Dr. White's failure to comply with the Board's Order, that they find Dr. White guilty of Counts I and II as charged. Therefore, the Board revokes Dr. White's license.

<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. Mayo, seconded by Dr. Easterling, 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.**

**DETERMINATION AND ORDER**

THIS MATTER came on regularly for hearing on September 17, 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 June 16, 2015, by issuance of a Summons and Affidavit against Michael Alex White, M.D., (hereinafter "Licensee") setting forth a total of two (2) counts of violation of Miss. Code Ann. Sections 73-25-29 and 73-25-83. This matter was initially set for hearing on July 16, 2015, but upon request of Licensee, was continued to this date.

Licensee failed to appear. Complaint Counsel for the Board was Honorable Stan T. Ingram. Sitting as legal advisor to the Board was Honorable Ellen O'Neal, Assistant Attorney General. Board members present for the 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., and John Clay, M.D.

**ORDER DENYING MOTION FOR SECOND CONTINUANCE**

By letter dated September 9, 2015, attorney Rodney A. Ray, Columbus, Mississippi, corresponded with the Board requesting further continuance based on a trial conflict. For the reasons hereinafter noted, this motion is hereby denied. First, this is Licensee's second request. Licensee was advised of the September 17, 2015 setting by certified mail on July 24, 2015, yet failed to make his request for his second continuance until one week before the hearing, all in

violation of Board's Rules of Procedure which require 15 days notice. Further, upon issuance of the order granting the first continuance, Licensee was clearly advised by transmittal letter, dated July 22, 2015, "please note that no further continuances will be granted." Lastly, no one appeared to argue the motion. Upon receipt of the letter (motion) from attorney Ray, Board Counsel, Stan Ingram immediately responded advising Ray that the motion would be contested. Licensee could well have appeared himself or employed other counsel to present the same.

#### DETERMINATION TO PROCEED IN ABSENTIA

After an inspection of the hearing room and adjacent offices, the Board was advised that neither Licensee nor counsel were present. Upon the request of Board Counsel, the hearing was moved to the end of the docket, at which time Licensee remained absent. Upon request of Board Counsel, the Board directed that the hearing be conducted in absentia.

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 was duly served with process and had proper notice of the proceedings herein.
2. Licensee, was licensed to practice medicine in the State of Mississippi on July 8, 1986, by issuance of Mississippi Medical License No. 11125, said license was current until June 30, 2016.
2. On March 20, 2013, Licensee surrendered for cause his U.S. Drug Enforcement Administration (DEA) Uniform Controlled Substances Registration Certificate (No. BW3923009).

3. Following the issuance by the Board of a Summons and Affidavit charging Licensee with numerous violations of the Mississippi Medical Practice Act, pertaining to the prescribing and handling of controlled substances, a hearing was conducted by the Board on January 19, 2012. Licensee was found guilty as charged and a Determination and Order was rendered. The order suspended Licensee's certificate to practice medicine for a period of six (6) months, but stayed the suspension, subject to certain conditions, including, but not limited to: (1) Within six (6) months from the date of the order, Licensee must attend and successfully complete courses designated as American Medical Association (AMA) Category I Continuing Medical Education (CME) in the proper prescribing of controlled substances, ethics and medical record keeping, with said courses approved in advance by the Executive Director of the Board; and (2) that following completion of the Continuing Medical Education and the six (6) month stayed suspension, Licensee was directed to appear before the Executive Committee of the Board so as to discuss and review the course work and Licensee's compliance with the Rules and Regulations of the Board. In addition to the CME, Licensee was directed to reimburse the Board of all costs incurred in relation to the pending matter not to exceed \$10,000 pursuant to Miss. Code Ann., Section 73-25-30. Licensee was advised of the total assessment of \$10,000.00 by separate written notification, and directed to have a certified check or money order made payable to the Board on or before forty (40) days from the date Licensee receives the aforementioned notification.

4. Licensee failed to take the required CME and failed to reimburse the Board the aforementioned \$10,000 assessment. Following the issuance by the Board of a second Summons and Affidavit charging him with violation of the January 19, 2012 Determination and Order, a second hearing was conducted by the Board on November 13, 2013. Licensee was present and represented by counsel, Rodney A. Ray. Licensee was found guilty as charged.

Notwithstanding, the Board extended to Licensee an additional six (6) months from the date of an upcoming DEA administrative hearing for reinstatement of his Uniform Controlled Substances Registration Certificate, to (i) complete the previously mandated continuing medical education and (ii) pay the ten thousand dollar (\$10,000.00) assessment. Licensee or his counsel was directed to advise the Board in writing as to when the DEA reinstatement hearing is scheduled and conducted. All other restrictions and conditions imposed by the January 19, 2012, Determination and Order was to remain in full force and effect.

5. On January 29, 2014, the aforementioned DEA administrative hearing for reinstatement of Licensee's Uniform Controlled Substances Registration Certificate was conducted before an administrative law judge. Therefore, Licensee then had six (6) months from January 29, 2014 to (i) complete the previously mandated continuing medical education and (ii) pay the ten thousand dollar (\$10,000.00). Notwithstanding, Licensee has failed to do either.

6. On April 16, 2014, the Administrative Law Judge rendered his decision denying reinstatement of Licensee's DEA Uniform Controlled Substances Registration Certificate. Even if one were to loosely interpret the Board's Determination and Order of November 13, 2013, to utilize the April 1, 2014, ALJ decision date to commence the additional six (6) months to complete the CME and reimburse the Board, Licensee still failed to do so. The Board finds such conduct to be a clear and unequivocal violation of the Board order.

### **CONCLUSIONS OF LAW**

Based upon the foregoing, Licensee is guilty of Count One (1) of the June 16, 2015 Affidavit by virtue of Licensee failing to comply with an order, stipulation or agreement with the Board, all in violation of Miss. Code Ann., Section 73-25-29(13).

Based on the foregoing, Licensee is guilty of Count Two (2) of the June 16, 2015 Affidavit by virtue of conduct deemed unprofessional, all in violation of Miss. Code Ann., Section 73-25-29(8)(d).

**ORDER**

**IT IS THEREFORE, ORDERED** that based upon the Findings of Fact and Conclusions of Law enumerated above, that Mississippi Medical License No. 11125, duly issued Michael Alex White, M.D. is hereby revoked.

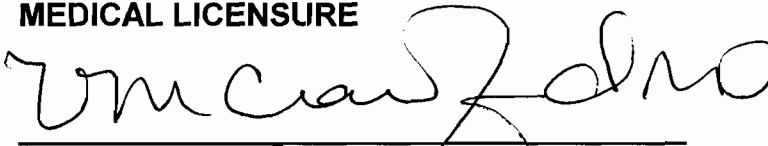
**IT IS FURTHER ORDERED**, that Licensee shall reimburse the Board for all costs incurred in relation to the pending matter pursuant to Miss. Code Ann. § 73-25-30, with said amount not to exceed \$10,000. Licensee shall be advised of the total assessment by separate notification, and shall tender to 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 to his primary practice location as currently shown in his last licensure renewal.

**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 Michael Alex White, M.D.

**SO ORDERED**, this the 17th day of September, 2015.

**MISSISSIPPI STATE BOARD OF  
MEDICAL LICENSURE**

BY:

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