Mississippi State Board of Medical Licensure

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Title 30: Professions and Occupation

Part 2601: Professional Licensure

Part 2601 Chapter 1: Licensure Rules Governing the Practice of Allopathic Physicians, Osteopathic Physicians, Podiatrists, Physician Assistants, Radiologist Assistants and Acupuncturists

Rule 1.1 Scope. These rules apply to all applicants for licensure to practice allopathic medicine, osteopathic medicine, podiatric medicine, or acupuncture in the state of Mississippi and to all individuals practicing allopathic medicine, osteopathic medicine, podiatric medicine, or acupuncture within the state whether licensed or unlicensed.

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

Rule 1.2 Definitions. For the purpose of these rules, the following terms have the meanings indicated:

A. "Board" means the Mississippi State Board of Medical Licensure.
B. "Physician" means any person with a valid doctor of medicine, doctor of osteopathy or doctor of podiatry degree.
C. "LCME" means the Liaison Committee on Medical Education, the organization recognized by the American Medical Association for accrediting American medical schools.
D. "ACGME" means Accreditation Council of Graduate Medical Education.
E. "RCPSC" means Royal College of Physicians and Surgeons of Canada.
F. "ABMS" means American Board of Medical Specialties.
G. "AMA" means the American Medical Association.
H. "FSMB" means the Federation of State Medical Boards.
I. "FLEX" means the Federation Licensing Examination administered through the FSMB.
J. "NBME" means National Board of Medical Examiners.
K. "USMLE" means United States Medical Licensing Examination administered jointly through the FSMB and NBME.
L. "SPEX" means the Special Purpose Examination administered through the FSMB.
M. "NBOME" means the National Board of Osteopathic Medical Examiners.
N. "COMLEX" means the Comprehensive Osteopathic Medical Licensing Examination administered through the NBOME.
O. "COMVEX" means the Comprehensive Osteopathic Medical Variable-Purpose Examination administered through the NBOME.
P. "AOA" means American Osteopathic Association.
Q. "LMCC" means Licentiate of the Medical Council of Canada.
R. "APMA" means American Podiatric Medical Association.
S. "ABPM" means American Board of Podiatric Medicine.
T. "ABPS" means American Board of Podiatric Surgery.
U. "FPMB" means Federation of Podiatric Medical Boards.

V. "CPME" means Council on Podiatric Medical Education.
W. "NBPME" means National Board of Podiatric Medical Examiners.
X. "APMLE" means American Podiatric Medical Licensing Examination administered through the NBPME.
Y. "NPDB" means National Practitioner Data Bank.
Z. "ECFMG" means the Education Commission for Foreign Medical Graduates.
AA. "Foreign Medical School" means any medical college or college of osteopathic medicine located outside the United States, Canada or Puerto Rico.
BB. "IMED" means International Medical Education Directory.
CC. "Good Moral Character" as applied to an applicant, means that the applicant has not, prior to or during the pendency of an application to the Board, been guilty of any act, omission, condition or circumstance which would provide legal cause under Sections 73-25-29 or 73-25-83, Mississippi Code, for the suspension or revocation of medical licensure.

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

Rule 1.3 Duty to Obtain License. Any physician, physician assistant, radiologist assistant or acupuncturist desiring to practice in this state must first obtain a license to do so by completing an application for licensure and submitting all requested documentation to the Board.

A physician, physician assistant, radiologist assistant or acupuncturist who is participating in or who has participated in an impaired professionals program as approved by the Board must document a two-year period of abstinence from any abusive use of mood-altering drugs, which shall include, but not be limited to, alcohol and all substances listed in Schedules I through V of the Uniform Controlled Substances Law, Mississippi Code, from the date of completion of the program before he or she is eligible for a permanent license to practice medicine, podiatry or acupuncture in Mississippi.

Prior to the issuance of, or reinstatement of a license, any physician, physician assistant, radiologist assistant or acupuncturist who has not actively practiced for a three (3) year period shall be required to participate in a Board approved assessment program, clinical skills assessment program or re-entry program to assure post-licensure competency.

A physician, physician assistant, radiologist assistant, or acupuncturist shall be deemed to have not "actively" practiced medicine if during said three (3) year period the physician, physician assistant, radiologist assistant or acupuncturist has not treated any patients for remuneration, other than friends and family.

The preceding three paragraphs exclude those physicians, physician assistants, radiologist assistants or acupuncturists who perform charity work or work in research.

Amended April 15, 1999. Amended May 17, 2007. Amended March 15, 2017.

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

Part 2601 Chapter 2: Effect of Application

Rule 2.1 Effect of Application. The submission of an application for licensing to the Board shall constitute and operate as an authorization by the applicant to each educational institution at which the applicant has matriculated; each state or federal agency to which the applicant has applied for any license, permit, certificate or registration; each person, firm, corporation, clinic, office or institution by whom or with whom the applicant has been employed in the practice of medicine; each physician or other health care practitioner whom the applicant has consulted or seen for diagnosis or treatment and each professional organization or specialty board to which the applicant has applied for membership, to disclose and release to the Board any and all information and documentation concerning the applicant which the Board deems material to consideration of the application. With respect to any such information or documentation, the submission of an application for licensing to the Board shall equally constitute and operate as a consent by the applicant to disclosure and release of such information and documentation and as a waiver by the applicant of any privilege or right of confidentiality which the applicant would otherwise possess with respect thereto.

By submission of an application for licensing to the Board, an applicant shall be deemed to have given his or her consent to submit to physical or mental examinations if, when and in the manner so directed by the Board and to waive all objections as to the admissibility or disclosure of findings, reports or recommendations pertaining thereto on the grounds of privileges provided by law. The expense of any such examination shall be borne by the applicant.

The submission of an application for licensing to the Board shall constitute and operate as an authorization and consent by the applicant to the Board to disclose and release any information or documentation set forth in or submitted with the applicant's application or obtained by the Board from other persons, firms, corporations, associations or governmental entities pursuant to Part 2601, Chapter 2, Rule 2.1 paragraphs 1 and 2, to any person, firm, corporation, association or governmental entity having a lawful, legitimate and reasonable need therefore, including, without limitation, the medical licensing authority of any state; The FSMB; the AMA and any component state and county or parish medical society, including the Mississippi State Medical Association and component societies thereof; the AOA and any component state and county or parish osteopathic medical society, including the Mississippi Osteopathic Medical Association and component societies thereof; the U.S. Drug Enforcement Administration; the Mississippi State Bureau of Narcotics; federal, state, county or municipal health and law enforcement agencies and the Armed Services. It is the intent and purpose of this rule to authorize release of only that licensure information not prohibited from release under Section 73-52-1, Mississippi Code.

Upon submission of an application for licensure to the Board, the applicant shall promptly provide all information deemed necessary by the Board to process the application, including, but not limited to certification of graduation from medical school, photograph of applicant, internship certification and birth certificate. The Board shall have a reasonable period of time within which to collect and assimilate all required documents and information necessary to issue a medical license. If, after submitting an application for medical license, an applicant has failed to respond or make a good faith effort to pursue licensure for a period of three (3) months, the application will be considered null and void, and applicant will have to reapply for licensure,

including, but not limited to, all fees, application, and certifications. Additionally, if after one year from the date of receipt of application, applicant has not received a medical license, the application will be considered null and void, and applicant will have to reapply for licensure, including, but not limited to, all fees, application, and certifications. Under no circumstances will the one year time limit be waived.

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

Part 2605: Medical, Osteopathic and Podiatric Physicians

Part 2605 Chapter 1: Licensure Requirements for the Practice of Allopathic Doctors and Osteopathic Physicians

Rule 1.1 Licensure by Credentials. The Board endorses licenses to practice medicine obtained in most states by written examination prior to March 8, 1973. Subject to the provisions of Part 2605, Rule 1.2, all applicants for medical licensure who took the FLEX between March 8, 1973, and January 24, 1985, must have passed the FLEX taken in one three-day sitting with a weighted average of 75 or higher in order to obtain licensure in Mississippi. The Board will not accept scores of more than one administration of the FLEX which have been combined (factored) to provide a FLEX weighted average of 75 or higher. From and after January 24, 1985, an applicant for medical licensure by reciprocity must have passed both Components I and II of the FLEX with a score of 75 to be considered the passing grade for each component. From and after June 1994, the Board shall endorse licenses to practice medicine from applicants who have successfully taken Steps 1, 2 and 3 of the USMLE.

Those doctors of osteopathic medicine who graduated prior to June 1, 1973, will be considered only if they took and passed the same written licensure examination given in that state at that time to graduates of medical schools. A statement to this effect must be submitted to this Board from that licensing board.

The Board may endorse Diplomates of the NBME; the NBOME (COMLEX), if examination completed on or after February 13, 1973, or licentiates of the Medical Council of Canada.

The Board may consider licensure to a graduate of an international medical school who was licensed in another state by written examination prior to March 8, 1973, if he or she is certified by a board recognized by the ABMS.

In addition to the above requirements for licensure by credentials, an individual shall meet the following requirements:

A. Applicant must be twenty-one (21) years of age and of good moral character.
B. Present a diploma from a reputable medical college or college of osteopathic medicine, subject to the following conditions:
    1. If the degree is from a medical college or a college of osteopathic medicine in the United States or Puerto Rico, the medical college must be accredited at the time of graduation by the LCME, a Joint Committee of the Association of American Medical Colleges (AAMC) and the AMA or the College of Osteopathic Medicine which must be accredited by the AOA.
    2. If the degree is from a Canadian medical school, the school must be accredited at the time of graduation by the LCME and by the Committee on Accreditation for Canadian Medical Schools.
    3. If the degree is from an international medical school, the medical school must be in the World Director of Medical Schools or its equivalent. A graduate from an international medical school must either (i) possess a valid certificate from the ECFMG or (ii) document successful completion of a Fifth Pathway program and be currently board certified by a specialty board recognized by the ABMS. The Board

will accept for licensure only those individuals completing Fifth Pathway Programs by December 31, 2009. Credentialing via Fifth Pathway Programs will be considered on an individual basis.

4. 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.

C. If a graduate from a medical college or college of osteopathic medicine in the United States, Canada or Puerto Rico, applicant must present documentation of having completed at least one (1) year of postgraduate training in the United States accredited by the ACGME or by the AOA; or training in Canada accredited by the RCPSC.

D. Applicants who graduated from an international medical school must present documentation of having completed either:
   1. three (3) or more years of ACGME-approved postgraduate training in the United States or training in Canada approved by the RCPSC; or
   2. one (1) year of ACGME-approved postgraduate training in the United States or training in Canada approved by the RCPSC, be currently board certified by a specialty board recognized by the ABMS and must have approval by the Board.

E. An applicant who otherwise possesses all of the qualifications for licensure by credentials, but has not taken a medical proficiency examination or licensure examination within ten (10) years prior to filing his or her application, must pass the SPEX or COMVEX*, unless the applicant:
   1. Submits satisfactory proof of current certification by an ABMS and participating in Maintenance of Certification (MOC) or AOA approved specialty board and participating in Osteopathic Continuous Certification (OCC); or
   2. Submits proof that the applicant's sole purpose for seeking licensure is to serve as the Dean, Chairman of the Department or Faculty of an ACGME or AOA approved training program. In such case, a license shall remain in effect so long as licensee is a member of the faculty of the ACGME or AOA approved training program.

F. Submit certified copy of either (i) a birth certificate or (ii) a valid passport.

G. Complete an application for medical license and submit it to the Board in a manner prescribed by the Board with a recent passport type photograph.

H. Submit fee prescribed by the Board.

I. Submit fingerprints for state and national criminal history background checks.

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* SPEX (SPECIAL PURPOSE EXAMINATION) is a cognitive examination assisting licensing jurisdictions in their assessment of current competence requisite for general, undifferentiated medical practice by physicians who hold or have held a valid license in a U.S. jurisdiction. SPEX is made available through the Federation of State Medical Boards.

COMVEX-USA (COMPREHENSIVE OSTEOPATHIC MEDICAL VARIABLE EXAMINATION) is the evaluative instrument offered to osteopathic physicians who need to demonstrate current osteopathic medical knowledge. COMVEX-USA is made available through the National Board of Osteopathic Medical Examiners.

Adopted September 13, 1979; amended July 1, 1981; amended January 24, 1985; amended July 29, 1985; amended July 17, 1986; amended August 18, 1986; amended November 19, 1987; amended April 19, 1988; amended October 25, 1993; amended February 16, 2000; amended March 8, 2007; amended January 24, 2008; amended March 13, 2009; amended September 17, 2009; amended October 13, 2009; and amended March 20, 2015.

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

Rule 1.2 Waiver. Notwithstanding the above requirements for Licensure by Credentials in Rule 1.1, the Board may, upon written request by the physician and after review of all relevant factors, choose to waive any or all of the existing requirements for licensure. To be considered for a waiver, the physician must:

A. be a graduate of an approved medical school;
B. have a current unrestricted license in another state; and
C. have at least 3 years of clinical experience in the area of expertise.

In determining whether to grant the waiver, factors to be considered by the Board shall include, but not be limited to:

A. the medical school from which the physician graduated and its reputation;
B. post-graduate medical education training;
C. appointment to a clinical academic position at a licensed medical school in the United States;
D. publication in peer-reviewed clinical medical journals recognized by the Board;
E. the number of years in clinical practice;
F. specialty, if the physician plans to practice in Mississippi; and
G. other criteria demonstrating expertise, such as awards or other recognition.

Requests for waivers must be submitted in writing to the Executive Director of the Board, who will then review each request with a committee appointed by the president of the Board, taking into account the above factors. The committee shall consist of the Executive Director, a staff employee of the Board, and two voting members of the Board. Recommendations from the committee shall be presented to the Board for approval.

Adopted April 28, 2015.

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

Rule 1.3 Licensure Examinations. The Board recognizes four (4) separate and distinct examinations, to-wit: The examinations administered by the NBME, NBOME (COMLEX), FLEX and USMLE. The Board adopted the FLEX as a method of licensure by examination on March 8, 1973. Prior to this date, the Board administered a written examination and endorsed licenses to practice medicine or osteopathic medicine obtained in most states by written examination. A separate discussion of each examination and this Board's requirements for the purpose of licensure is as follows:

A. FLEX
   1. The Board adopted the FLEX as the method of licensure by examination on March 8, 1973. The last regular administration of the FLEX was December 1993. The

Board will recognize FLEX as a valid medical licensing examination subject to all requirements heretofore and hereinafter set forth.

2. Prior to January 24, 1985, the FLEX examination was divided into three components:

   Day I--Basic Science
   Day II--Clinical Science
   Day III--Clinical Competence

   In order to pass this examination, each applicant must have obtained a FLEX weighted average of 75 with Day I given a value of 1/6 of the entire examination, Day II given a value of 2/6, and Day III given a value of 3/6. The Board may make an exemption to the weighted average of 75 if the applicant has completed an approved residency program and is currently certified by a specialty board recognized by the ABMS or the AOA.

   After January 24, 1985, the Board approved administration of a new FLEX examination with a different design from that administered since 1973. This examination was a three-day examination, and was comprised of two components. Component I consisted of one and one-half (1½) days and judged the readiness of a physician to practice medicine in a supervised setting. Component II consisted of one and one-half (1½) days and judged the readiness of a physician to practice independently. A score of 75 is considered a passing grade for each component.

3. An applicant had seven (7) years in which to pass both components of the FLEX.

B. USMLE

1. The USMLE is a three-step examination for medical licensure in the United States and is sponsored by the FSMB and NBME. The Board adopted the USMLE as an additional method of licensure by examination on September 16, 1993. The USMLE replaced FLEX and the NBME certification examinations during a phase-in period from 1992 to 1994. Unlike the three-day (two-component) FLEX, USMLE is a three-step examination that consists of three two-day examinations, Step 1, Step 2, and Step 3. Each step is complementary to the other; no step can stand alone in the assessment of readiness for medical licensure. The clinical skills examination is a separately administered component of Step 2 and is referred to as Step 2 Clinical Skills, or Step 2 CS. Unlike the FLEX, which was taken upon or after graduation from medical school most applicants will take Step 1 and 2 of the USMLE during their medical school years. Step 3 will be taken after graduation.
2. USMLE Steps 1, 2 and 3 must be passed within a seven-year time period beginning when the examinee passes his or her first Step. The Board, at its discretion, may waive this requirement based on extraordinary circumstances. The Board encourages all applicants to take Step 3 of the USMLE as soon as possible following receipt of the M.D. or D.O. degree.

C. NBME or NBOME

The Board recognizes diplomates of the NBME and on or after February 13, 1973, diplomates of the NBOME (COMLEX). Both examinations are administered in three (3) parts, Parts I, II and III and must be passed within a seven-year time period beginning when the examinee passes his or her first Part.

D. EXAM COMBINATIONS

Now that the FLEX and examinations administered by the NBME have been phased out, the Board will accept passing scores for the following combinations of the FLEX, NBME and USMLE examinations:

EXAMINATION SEQUENCE	ACCEPTABLE COMBINATIONS
NBME Part I *plus* NBME Part II *plus* NBME Part III	NBME Part I or USMLE Step 1 *plus* NBME Part II or USMLE Step 2 *plus* NBME Part III or USMLE Step 3
FLEX Component I *plus* FLEX Component II	FLEX Component I *plus* USMLE Step 3 *or* NBME Part I or USMLE Step 1 *plus* NBME Part II or USMLE Step 2 *plus* FLEX Component II
USMLE Step 1 *plus* USMLE Step 2 *plus* USMLE Step 3	

Amended January 20, 1994; amended March 16, 1995; amended August 8, 1997; amended January 18, 2001; amended September 22, 2006; amended March 8, 2007; amended May 17, 2007; amended March 19, 2015; and amended March 16, 2017.

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

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 NBPE. If a Diplomate of the NBPE, 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. Submit fingerprints for state and national criminal history background checks.

Amended November 19, 1987; amended February 19, 2003; amended March 8, 2007; amended May 17, 2007; amended January 24, 2008; amended November 20, 2008; amended March 20, 2015; amended November 13, 2015; and amended March 16, 2017.

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 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.

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.

The intent of this rule is that each licensee who prescribes scheduled medications shall have their own individual controlled substance registration certificate issued by the U.S. Drug Enforcement Administration.

Adopted September 13, 1979; amended July 1, 1981; amended March 16, 1995; amended May 17, 2007; amended March 20, 2015; and amended January 22, 2019.

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

Rule 3.2 Limited Institutional Licensure.

A. Pursuant to Section 73-25-23, Mississippi Code, a limited institutional license is available only to graduates of Board-approved international medical schools who are employed or are being considered for employment to practice medicine in one or more Mississippi state-supported institutions located in the same county.
B. Graduates of international medical schools holding a limited institutional license, and who are employed by and enrolled in an approved ACGME or AOA postgraduate training program in a state-supported institution, shall be authorized to participate only in such approved postgraduate educational program or affiliated training program sites.
C. An application for limited institutional licensure may be accepted by the Board only upon the written request of the state-supported institution which has employed or is considering employing a graduate of an international medical school to practice medicine.
D. A limited institutional license may be issued for a period of one (1) year for practice in a particular institution after a review and favorable recommendations by a majority of the following:
   1. President or Secretary, Board of Trustees of Institution
   2. Director of Institution
   3. President or Secretary, Local Chartered Medical Society in area in which institution is located
   4. Member, Board of Trustees, Mississippi State Medical Association in area in which institution is located
   5. Member, Mississippi State Board of Medical Licensure from district in which institution is located
   6. Executive Officer, Mississippi State Board of Medical Licensure
E. In addition to the above requirements for a limited institutional license, an applicant shall meet the following requirements:
   1. Must be at least twenty-one (21) years of age and of good moral character.

2. Must submit copy of diploma and certification of completion from a medical school listed in the World Director of Medical Schools or its equivalent.
3. Must submit certified copy of valid certificate from the ECFMG or its successor.
4. Must submit an application completed in every detail with recent passport type photograph.
5. Must submit fee prescribed by the Board.
6. Submit fingerprints for state and national criminal background checks.

F. Pursuant to Section 73-25-23, Mississippi Code, a limited institutional license must be renewed annually, after such review as the Board considers necessary. A graduate of an international medical school so licensed may hold such limited institutional license no longer than five (5) years.

G. A limited institutional license shall become void immediately upon termination of employment of the licensee at the institution, or institutions, at which practice is authorized under the license.

H. An annual renewal fee shall be prescribed by the Board.

Amended November 19, 1998; amended March 8, 2007; amended May 17, 2007; amended March 20, 2015; and amended March 16, 2017.

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

Rule 3.3 Temporary Training License for Out-of-State Residents. An individual enrolled in an out-of-state postgraduate training program wishing to rotate through an ACGME or AOA approved training program within Mississippi, shall not be required to obtain a restricted temporary license provided the rotation lasts no longer than four (4) weeks. However, the individual must submit the following to the Board:

A. A completed information form which has been supplied by the Board.

B. A letter from the physician's postgraduate training program stating that he or she is going to be participating in a rotation in Mississippi and the duration.

C. A letter from the training program in Mississippi stating the physician will be training with them and the duration.

D. Verification of a current license (limited or training), permit, or letter from the state in which the individual is enrolled in a training program.

E. A licensure fee in the amount of $50.

The individual may not participate in the Mississippi training program until a valid training license has been issued. The license will be effective the date the individual is to begin the Mississippi rotation and will become null and void the day the individual completes the rotation.

If during the duration of the training, it is determined that the physician may stay longer than four (4) weeks, the temporary training license may be renewed for an additional four (4) weeks. Under no circumstances will the license be renewed after eight (8) weeks. An individual anticipating on rotating through a Mississippi training program for a period longer than eight (8) weeks shall be required to obtain a Restricted Temporary Medical License.

The Board reserves the right to deny issuance of a temporary training license as provided herein based on any of the statutory grounds as enumerated in Mississippi Code, Sections 73-25-29 and 73-25-83.

Adopted September 20, 2007.

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

Rule 3.4 Short-Term Training for Out-of-State Physicians. The Board is aware that there are Mississippi physicians assisting out-of-state physicians in expanding professional knowledge and expertise by offering short-term training to the out-of-state physician. The Mississippi physician wishing to offer this training to the unlicensed out-of-state physician(s) must have their short-term training program approved by the Board.

The Mississippi physician must submit a detailed letter stating the purpose of the short-term training program, the objectives of the course, approximately how long the course will last, and any supporting documentation that would assist the Board in determining the approval status of the program.

An individual wishing to attend the Board approved short-term training is not required to obtain a permanent Mississippi medical license; however, the individual must submit the following to the Board:

A. A completed information form which has been supplied by the Board.
B. A letter from the mentor of the Board approved training program stating that the applicant is going to be participating in the short-term training program and the duration.
C. Verification of a current unrestricted permanent license from the state in which the individual is currently practicing.
D. A permit fee in the amount of $25.

The individual may not participate in the short-term training program until a valid training permit has been issued. The permit will be effective the date the individual is to begin the training and will become null and void the day the individual completes the training.

A short-term training permit is typically valid for two to three days; however, it can be issued up to fifteen (15) days. If during the duration of the training, it is determined that the physician may stay longer than fifteen (15) days, the temporary training permit may be renewed for an additional (15) days. Under no circumstances will the permit be renewed after thirty (30) days. An individual anticipating training for a period longer than thirty (30) days will be required to obtain a permanent Mississippi medical license.

Adopted July 12, 2007.

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

Part 2605 Chapter 4: Expedited Licensure

Rule 4.1 Military Applicants.

A. Pursuant to MS Code Ann. Section 73-50-1, the Board of Medical Licensure is

authorized to issue an expedited license to a military-trained applicant to allow the applicant to lawfully practice medicine in Mississippi. In order to receive the expedited license, the following requirements must be satisfied:

1. Complete an application for medical license and submit it to the Board in the manner prescribed by the Board with a recent passport type photograph.
2. Submit documentation that applicant has been awarded a military occupational specialty.
3. Submit documentation of completion of a military program of medical training.
4. Submit evidence that the applicant either (i) is currently on active duty with medical corps or (ii) has separated honorably from the military within the 6 months prior to the time of application.
5. Submit verification of a completed licensing examination as described in Rule 2.3.
6. Have two references submit letters regarding applicant's performance in the practice of medicine.
7. Submit verification that at least two of the past five years preceding the date of submission of the application applicant has engaged in the active practice of medicine.
8. Submit certification that applicant has not committed any act in any jurisdiction that would have constituted grounds for refusal, suspension or revocation of a license to practice medicine in Mississippi at the time the act was committed. Applicants may participate in the Board's routine fingerprint background check, at the applicant's expense, in lieu of certification.
9. Submit fingerprints for state and national criminal history background checks.
10. Submit licensure fee prescribed by the Board.

B. Pursuant to MS Code Ann. Section 73-50-1, the Board of Medical Licensure is authorized to issue a license to a military spouse to allow the military spouse to lawfully practice medicine in Mississippi. In order to receive the expedited license, the following requirements must be satisfied:

1. Complete an application for medical license and submit it to the Board in the manner prescribed by the Board with a recent passport type photograph.
2. Submit certification of a current license from another jurisdiction, in which that jurisdiction's requirements for licensure are substantially equivalent to or exceed the requirements for licensure of the Board.
3. Submit verification that at least two of the past five years preceding the date of submission of the application applicant has engaged in the active practice of medicine.
4. Submit certification that applicant has not committed any act in any jurisdiction that would have constituted grounds for refusal, suspension or revocation of a license to practice medicine in Mississippi at the time the act was committed. Applicant may participate in the Board's routine fingerprint background check, at the applicant's expense, in lieu of certification.
5. Submit verification that applicant is in good standing and has not been disciplined by the agency that had jurisdiction to issue the license.
6. Submit licensure fee prescribed by the Board.
7. Submit fingerprints for state and national criminal history background checks.

C. All relevant experience of a military service member in the discharge of official duties or,

for a military spouse, all relevant experience, including full-time and part-time experience, regardless of whether in a paid or volunteer capacity, shall be credited in the calculation of years of practice in the practice of medicine as required under subsection A or B of this section.

D. A nonresident licensed under this section shall be entitled to the same rights and subject to the same obligations as required of a resident licensed by the Board.

E. The Board may issue a temporary practice permit to a military-trained applicant or military spouse licensed in another jurisdiction while the military-trained applicant or military spouse is satisfying the requirements for licensure under subsection A or B of this section if that jurisdiction has licensure standards substantially equivalent to the standards for licensure of the Board. The military-trained applicant or military spouse may practice under the temporary permit until a license is granted or until a notice to deny a license is issued in accordance with rules adopted by the Board.

Adopted July 10, 2014; and amended March 16, 2017.

Source: Miss. Code Ann. §73-25-19 (1972, as amended).

Part 2605 Chapter 5: The Practice by Unlicensed Nonresident Physicians

Rule 5.1 Scope. This regulation shall apply to all individuals who practice or who seek to practice medicine or osteopathic medicine in the state of Mississippi pursuant to authority granted in Mississippi Code, Section 73-25-19.

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

Rule 5.2 Purpose. Pursuant to Mississippi Code, Section 73-25-19, non-resident physicians, not holding a license in the state of Mississippi, shall not be authorized to practice medicine in this state under any circumstances after remaining in the state for five (5) days, except when called in consultation by a licensed physician residing in this state. To implement its responsibility to protect the public, the Mississippi State Board of Medical Licensure shall monitor those non-resident physicians entering into this state to practice medicine pursuant to Section 73-25-19.

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

Rule 5.3 Notification to Board Required. Regardless of the number of days of anticipated practice, a non-resident physician not holding a license in the state of Mississippi shall not be authorized to practice medicine in this state under any circumstances, unless the following conditions have been satisfied:

The currently licensed Mississippi physician who needs consultation or assistance must notify the Board in writing of his or her request to have a non-resident physician practice in this state, setting forth (i) the identity of the non-resident unlicensed physician, (ii) a statement as to the purpose for the assistance/consultation, (iii) the location and address of the anticipated practice, and (iv) anticipated duration of practice.

Except in cases of emergencies, the above notification must be submitted to the Board at least seven (7) working days prior to the non-resident unlicensed physician entering into the state.

The non-resident unlicensed physician shall submit to the Board written proof of licensure status in good standing from another state or jurisdiction.

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

Rule 5.4 Intent. It is the intent and purpose of this regulation to encourage Mississippi licensed physicians to utilize the services of competent and well trained non-resident unlicensed physicians on an as needed basis. However, where it is anticipated that the services of the non-resident physicians will be utilized on a routine basis, that is, where the non-resident physicians services will be utilized more than twice during any one year period of time, permanent licensure shall be required.

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

Rule 5.5 Exclusion. This regulation shall not apply to any non-resident physician who holds a temporary license to practice medicine at a youth camp issued under the provisions of Mississippi Code, Sections 75-74-8 and 73-25-17.

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

Rule 5.6 Effective Date of Regulation. The above rules pertaining to the practice by unlicensed nonresident physicians shall become effective August 22, 2002.

Amended October 19, 2002.

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

Part 2605 Chapter 6: Administrative Medical License

Rule 6.1 Definitions. For the purpose of Part 2601 Chapter 8, the following terms have the meanings indicated:

A. *"Administrative Medical License" means* a license to engage in professional, managerial, or administrative activities related to the practice of medicine or to the delivery of health care services, but does not include nor permit the practice of clinical medicine or the right to engage in medical research including clinical trials on humans.
B. *"Clinical Medicine" means medical practice that includes but is not limited to:*
    1. *Direct involvement in patient evaluation, diagnosis, or treatment;*
    2. *Prescribing of any medication;*
    3. *Delegating medical acts or prescribing authority; or*
    4. *Supervision of physicians, physician's assistants, or advanced practice registered nurses in the practice of clinical medicine.*

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

Rule 6.2 Administrative Medical License. The Board may issue an administrative medical license to a physician who meets all qualifications for full licensure in the state, including payment of a fee set by the Board but who does not intend to provide medical or clinical services to or for patients while in possession of an administrative medical license and signs a notarized statement to that effect. An administrative medical license is subject to annual renewal.

In addition to the restrictions as noted in Rule 8.1 above, any person holding an administrative medical license shall be subject to all other provisions of the Medical Practice Law, Sections 73-25-1, et. seq., and the Administrative Code of the Board, where deemed applicable.

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

Adopted March 19, 2015; and Amended May 26, 2015.

Part 2610: Renewal and Reinstatement

Part 2610 Chapter 1: Change of Address

Rule 1.1 Change of Address. Any physician who is licensed to practice medicine in this state and changes his or her practice location or mailing address shall immediately notify the Board in writing of the change. Failure to notify within thirty (30) days could result in disciplinary action.

The Board routinely sends information to licensed physicians. Whether it be by U.S. Mail or electronically, it is important that this information is received by the licensee. The licensure record of the licensee should include a physical practice location, mailing address, email address and telephone number where the Board can correspond with the licensee directly. The Board discourages the use of office personnel's mailing and email addresses as well as telephone numbers. Failure to provide the Board with direct contact information could result in disciplinary action.

Amended May 17, 2007; and Amended July 10, 2014.

Source: Miss. Code Ann. §73-25-14 (1972, as amended).

Part 2610 Chapter 2: CME Requirements

Rule 2.1 Basic Requirement. Every Mississippi licensee must earn or receive not less than forty (40) hours of Category 1 continuing medical education in a two-year cycle as a condition precedent to renewing his or her license for the next fiscal year. For every Mississippi licensee with an active DEA certificate, five hours must be related to the prescribing of medications with an emphasis on controlled substances. Excess hours may not be carried over to another two-year cycle. *For the purpose of this regulation, the two-year period begins July 1, 2000, and every two years thereafter.*

A. Category 1 continuing medical education shall mean those programs of continuing medical education designated as Category 1 which are sponsored or conducted by those organizations approved by the Mississippi State Medical Association, American

Medical Association or by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor or conduct Category 1 continuing medical education programs.

B. Programs of continuing medical education designated as Category 1-A which are sponsored or conducted by organizations or entities accredited by the American Osteopathic Association to sponsor or conduct Category 1-A continuing medical education for osteopathic physicians.
C. Programs of continuing medical education designated as a "prescribed hour" which are sponsored or conducted by organizations or entities accredited by the American Academy of Family Physicians to sponsor or conduct "prescribed hours" of continuing medical education.
D. Programs of continuing medical education designated as "cognates" which are sponsored or conducted by organizations or entities which are accredited by the American College of Obstetrics and Gynecology to sponsor or conduct approved cognates on obstetrical and gynecological related subjects.
E. Programs of continuing medical education designated as Category 1-A which are sponsored or conducted by organizations or entities accredited by the Council on Podiatric Medical Education to sponsor or conduct Category 1-A continuing medical education for podiatrists.

Source: Miss. Code Ann. §73-25-14 (1972, as amended).

Rule 2.2 Persons Affected. Every Mississippi licensee is required to comply with the minimum requirement for continuing medical education established by these rules.

Source: Miss. Code Ann. §73-25-14 (1972, as amended).

Rule 2.3 Exemption for Initial Licenses. Physicians receiving their initial license to practice medicine in Mississippi after June 30, or receiving their initial board certification by a specialty board recognized by the American Board of Medical Specialties or the American Osteopathic Association after June 30, are exempt from the minimum continuing medical education requirement for the two-year period following their receiving a license or board certification. The forty (40) hour continuing education certification will be due within the next two-year cycle.

A. July 1, 2000 through June 30, 2002 (1st cycle)
B. July 1, 2002 through June 30, 2004 (2nd cycle)
C. July 1, 2004 through June 30, 2006 (3rd cycle)
D. July 1, 2006 through June 30, 2008 (4th cycle)

For instance, a physician receiving an initial license August 3, 2001, will not have to complete forty (40) hours of CME until July 1, 2002, through June 30, 2004. All CME's must be acquired within the two-year cycle.

Source: Miss. Code Ann. §73-25-14 (1972, as amended).

Rule 2.4 Effective Date. The first time for reporting continuing medical education activity will be the renewal period for the fiscal year beginning July 1, 2002, when reporting on continuing medical education work earned during the two-year period of July 1, 2000, to June 30, 2002.

Source: Miss. Code Ann. §73-25-14 (1972, as amended).

Rule 2.5 Record Keeping Requirement. Every licensee shall maintain records of attendance or certificates of completion demonstrating compliance with the minimum continuing medical education requirement. Documentation adequate to demonstrate compliance with the minimum continuing medical education requirements of this regulation shall consist of certificates of attendance, completion certificates, proof of registration, or similar documentation issued by the organization or entity sponsoring or conducting the continuing medical education program. These records must be maintained by the physician for a period of three (3) years following the year in which the continuing medical education credits were earned and are subject to examination by representatives of the State Board of Medical Licensure upon request. If a physician is on a hospital medical staff, it is recommended these certificates and hours be recorded with the primary hospital medical staff records.

With his or her annual renewal application, every licensee must certify the completion of the minimum continuing medical education requirement established under these rules. Failure to maintain records documenting that a physician has met the minimum continuing medical education requirement, and/or failure to provide such records upon request to the Mississippi State Board of Medical Licensure, is hereby declared to be unprofessional conduct and may constitute grounds, within the discretion of the Mississippi State Board of Medical Licensure, for the suspension of the physician's license to practice medicine.

Source: Miss. Code Ann. §73-25-14 (1972, as amended).

Rule 2.6 Annual Renewal. As a condition for annual renewal of license, beginning with the fiscal year July 1, 2002, through June 30, 2003, every physician will be required to biennially certify on his or her annual renewal form that he or she has earned the required 40 hours of approved Category 1 continuing medical education requirement. The Board will randomly select physicians to ensure complete compliance with this requirement. If deficiencies are identified, licensee must complete deficiencies within six (6) months of date of notification. Failure to comply may result in the suspension of licensee's license.

Any physician practicing during the time of a suspended license shall be considered an illegal practitioner and shall be subject to penalties provided for violation of the Medical Practice Act, and for costs incurred in the enforcement of this regulation.

Source: Miss. Code Ann. §73-25-14 (1972, as amended).

Rule 2.7 Waiver. A physician who is unable to meet the minimum continuing medical education requirement for legitimate cause may apply to the Mississippi State Board of Medical Licensure for a waiver of the requirement prior to April 1 of the last year of the two-year cycle. Such waiver may be granted or denied within the sole discretion of the Mississippi State Board of Medical Licensure.

Source: Miss. Code Ann. §73-25-14 (1972, as amended).

Rule 2.8 Compliance Review. It shall be the responsibility of the Mississippi State Board of Medical Licensure to enforce the provisions of this regulation by review of the records maintained by physicians subject to this rule which demonstrate compliance with the program for continuing medical education. This compliance review may be conducted by the Board by random or designated sample, by mail or in person, or otherwise at the discretion of the Board. Non-compliance may result in the suspension of the physician's license to practice medicine under the Medical Practice Act.

Source: Miss. Code Ann. §73-25-14 (1972, as amended).

*Rule 2.9 Effective Date of Regulation. T*he above rules pertaining to continuing medical education shall become effective February 16, 2000.

Amended May 17, 2007; Amended January 24, 2008; Amended November 15, 2012; and Amended May 16, 2013.

Source: Miss. Code Ann. §73-25-14 (1972, as amended).

Part 2615 Chapter 1: The Practice of Physician Assistants

Rule 1.1 Scope. The following rules pertain to physician assistants practicing medicine with physician supervision. Physician assistants may perform those duties and responsibilities, including diagnosing and the ordering, prescribing, dispensing of prepackaged drugs, and administration of drugs and medical devices as delegated by their supervising physician(s).

Physician assistants may provide any medical service which is delegated by the supervising physician when the service is within the physician assistant's training and skills; forms a component of the physician's scope of practice; and is provided with supervision.

Physician assistants shall be considered the agents of their supervising physicians in the performance of all practice-related activities including, but not limited to, the ordering of diagnostic, therapeutic, and other medical services.

Source: Miss. Code Ann. §73-26-5 (1972, as amended).

Rule 1.2 Definitions. For the purpose of Part 2615, Chapter 1 only, the following terms have the meanings indicated:

A. "Board" means the Mississippi State Board of Medical Licensure.
B. "Physician Assistant" means a person who meets the Board's criteria for licensure as a physician assistant and is licensed as a physician assistant by the Board.
C. "Supervising Physician" means a doctor of medicine or a doctor of osteopathic medicine who holds an unrestricted license from the Board, who is in the practice of medicine, and who has been approved by the Board to supervise physician assistants.
D. "Supervise" or "Supervision" means overseeing and accepting responsibility for the medical services rendered by a physician assistant.
E. "Primary Office" means the usual practice location of a physician and being the same location reported by that physician to the Mississippi State Board of Medical Licensure and the United States Drug Enforcement Administration.
F. "NCCPA" means the National Commission on Certification of Physician Assistants.
G. "PANCE" means the Physician Assistant National Certifying Examination.
H. "ARC-PA" means the Accreditation Review Commission on Education for the Physician Assistant.
I. "Predecessor or Successor Agency" refers to the agency responsible for accreditation of educational programs for physician assistants that preceded ARC-PA or the agency responsible for accreditation of educational programs for physician assistants that succeeded ARC-PA.
J. "Primary Care" means specialty practice that is limited to, or defined as, Family Practice, General Internal Medicine, Mental Health, Women's Health, and/or General Pediatrics.

Source: Miss. Code Ann. §73-26-5 (1972, as amended).

Rule 1.3 Qualifications for Licensure.

A. Applicants for physician assistant licensure must meet the following requirements:
   1. Satisfy the Board that he or she is at least twenty-one (21) years of age and of good moral character.
   2. Complete an application for license and submit same to the Board in the manner prescribed by the Board with a recent passport type photograph.
   3. Pay the appropriate fee as determined by the Board.
   4. Present a certified copy of birth certificate or valid passport.
   5. Submit proof of legal change of name if applicable (notarized or certified copy of marriage license or other legal proceeding).
   6. Possess a master's degree in a health-related or science field.
   7. Successfully complete an educational program for physician assistants accredited by ARC-PA or its predecessor or successor agency.
   8. Pass the certification examination administered by the NCCPA and have current NCCPA certification.
   9. Provide information on registration or licensure in all other states where the applicant is or has been registered or licensed as a physician assistant.
   10. Submit fingerprints for state and national criminal history background checks.
   11. No basis or grounds exist for the denial of licensure as provided in Part 2615, Rule 1.15.

Source: Miss. Code Ann. §73-26-5 (1972, as amended).

Rule 1.4 Temporary License. The Board may grant a temporary license to an applicant who meets the qualifications for licensure except that the applicant has not yet taken the national certifying examination administered by the NCCPA or the applicant has taken the national certifying examination and is awaiting the results or the applicant has not obtained a minimum of a master's degree in a health-related or science field.

A temporary license issued upon the basis of the NCCPA not being taken or the applicant awaiting the results is valid:

A. for one hundred eighty (180) days from the date of issuance;
B. until the results of an applicant's examination are available; or
C. until the Board makes a final decision on the applicant's request for licensure, whichever comes first.

The Board may extend a temporary license, upon a majority vote of the Board members, for a period not to exceed one hundred eighty (180) days. Under no circumstances may the Board grant more than one extension of a temporary license.

A temporary license may be issued to an applicant who has not obtained a master's degree so long as the applicant can show proof of enrollment in a master's program that will, when completed, meet the master's degree requirement. The temporary license will be valid no longer than one (1) year, and may not be renewed.

Source: Miss. Code Ann. §73-26-5 (1972, as amended).

Rule 1.5 Requirement of Protocol - Prescribing/Dispensing. Physician assistants shall practice according to a Board-approved protocol which has been mutually agreed upon by the physician assistant and the supervising physician. Each protocol shall be prepared taking into consideration the specialty of the supervising physician, and must outline diagnostic and therapeutic procedures and categories of pharmacologic agents which may be ordered, administered, dispensed and/or prescribed for patients with diagnoses identified by the physician assistant.

Each protocol shall contain a detailed description of back-up coverage if the supervising physician is away from the primary office. Although licensed, no physician assistant shall practice until a duly executed protocol has been approved by the Board.

Except as hereinafter provided in below, physician assistants may not write prescriptions for or dispense controlled substances or any other drug having addiction-forming or addiction-sustaining liability. A physician assistant may, however, administer such medications pursuant to an order by the supervising physician if in the protocol.

Prescribing Controlled Substances and Medications by Physician Assistants

A. Scope

Pursuant to these rules, authorized physician assistants may prescribe controlled substances in Schedules II through V.

B. Application for Authority to Prescribe Controlled Substances

1. Physician assistant applicants applying for controlled substance prescriptive authority must complete a Board approved educational program prior to making application.
2. In order to obtain the authority to prescribe controlled substances in any schedule, the physician assistant shall submit an application approved by the Board.

C. Incorporation of Physician Rules Pertaining to Prescribing, Administering and Dispensing of Medication

For the purpose of directing the manner in which physician assistants may prescribe controlled substances, the Board incorporates Administrative Code Part 2640, Chapter 1 Pertaining to Prescribing, Administering and Dispensing of Medication as applied to physicians, including but not limited to all Definitions, Maintenance of Records and Inventories, Use of Diet Medication, Use of Controlled Substances for Chronic (Non-Terminal) Pain, and Prescription Guidelines. All physician assistants authorized to prescribe controlled substances shall fully comply with these rules. As stated herein, it is understood Physician Assistants may not dispense medications.

D. Registration for Controlled Substances Certificate Prescriptive Authority

1. Every physician assistant authorized to practice in Mississippi who prescribes any controlled substance must be registered with the U. S. Drug Enforcement Administration in compliance with Title 21 CFR, Part 1301 Food and Drugs.
2. Pursuant to authority granted in Mississippi Code, Section 41-29-125, the Board hereby adopts, in lieu of a separate registration with the Board, the registration with the U.S. Drug Enforcement Administration as required in Part 2615, Rule 1.5.D.1, provided, however, where a physician assistant already possesses a controlled substances registration certificate for a practice location in another state or jurisdiction, the physician assistant may not transfer or otherwise use the same

registration until he or she meets the training requirements set forth in Part 2615, Rule 1.5.B.1. In the event, however, a physician assistant has had limitations or other restrictions placed upon his or her license wherein he or she is prohibited from handling controlled substances in any or all schedules, said physician assistant shall be prohibited from registering with the U. S. Drug Enforcement Administration for a Uniform Controlled Substances Registration Certificate without first being expressly authorized to do so by order of the Board.

3. The registration requirement set forth in these rules does not apply to the distribution and manufacture of controlled substances. Any physician assistant who engages in the manufacture or distribution of controlled substances or legend drugs shall register with the Mississippi State Board of Pharmacy pursuant to Mississippi Code, Section 73-21-105. For the purposes herein, "distribute" shall mean the delivery of a drug other than by administering, prescribing, or dispensing. The word "manufacture" shall have the same meaning as set forth in Mississippi Code, Section 73-21-105(q).

E. Drug Maintenance, Labeling and Distribution Requirements

Persons registered to prescribe controlled substances may order, possess, prescribe, administer, distribute or conduct research with those substances to the extent authorized by their registration and in conformity with the other provisions of these rules and in conformity with provisions of the Mississippi Uniform Controlled Substances Law, Mississippi Code, Sections 41-29-101 et. seq., except physician assistants may not receive samples of controlled substances. A physician assistant may receive and distribute pre-packaged medications or samples of non-controlled substances for which the physician assistant has prescriptive authority.

Source: Miss. Code Ann. §73-26-5 (1972, as amended).

Rule 1.6 Supervision. Before any physician shall supervise a physician assistant, the physician and physician assistant must present to the Board a duly executed protocol and obtain written approval to practice in a supervisory arrangement. Protocols will be forwarded to the Board's Physician Assistant Advisory Committee for their review and recommendation prior to disapproval. The facts and matters to be considered by the Committee when reviewing a protocol or supervision arrangement shall include, but are not limited to, how the supervising physician and physician assistant plan to implement the protocol, the method and manner of supervision, consultation, referral, compatibility of practice, and liability.

Source: Miss. Code Ann. §73-26-5 (1972, as amended).

Rule 1.7 Supervising Physician Limited. No physician shall be authorized to supervise a physician assistant unless that physician holds an unrestricted license to practice medicine in the state of Mississippi.

Supervision means overseeing activities of, and accepting responsibility for, all medical services rendered by the physician assistant. Except as described in the following paragraph, supervision must be continuous, but shall not be construed as necessarily requiring the physical presence of the supervising physician.

New graduate physician assistants and all physician assistants whose Mississippi license is their initial license require the on-site presence of a supervising physician for one hundred twenty (120) days or its equivalent of 960 hours. If physician assistant's clerkship was completed with their supervising physician, the 120 days or 960 hours may be reduced.

The physician assistant's practice shall be confined to the primary office or clinic of the supervising physician, or any hospital(s), clinic(s) or other health care facilities within 75 miles of where the primary office is located, wherein the supervising physician holds medical staff privileges or that otherwise serves as an extension of the physician and physician assistant(s) practice. Exceptions to this requirement may be granted, on an individual basis, provided the location(s) of practice are set forth in the protocol.

Physician Assistants practicing in primary care shall have no mileage restrictions placed on the relationship between the supervisory physician and the physician assistant if the following conditions are met:

1. The protocol is between a primary care physician and a primary care physician assistant.
2. The physician is in a compatible practice (e.g., same specialty, treat the same patient population) with the physician assistant.
3. The physician and physician assistant utilize electronic medical records (EMR) in their practice and also utilize EMR in the formal quality improvement program.
4. The physician practices within the State of Mississippi for a minimum of twenty (20) hours per week or eighty (80) hours per month (does not include telemedicine).

The supervising physician must provide adequate means for communication with the physician assistant. Communication may occur through the use of technology which may include, but is not limited to: radio, telephone, fax, modem, or other telecommunication device.

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

A. Review by a supervisory physician of a random sample of charts that represent 10% or 20 charts, whichever is less, of patients seen by the physician assistant every month. Charts should represent the variety of patient types seen by the physician assistant. Patients that the physician assistant and a supervising physician have consulted on during the month will count as one chart review.
B. The physician assistant shall maintain a log of charts reviewed which include the identifier for the patient's charts, reviewers' names, and dates of review.
C. Each physician assistant shall meet face to face in person with a supervisory physician once per quarter for the purpose of quality assurance, and this meeting should be documented.

Source: Miss. Code Ann. §73-26-5 (1972, as amended).

Rule 1.8 Termination. The physician assistant shall notify the Board in writing immediately upon the physician assistant's termination; physician retirement; withdrawal from active practice; or any other change in employment, functions or activities. Failure to notify can result in disciplinary action.

Source: Miss. Code Ann. §73-26-5 (1972, as amended).

Rule 1.9 Duty to Notify Board of Change of Address. Any physician assistant who is licensed to practice as a physician assistant in this state and changes his or her practice location or mailing address, shall immediately notify the Board in writing of the change. Failure to notify within 30 days could result in disciplinary action.

The Board routinely sends information to licensed physician assistants. Whether it be by U.S. Mail or electronically, it is important that this information is received by the licensee. The licensure record of the licensee should include a physical practice location, mailing address, email address and telephone number where the Board can correspond with the licensee directly. The Board discourages the use of office personnel's mailing and email addresses as well as telephone numbers. Failure to provide the Board with direct contact information could result in disciplinary action.

Source: Miss. Code Ann. §73-26-5 (1972, as amended).

Rule 1.10 Continuing Education. Each licensed physician assistant must show proof of completing 50 hours of CME each year, 20 hours of which must be Category 1, as defined by the Accreditation Council for Continuing Medical Education (ACCME), American Academy of Physician Assistants (AAPA), American Medical Association (AMA), or American Osteopathic Association (AOA). Physician assistants who are certified by the NCCPA may meet this requirement by providing evidence of current NCCPA certification.

All physician assistants authorized to prescribe controlled substances must show proof of completing 50 hours of CME each year, 20 hours of which must be Category 1, as defined by the ACCME, AAPA, AMA, or AOA and 10 hours of which must be related to the prescribing of medications with an emphasis on controlled substances.

Source: Miss. Code Ann. §73-26-5 (1972, as amended).

Rule 1.11 Identification. The supervising physician shall be responsible to ensure that any physician assistant under his or her supervision does not advertise or otherwise hold himself or herself out in any manner which would tend to mislead the general public or patients. Physician assistants shall, at all times when on duty, wear a name tag, placard or plate identifying themselves as physician assistants.

Physician assistants may not advertise in any manner which implies that the physician assistant is an independent practitioner. In accordance with Miss. Code Ann., §41-121-1 et. seq., and in an effort maintain transparency in healthcare, physician assistants practicing in an off-site or satellite office, wherein a supervisory physician is not physically located, are required to post in their office waiting room, in a conspicuous location, the name, credentials and office contact information of their supervisory physician.

A person not licensed as a physician assistant by the Board who holds himself or herself out as a physician assistant is subject to the penalties applicable to the unlicensed practice of medicine.

Source: Miss. Code Ann. §73-26-5 (1972, as amended).

Rule 1.12 Physician Liability. Prior to the supervision of a physician assistant, the physician's and/or physician assistant's insurance carrier must forward to the Board a Certificate of Insurance.

Source: Miss. Code Ann. §73-26-5 (1972, as amended).

Rule 1.13 Renewal Schedule. The license of every person licensed to practice as a physician assistant in the state of Mississippi shall be renewed annually.

On or before May 1 of each year, the State Board of Medical Licensure shall notify every physician assistant to whom a license was issued or renewed during the current licensing year the process of licensure renewal. The notice shall provide instructions for obtaining and submitting applications for renewal. The applicant shall obtain and complete the application and submit it to the Board in the manner prescribed by the Board in the notice before June 30 along with the renewal fee of an amount established by the Board. The payment of the annual license renewal fee shall be optional with all physician assistants over the age of seventy (70) years. Upon receipt of the application and fee, the Board shall verify the accuracy of the application and issue to applicant a certificate of renewal for the ensuing year, beginning July 1 and expiring June 30 of the succeeding calendar year.

A physician assistant practicing in Mississippi who allows his or her license to lapse by failing to renew the license as provided in the paragraph above may be reinstated by the Board upon completion of a reinstatement form and payment of the renewal fee for the current year, and shall be assessed a fine of Twenty-five Dollars ($25.00) plus an additional fine of Five Dollars ($5.00) for each month thereafter the license renewal remains delinquent.

Any physician assistant not practicing in Mississippi who allows his or her license to lapse by failing to renew the license as provided in the paragraph above may be reinstated by the Board upon completion of a reinstatement form and payment of the arrearage for the previous five (5) years and the renewal fee for the current year.

Any physician assistant who allows his or her license to lapse shall be notified by the Board within thirty (30) days of such lapse.

Any person practicing as a physician assistant during the time his or her license has lapsed shall be considered an illegal practitioner and shall be subject to the same penalties as provided in Mississippi Code, Section 73-25-14.

Source: Miss. Code Ann. §73-26-5 (1972, as amended).

Rule 1.14 Disciplinary Proceedings.

A. Grounds for Disciplinary Action Against Physician Assistants

For the purpose of conducting disciplinary actions against individuals licensed to practice as physician assistants, the Board hereby incorporates those grounds for the non-issuance, suspension, revocation, or restriction of a license or the denial of reinstatement or renewal of a license, as set forth in Mississippi Code, Sections 73-25-29 and 73-25-83. As a basis for denial, suspension, revocation or other restriction, the Board may initiate disciplinary proceedings based upon any one or more of those grounds as set forth in Sections 73-25-29 and 73-25-83, and may make provision for the assessment of costs as provided therein.

B. Hearing Procedure and Appeals
   1. No individual shall be denied a license or have his or her license suspended, revoked or restriction placed thereon, unless the individual licensed as a physician assistant has been given notice and opportunity to be heard. For the purpose of notice, disciplinary hearings and appeals, the Board hereby adopts and incorporates by reference all provisions of the "Rules of Procedure" now utilized by the Board for those individuals licensed to practice medicine, osteopathic medicine, and podiatric medicine in the state of Mississippi.

C. Reinstatement of License
   1. A person whose license to practice as a physician assistant has been revoked, suspended, or otherwise restricted may petition the Mississippi State Board of Medical Licensure to reinstate his or her license after a period of one (1) year has elapsed from the date of the revocation or suspension. The procedure for the reinstatement of a license that is suspended for being out of compliance with an order for support, as defined in Section 93-11-153, shall be governed by Sections 93-11-157 or 93-11-163, as the case may be.
   2. The petition shall be accompanied by two (2) or more verified recommendations from physicians or osteopaths licensed by the Board of Medical Licensure to which the petition is addressed and by two (2) or more recommendations from citizens each having personal knowledge of the activities of the petitioner since the disciplinary penalty was imposed and such facts as may be required by the Board of Medical Licensure.

      The petition may be heard at the next regular meeting of the Board of Medical Licensure but not earlier than thirty (30) days after the petition was filed. No petition shall be considered while the petitioner is under sentence for any criminal offense, including any period during which he or she is under probation or parole. The hearing may be continued from time to time as the Board of Medical Licensure finds necessary.
   3. In determining whether the disciplinary penalty should be set aside and the terms and conditions, if any, which should be imposed if the disciplinary penalty is set aside, the Board of Medical Licensure may investigate and consider all activities of the petitioner since the disciplinary action was taken against him or her, the offense for which he or she was disciplined, his or her activity during the time his or her certificate was in good standing, his or her general reputation for truth, professional ability and good character; and it may require the petitioner to pass an oral examination.

Source: Miss. Code Ann. §73-26-5 (1972, as amended).

Rule 1.15 Impaired Physician Assistants. For the purpose of the Mississippi Disabled Physician Law, Mississippi Code, Sections 73-25-51 to 73-25-67, any individual licensed to practice as a physician assistant, shall be subject to restriction, suspension, or revocation in the case of disability by reason of one or more of the following:

A. mental illness
B. physical illness, including but not limited to deterioration through the aging process, or loss of motor skills
C. excessive use or abuse of drugs, including alcohol

If the Board has reasonable cause to believe that a physician assistant is unable to practice with reasonable skill and safety to patients because of one or more of the conditions described above, referral of the physician assistant shall be made, and action taken, if any, in the manner as provided in Sections 73-25-55 through 73-25-65, including referral to the Mississippi Professionals Health Program, sponsored by the Mississippi State Medical Association.

Source: Miss. Code Ann. §73-26-5 (1972, as amended).

Rule 1.16 Effective Date of Rules. The above rules pertaining to the practice of physician assistants shall become effective September 1, 2000; as amended September 16, 2004; as amended May 19, 2005; as amended March 8, 2007; as amended May 17, 2007; as amended July 10, 2008; as amended May 18, 2012; as amended July 10, 2014; as amended March 15, 2017; and as amended February 18, 2019.

Source: Miss. Code Ann. §73-26-5 (1972, as amended).

Part 2620 Radiologist Assistants

Part 2620 Chapter 1: The Practice of Radiologist Assistants

Rule 1.1 Scope. The following rules pertain to radiologist assistants performing any x-ray procedure or operating any x-ray equipment in a physician's office, hospital or clinical setting.

The radiologist assistant shall evaluate the day's schedule of procedures with the supervising radiologist and determine where the radiologist assistant's skills will be best utilized.

After demonstrating competency, the radiologist assistant when ordered to do so by the supervising radiologist may:

A. Perform selected procedures under the direct supervision of a radiologist including static and dynamic fluoroscopic procedures.
B. Assess and evaluate the physiologic and psychological responsiveness of patients undergoing radiologic procedures.
C. Evaluate image quality, make initial image observations and communicate observations of image quality to the supervising radiologist.
D. Administer intravenous contrast media or other prescribed medications.

The radiologist assistant may not interpret images, make diagnoses, or prescribe medications or therapies.

The radiologist assistant shall adhere to the Code of Ethics of the American Registry of Radiologic Technologists and to national, institutional and/or departmental standards, policies and procedures regarding the standards of care for patients.

Source: Miss. Code Ann. §41-58-7 (1972, as amended).

Rule 1.2 Definitions. For the purpose of Part 2620, Chapter 1 only, the following terms have the meanings indicated:

A. "A.R.R.T." - American Registry of Radiologic Technologists.
B. "Full Certification" - Certification obtained by submitting certification issued by the A.R.R.T.
C. "Radiologist" - A physician licensed by the Mississippi State Board of Medical Licensure who is certified or eligible to be certified by the American Board of Radiology or the American Osteopathic Board of Radiology.
D. "Radiologist Assistant Certification" - Certification obtained by submitting proof of A.R.R.T. certification as a radiologist assistant which will enable the holder to perform any and all radiologist assistant procedures or functions as defined in Part 2620, Rule 1.3 in a radiology practice or radiologist's office.
E. "Direct Supervision" - The radiologist must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of all procedures. "Direct supervision" does not mean that the supervising radiologist must be present in the room when the procedure is performed.

Source: Miss. Code Ann. §41-58-7 (1972, as amended).

Rule 1.3 Qualifications for Licensure. Applicants for radiologist assistant licensure must be graduates of a radiologist assistant education program accredited by the American Registry of Radiologic Technologists or graduates of an RPA school holding an RA certification from the A.R.R.T., must have passed the radiologist assistant examination provided by the A.R.R.T., must have current and unencumbered registration as a radiologic technologist with the Mississippi State Department of Health, must have current certification in advanced cardiac life support (ACLS), and must meet the following additional requirements:

A. Satisfy the Board that he or she is at least twenty-one (21) years of age and of good moral character.
B. Submit an application for license on a form supplied by the Board, completed in every detail with a recent passport type photograph.
C. Pay the appropriate fee as determined by the Board.
D. Present a certified copy of birth certificate or valid passport.
E. Submit proof of legal change of name if applicable (notarized or certified copy of marriage license or other legal proceeding).
F. Provide information on registration or licensure in all other states where the applicant is or has been registered or licensed as a radiologist assistant.
G. No basis or grounds exist for the denial of licensure as provided at Part 2620, Rule 1.12.

Radiologist assistants meeting these licensure requirements will be eligible for license renewal so long as they meet standard renewal requirements.

Source: Miss. Code Ann. §41-58-7 (1972, as amended).

Rule 1.4 Supervision. Before any radiologist shall supervise a radiologist assistant, the radiologist must present to the Board's Executive Director a duly executed protocol and obtain written approval to act as a supervising radiologist. The facts and matters to be considered by the Board when approving or disapproving a protocol or supervision arrangement shall include, but are not limited to, how the supervising radiologist and radiologist assistant plan to implement the protocol, the method and manner of supervision, consultation, referral and liability.

Source: Miss. Code Ann. §41-58-7 (1972, as amended).

Rule 1.5 Supervising Physician Limited. No radiologist shall be authorized to supervise a radiologist assistant unless that radiologist holds an unrestricted license to practice medicine in the state of Mississippi.

The employing radiologist(s) shall exercise supervision and assume full control and responsibility for the services provided by any person practicing as a radiologist assistant employed in the radiologist's practice. Any services being provided by a radiologist assistant must be performed at either the physical location of the radiologist's primary medical practice or any healthcare facility where the supervising radiologist holds staff privileges.

Source: Miss. Code Ann. §41-58-7 (1972, as amended).

Rule 1.6 Termination. The radiologist assistant and supervising radiologist shall notify the Board in writing immediately upon the radiologist assistant's termination; radiologist retirement; withdrawal from active practice; or any other change in employment, functions or activities. Failure to notify can result in disciplinary action.

Source: Miss. Code Ann. §41-58-7 (1972, as amended).

Rule 1.7 Duty to Notify Board of Change of Address. Any radiologist assistant who is licensed or receives a license to practice as a radiologist assistant in this state and thereafter changes his or her practice location or mailing address from what was noted in the application upon which he or she received a license, shall immediately notify the Board in writing of the change. Failure to notify within 30 days could result in disciplinary action.

The Board routinely sends information to licensed radiologist assistants. Whether it be by U.S. Mail or electronically, it is important that this information is received by the licensee. The licensure record of the licensee should include a physical practice location, mailing address, email address and telephone number where the Board can correspond with the licensee directly. The Board discourages the use of office personnel's mailing and email addresses as well as telephone numbers. Failure to provide the Board with direct contact information could result in disciplinary action.

Source: Miss. Code Ann. §41-58-7 (1972, as amended).

Rule 1.8 Continuing Education. Biennially attend and complete at least twenty-four (24) hours of radiological related continuing education courses sponsored or approved by any of the following organizations:

A. Mississippi Society of Radiologic Technologists
B. Mississippi Radiological Society
C. Mississippi Medical Association or Mississippi Osteopathic Medical Association
D. American Medical Association or American Osteopathic Association
E. American Society of Radiologic Technologists
F. American Registry of Radiologic Technologists
G. American College of Radiology or American Osteopathic College of Radiology

Source: Miss. Code Ann. §41-58-7 (1972, as amended).

Rule 1.9 Identification. The supervising physician shall be responsible to ensure that any radiologist assistant under his or her supervision does not advertise or otherwise hold himself or herself out in any manner which would tend to mislead the general public or patients. Radiologist assistants shall at all times when on duty wear a name tag, placard or plate identifying themselves as radiologist assistants.

Radiologist assistants may not advertise in any manner which implies that the radiologist assistant is an independent practitioner.

A person not licensed as a radiologist assistant by the Board who holds himself or herself out as a radiologist assistant is subject to the penalties applicable to the unlicensed practice of medicine.

Source: Miss. Code Ann. §41-58-7 (1972, as amended).

Rule 1.10 Physician Liability. Prior to the supervision of a radiologist assistant, the physician's and/or radiologist assistant's insurance carrier must forward to the Board a Certificate of Insurance.

Source: Miss. Code Ann. §41-58-7 (1972, as amended).

Rule 1.11 Renewal Schedule. The license of every person licensed to practice as a radiologist assistant in the state of Mississippi shall be renewed annually.

On or before May 1 of each year, the State Board of Medical Licensure shall notify every radiologist assistant to whom a license was issued or renewed during the current licensing year the process of licensure renewal. The notice shall provide instructions for obtaining and submitting applications for renewal. The applicant shall obtain and complete the application and submit it to the Board in the manner prescribed by the Board in the notice before June 30 with the renewal fee of an amount established by the Board. The payment of the annual license renewal fee shall be optional with all radiologist assistants over the age of seventy (70) years. Upon receipt of the application and fee, the Board shall verify the accuracy of the application and issue to applicant a certificate of renewal for the ensuing year, beginning July 1 and expiring June 30 of the succeeding calendar year. Such renewal shall render the holder thereof a licensed radiologist assistant as stated on the renewal form.

A radiologist assistant practicing in Mississippi who allows his or her license to lapse by failing to renew the license as provided in this rule may be reinstated by the Board upon completion of a reinstatement form and payment of the renewal fee for the current year, and shall be assessed a fine of Twenty-five Dollars ($25.00) plus an additional fine of Five Dollars ($5.00) for each month thereafter that the license renewal remains delinquent.

Any radiologist assistant not practicing in Mississippi who allows his or her license to lapse by failing to renew the license as provided in this rule may be reinstated by the Board upon completion of a reinstatement form and payment of the arrearage for the previous five (5) years and the renewal fee for the current year.

Any radiologist assistant who allows his or her license to lapse shall be notified by the Board within thirty (30) days of such lapse.

Any person practicing as a radiologist assistant during the time his or her license has lapsed shall be considered an illegal practitioner and shall be subject to the same penalties as provided at Mississippi Code, Section 73-25-14.

Source: Miss. Code Ann. §41-58-7 (1972, as amended).

Rule 1.12 Disciplinary Proceedings.

A. Grounds for Disciplinary Action Against Radiologist Assistants

For the purpose of conducting disciplinary actions against individuals licensed to practice as radiologist assistants, the Board hereby incorporates those grounds for the non-issuance, suspension, revocation, or restriction of a license or the denial of reinstatement or renewal of a license, as set forth in Mississippi Code, Sections 73-25-29 and 73-25-83. As a basis for denial, suspension, revocation or other restriction, the Board may initiate disciplinary proceedings based upon any one or more of those grounds as set forth in Sections 73-25-29 and 73-25-83, and may make provision for the assessment of costs as provided therein.

B. Hearing Procedure and Appeals

No individual shall be denied a license or have his or her license suspended, revoked or restriction placed thereon, unless the individual licensed as a radiologist assistant has been given notice and opportunity to be heard. For the purpose of notice, disciplinary hearings and appeals, the Board hereby adopts and incorporates by reference all provisions of the "Rules of Procedure" now utilized by the Board for those individuals licensed to practice medicine, osteopathic medicine, and podiatric medicine in the state of Mississippi.

C. Reinstatement of License

1. A person whose license to practice as a radiologist assistant has been revoked, suspended, or otherwise restricted may petition the Mississippi State Board of Medical Licensure to reinstate his or her license after a period of not less than one (1) year has elapsed from the date of the revocation or suspension. The procedure for the reinstatement of a license that is suspended for being out of compliance with an order for support, as defined in Section 93-11-153, shall be governed by Sections 93-11-157 or 93-11-163, as the case may be.
2. The petition shall be accompanied by two (2) or more verified recommendations from physicians or osteopaths licensed by the Board of Medical Licensure to which the petition is addressed and by two (2) or more recommendations from citizens each having personal knowledge of the activities of the petitioner since the disciplinary penalty was imposed and such facts as may be required by the Board of Medical Licensure.

   The petition may be heard at the next regular meeting of the Board of Medical Licensure but not earlier than thirty (30) days after the petition was filed. No petition shall be considered while the petitioner is under sentence for any criminal offense, including any period during which he or she is under probation or parole. The hearing may be continued from time to time as the Board of Medical Licensure finds necessary.
3. In determining whether the disciplinary penalty should be set aside and the terms and conditions, if any, which should be imposed if the disciplinary penalty is set aside, the Board of Medical Licensure may investigate and consider all activities of the petitioner since the disciplinary action was taken against him or her, the offense for which he or she was disciplined, his or her activity during the time his or her certificate was in good standing, his or her general reputation for truth, professional ability and good character; and it may require the petitioner to pass an oral examination.

Source: Miss. Code Ann. §41-58-7 (1972, as amended).

Rule 1.13 Impaired Radiologist Assistants. For the purpose of the Mississippi Disabled Physician Law, Mississippi Code, Sections 73-25-51 to 73-25-67, any individual licensed to practice as a radiologist assistant shall be subject to restriction, suspension, or revocation in the case of disability by reason of one or more of the following:

A. mental illness
B. physical illness, including but not limited to deterioration through the aging process, or loss of motor skills
C. excessive use or abuse of drugs, including alcohol

If the Board has reasonable cause to believe that a radiologist assistant is unable to practice with reasonable skill and safety to patients because of one or more of the conditions described above, referral of the radiologist assistant shall be made, and action taken, if any, in the manner as provided in Sections 73-25-55 through 73-25-65, including referral to the Mississippi Professionals Health Program, sponsored by the Mississippi State Medical Association.

Source: Miss. Code Ann. §41-58-7 (1972, as amended).

Rule 1.14 Effective Date of Rules. The above rules pertaining to the practice of radiologist assistants shall become effective upon adoption.

Adopted November 16, 2005; amended July 20, 2006; amended November 8, 2007; amended July 10, 2008; amended July 10, 2014; and amended March 16, 2017.

Source: Miss. Code Ann. §41-58-7 (1972, as amended).

Part 2621 Limited X-Ray Machine Operator

Part 2621 Chapter 1: Limited X-Ray Machine Operator

Rule 1.1 Scope. Pursuant to Mississippi Code §41-58-3, an individual who applies ionizing radiation in a physician's office, radiology clinic or a licensed hospital in Mississippi under the specific direction of a licensed practitioner shall be permitted as a limited x-ray machine operator by the Board.

Source: Miss. Code Ann. §73-25-19 (1972, as amended).

Rule 1.2 Definitions.

A. "Licensed Practitioner" means a person licensed or otherwise authorized by law to practice medicine, osteopathy or podiatry, or a licensed physician assistant.
B. "Limited X-Ray Machine Operator" means a person who is issued a permit by the State Board of Medical Licensure to perform medical radiation technology limited to specific radiographic procedures on certain parts of the human anatomy, specifically the chest, abdomen and skeletal structures.

Source: Miss. Code Ann. §73-25-19 (1972, as amended).

Rule 1.3 Limitations. Limited x-ray machine operators may not perform fluoroscopy, both stationary and mobile (C-arm); contrast studies; computed tomography; nuclear medicine; radiation therapy studies; and mammography.

Source: Miss. Code Ann. §73-25-19 (1972, as amended).

Rule 1.4 Requirements. Each limited x-ray-machine operator who is employed to apply ionizing radiation in the state of Mississippi shall:

A. Submit a completed information form which has been supplied by the Board, completed in every detail.
B. Submit proof of completion of twelve hours of Board-approved education in radiologic technology, with six of those hours specifically in radiation protection.
C. Pay the appropriate fee as determined by the Board.

Source: Miss. Code Ann. §73-25-19 (1972, as amended).

Rule 1.5 Renewal. Each limited x-ray machine operator permit will expire June 30 two years after the date the permit is issued. During the two year period in which the limited x-ray machine operator holds a current permit, additional continuing educational hours must be obtained for renewal. In order to renew, each limited x-ray machine operator shall submit biennially:

A. an application for permit renewal on a form supplied by the Board, completed in every detail;
B. evidence of completing twelve hours of board-approved continuing education with six hours in radiation protection; and
C. a renewal fee as prescribed by the Board.

Source: Miss. Code Ann. §73-25-19 (1972, as amended).

Adopted September 19, 2013.

Part 2625 Acupuncturist

Part 2625: Chapter 1 The Practice of Acupuncture

Rule 1.1 Scope. The following rules pertain to acupuncture practitioners performing the technique of acupuncture for a patient only if the patient has received a written referral or prescription for acupuncture from a Mississippi currently licensed physician. If the patient has received a written referral or prescription for the treatment of infertility, the referral or prescription must be issued by a currently licensed Mississippi physician whose primary practice specialty is obstetrics and gynecology.

The practitioner shall perform the technique of acupuncture under the general supervision of the patient's referring or prescribing physician. General supervision does not require that the acupuncturist and physician practice in the same office.

While treating a patient, the practitioner shall not make a medical diagnosis, but may provide pattern differentiation according to Traditional Chinese Medicine. If a patient's condition is not improving or a patient requires emergency medical treatment, the practitioner shall consult promptly with a physician.

Acupuncture may be performed in the state of Mississippi by a physician licensed to practice medicine and adequately trained in the art and science of acupuncture. Adequately trained will be defined as a minimum of 200 hours of AMA or AOA approved Category I CME in the field of acupuncture. Such licensed individuals wishing to utilize acupuncture in their practice may do so provided that any and all portions of the acupuncture treatment are performed by the person so licensed and no surrogate is authorized in this state to serve in his or her stead. The practice of acupuncture by a physician should follow the same quality of standard that the physician, or any other physician in his or her community, would render in delivering any other medical treatment. The applicable standard of care shall include all elements of a doctor-patient relationship. The elements of this valid relationship are:

A. verify that the person requesting the medical treatment is in fact who they claim to be;
B. conduct an appropriate examination of the patient that meets the applicable standard of care and is sufficient to justify the differential diagnosis and proposed therapies;
C. establish a differential diagnosis through the use of accepted medical practices, i.e., a patient history, mental status exam, physical exam and appropriate diagnostic and laboratory testing;
D. discuss with the patient the diagnosis, risks and benefits of various treatment options and obtain informed consent;
E. insure the availability of appropriate follow-up care including use of traditional medicine; and
F. maintain a complete medical record.

The Board of Medical Licensure must have on file copies of required CME prior to any Mississippi licensed physician being approved to provide treatment by acupuncture. Licensees approved by the Mississippi State Board of Medical Licensure to practice acupuncture prior to January 2011 shall not be required to meet the aforementioned CME requirements.

Source: Miss. Code Ann. §73-71-13 (1972, as amended).

Rule 1.2 Definitions. For the purpose of Part 2625, Chapter 1 only, the following terms have the meanings indicated:

A. "Board" means the Mississippi State Board of Medical Licensure.
B. "Council" means the Mississippi Council of Advisors in Acupuncture.
C. "NCCAOM" means the National Certification Commission for Acupuncture and Oriental Medicine.
D. "ACAOM" means the Accreditation Commission of Acupuncture and Oriental Medicine.
E. "CCAOM" means the Council of Colleges of Acupuncture and Oriental Medicine.

Source: Miss. Code Ann. §73-71-13 (1972, as amended).

Rule 1.3 Qualifications for Licensure. On or after July 1, 2009, applicants for acupuncture licensure must meet the following requirements:

A. Satisfy the Board that he or she is at least twenty-one (21) years of age and of good moral character.
B. Satisfy the Board that he or she is a citizen or permanent resident of the United States of America.
C. Submit an application for license on a form supplied by the Board, completed in every detail with a recent photograph (wallet-size/passport type) attached. A Polaroid or informal snapshot will not be accepted.
D. Pay the appropriate fee as determined by the Board.
E. Present a certified copy of birth certificate or valid and current passport.
F. Submit proof of legal change of name if applicable (notarized or certified copy of marriage or other legal proceeding).
G. Provide information on registration or licensure in all other states where the applicant is or has been registered or licensed as an acupuncturist.
H. Provide favorable references from two (2) acupuncturists licensed in the United States with whom the applicant has worked or trained.
I. Provide proof, directly from the institution, of successful completion of an educational program for acupuncturists that are in candidacy status or accredited by ACAOM, NCCAOM or its predecessor or successor agency that is at least three (3) years in duration and includes a supervised clinical internship to ensure that applicants with an education outside the US are recognized because of the NCCAOM review process for foreign applicants.
J. Pass the certification examinations administered by the NCCAOM and have current NCCAOM Diplomate status in Acupuncture or Oriental Medicine that is consistent with one of the following:
    1. If taken before June 1, 2004, pass the Comprehensive Written Exam (CWE), the Clean Needle Technique portion (CNTP), and the Practical Examination of Point Location Skills (PEPLS).
    2. If taken on or after June 1, 2004, and before January 1, 2007, pass the NCCAOM Foundations of Oriental Medicine Module, Acupuncture Module, Point Location Module and Biomedicine Module.

3. If taken on or after January 1, 2007, pass the NCCAOM Foundations of Oriental Medicine Module, Acupuncture Module with Point Location Module, and the Biomedicine Module.

K. If applicant is a graduate of an international educational program, provide proof that the applicant is able to communicate in English as demonstrated by one of the following:
   1. Passage of the NCCAOM examination taken in English.
   2. Passage of the TOEFL (Test of English as a Foreign Language) with a score of 560 or higher on the paper based test or with a score of 220 or higher on the computer based test.
   3. Passage of the TSE (Test of Spoken English) with a score of 50 or higher.
   4. Passage of the TOEIC (Test of English for International Communication) with a score of 500 or higher.

L. Provide proof of successful completion of a CCAOM-approved clean needle technique course sent directly from the course provider to the Board.

M. Provide proof of current cardiopulmonary resuscitation (CPR) certification from either the American Heart Association or the American Red Cross.

N. Provide proof of malpractice insurance with a minimum of $1 million dollars in coverage.

O. Submit fingerprints for state and national criminal history background checks.

Source: Miss. Code Ann. §73-71-13 (1972, as amended).

Rule 1.4 Practice Standards. Before treatment of a patient the acupuncturist (if not a Mississippi licensed physician) shall be sure that the patient has been examined and referred by a licensed physician and shall review the diagnosis for which the patient is receiving treatment.

The acupuncturist shall obtain informed consent from the patient after advising them of potential risks and benefits of acupuncture treatment plan.

The acupuncturist shall obtain a written prescription or referral from the patient's licensed physician.

The acupuncturist shall obtain a detailed medical history that would identify contraindications to acupuncture such as a bleeding disorder.

An acupuncture practitioner will use sterilized equipment that has been sterilized according to standards of the Centers for Disease Control and Prevention (CDC).

An acupuncturist shall comply with all applicable state and municipal requirements regarding public health.

Source: Miss. Code Ann. §73-71-13 (1972, as amended).

Rule 1.5 Patient Records. A licensed acupuncturist shall maintain a complete and accurate record of each patient. The record shall be sufficient to demonstrate a valid acupuncturist-patient relationship:

A. verify that the person requesting the medical treatment is in fact who they claim to be;

B. conduct and appropriate examination of the patient that meets the applicable standard of care and is sufficient to justify the differential diagnosis and proposed therapies;

C. establish a differential diagnosis through the use of accepted medical practices, i.e., a patient history, mental status exam, physical exam and appropriate diagnostic and laboratory testing;
D. discuss with the patient the diagnosis, risks and benefits of various treatment options and obtain informed consent;
E. insure the availability of appropriate follow-up care including use of traditional medicine; and
F. maintain a complete medical record.

Patient records must be maintained for a period of seven (7) years from the date of last treatment or longer if required by future statute or regulation.

At patient's request, the acupuncturist shall provide the patient or other authorized person a copy of the acupuncture record. Refer to Administrative Code Part 2635 Chapter 10, Release of Medical Records.

Acupuncturists are subject to a peer review process conducted by the Council.

Source: Miss. Code Ann. §73-71-13 (1972, as amended).

Rule 1.6 Supervision. Any acupuncturist licensed to practice as an acupuncturist in this state shall perform the technique of acupuncture for a patient only if the patient has received a written referral or prescription for acupuncture from a physician. As specified in the referral or prescription, the Mississippi licensed acupuncturist shall provide reports to the physician on the patient's condition or progress in treatment and comply with the conditions or restrictions on the acupuncturist's course of treatment.

The acupuncturist shall perform the technique of acupuncture under the general supervision of the patient's referring or prescribing physician. General supervision does not require that the acupuncturist and physician practice in the same office.

Before treating a patient, the acupuncturist shall advise the patient that acupuncture is not a substitute for conventional medical diagnosis and treatment and shall obtain the informed consent of the patient.

On initially meeting a patient in person, the acupuncturist shall provide in writing the acupuncturist's name, business address, and business telephone number, and information on acupuncture, including the techniques that are used.

While treating a patient, the acupuncturist shall not make a diagnosis. If a patient's condition is not improving or a patient requires emergency medical treatment, the acupuncturist shall consult promptly with a physician.

Source: Miss. Code Ann. §73-71-13 (1972, as amended).

Rule 1.7 Supervising Physician Limited. Before making the referral or prescription for acupuncture, the physician shall have a valid physician-patient relationship as described, supra. The physician shall perform a medical diagnostic examination of the patient and review the results of care provided by other physicians and relevant medical records.

The physician shall make the referral or prescription in writing and specify in the referral or prescription all of the following:

A. The physician's diagnosis of the ailment or condition that is to be treated by acupuncture;
B. A time by which or the intervals at which the acupuncturist must provide reports to the physician regarding the patient's condition or progress in treatment; and
C. The conditions or restrictions placed on the acupuncturist's course of treatment.

The physician shall be personally available for consultation with the acupuncturist. If the physician is not on the premises at which acupuncture is performed, the physician shall be readily available to the practitioner through some means of telecommunication and be in a location that under normal circumstances is not more than sixty (60) minutes travel time away from the location where the practitioner is practicing.

Source: Miss. Code Ann. §73-71-13 (1972, as amended).

Rule 1.8 Duty to Notify Board of Change of Address. Any acupuncturist who is licensed to practice as an acupuncturist in this state and changes their practice location or mailing address shall immediately notify the Board in writing of the change. Failure to notify within 30 days could result in disciplinary action.

The Board routinely sends information to licensed acupuncturists. Whether it be by U.S. Mail or electronically, it is important that this information is received by the licensee. The licensure record of the licensee should include a physical practice location, mailing address, email address and telephone number where the Board can correspond with the licensee directly. The Board discourages the use of office personnel's mailing and email addresses as well as telephone numbers. Failure to provide the Board with direct contact information could result in disciplinary action.

Source: Miss. Code Ann. §73-71-13 (1972, as amended).

Rule 1.9 Continuing Education.

A. Every acupuncturist must earn or receive not less than thirty (30) hours of acupuncture related continuing education courses as precedent to renewing their license for the next fiscal year. This thirty (30) hours is per two-year cycle. Excess hours may not be carried over to another two-year cycle. *For the purpose of this regulation, the two-year period begins July 1, 2010, and every two years thereafter.* Continuing education courses must be sponsored and/or approved by one of the following organizations:
    1. Mississippi Council of Advisors in Acupuncture
    2. Mississippi Oriental Medicine Association
    3. American Association of Acupuncture and Oriental Medicine
    4. National Certification Commission for Acupuncture and Oriental Medicine
    5. American Acupuncture Council
B. All persons licensed as acupuncturists must comply with the following continuing education rules as a prerequisite to license renewal.
    1. Acupuncturists receiving their initial license to perform acupuncture in Mississippi after June 30 are exempt from the minimum continuing education requirement for the two-year period following their receiving a license. The thirty (30) hour continuing education certification will be due within the next two-year cycle.

2. The approved hours of any individual course or activity will not be counted more than once in a two (2) year period toward the required hour total regardless of the number of times the course or activity is attended or completed by any individual.
3. The Board may waive or otherwise modify the requirements of this rule in cases where there is illness, military service, disability or other undue hardship that prevents a license holder from obtaining the requisite number of continuing education hours. Requests for waivers or modification must be sent in writing to the Executive Director prior to the expiration of the renewal period in which the continuing education is due.
4.

Source: Miss. Code Ann. §73-71-13 (1972, as amended).

Rule 1.10 Violations. Any acupuncturist who falsely attests to completion of the required continuing education may be subject to disciplinary action pursuant to Mississippi Code, Section 73-71-33 and 73-71-35.

Any acupuncturist that fails to obtain the required continuing education may be subject to disciplinary action pursuant to Mississippi Code, Section 73-71-33 and 73-71-35, and may not be allowed to renew license. If continuing education deficiencies are discovered during an audit of the licensee, the licensee shall be suspended from practice for the longer of (i) a period of 3 months or (ii) until deficiencies are remedied. Any licensee suspended as a result of a continuing education audit may request a hearing for the purpose of appealing the suspension. Suspension as a result of falsified certification of continuing education shall begin upon determination of the false certification and shall not require notice or hearing as described below.

Continuing education obtained as a result of compliance with the terms of the Board Orders in any disciplinary action shall not be credited toward the continuing education required to be obtained in any two (2) year period.

Source: Miss. Code Ann. §73-71-13 (1972, as amended).

Rule 1.11 Renewal Schedule. The license of every person licensed to practice as an acupuncturist in the state of Mississippi shall be renewed annually.

On or before May 1 of every year, the State Board of Medical Licensure shall notify every acupuncturist to whom a license was issued or renewed during the current licensing period of the forthcoming annual renewal of license. The notice shall provide instructions for obtaining and submitting applications for renewal. The applicant shall obtain and complete the application and submit it to the Board in the manner prescribed by the Board in the notice before June 30 with the renewal fee of an amount established by the Board. The payment of the annual license renewal fee shall be optional with all acupuncturists over the age of seventy (70) years. Upon receipt of the application and fee, the Board shall verify the accuracy of the application and issue to applicant a license of renewal for the ensuing one (1) year period, beginning July 1 and expiring June 30 of the succeeding licensure period.

An acupuncturist practicing in Mississippi who allows a license to lapse by failing to renew the license as provided in the foregoing paragraph may be reinstated by the Board on satisfactory explanation for such failure to renew, by completion of a reinstatement form, and upon payment

of the renewal fee for the current year. If the license has not been renewed within ninety (90) days after its expiration, the renewal shall be assessed a late fee of $200.

Any acupuncturist who allows a license to lapse shall be notified by the Board within thirty (30) days of such lapse.

Any acupuncturist who fails to renew a license within four (4) years after its expiration may not renew that license. The license will become null and void and the acupuncturist will have to apply for and obtain a new license.

Any person practicing as an acupuncturist during the time a license has lapsed shall be considered an illegal practitioner and shall be subject to Mississippi Code, Section 73-71-33 and 73-71-35.

Source: Miss. Code Ann. §73-71-13 (1972, as amended).

Rule 1.12 Professional Ethics. All license holders shall comply with the Code of Ethics adopted by the NCCAOM except to the extent that they conflict with the laws of the State of Mississippi or the rules of the Board. If the NCCAOM Code of Ethics conflicts with state law or rules, the state law or rules govern the matter. Violation of the Code of Ethics or state law or rules may subject a license holder to disciplinary action pursuant to Part 2625, Rule 1.10.

Source: Miss. Code Ann. §73-71-13 (1972, as amended).

Rule 1.13 Disciplinary Proceedings.

A. Hearing Procedure and Appeals
   No individual shall be denied a license or have a license suspended, revoked or restriction placed thereon, unless the individual licensed as an acupuncturist has been given notice and opportunity to be heard. For the purpose of notice, disciplinary hearings and appeals, the Board hereby adopts and incorporates by reference all provisions of the "Rules of Procedure" now utilized by the Board for those individuals licensed to practice medicine in the state of Mississippi.
B. Reinstatement of License
   1. A person whose license to practice as an acupuncturist has been revoked, suspended, or otherwise restricted may petition the Mississippi State Board of Medical Licensure to reinstate their license after a period of one (1) year has elapsed from the date of the revocation or suspension. The procedure for the reinstatement of a license that is suspended for being out of compliance with an order for support, as defined in Section 93-11-153, shall be governed by Sections 93-11-157 or 93-11-163, as the case may be.
   2. The petition shall be accompanied by two (2) or more verified recommendations from physicians or acupuncturists licensed by the Board of Medical Licensure to which the petition is addressed and by two (2) or more recommendations from citizens each having personal knowledge of the activities of the petitioner since the disciplinary penalty was imposed and such facts as may be required by the Board of Medical Licensure.

      The petition may be heard at the next regular meeting of the Board of Medical Licensure but not earlier than thirty (30) days after the petition was filed. No petition

shall be considered while the petitioner is under sentence for any criminal offense, including any period during which he or she is under probation or parole. The hearing may be continued from time to time as the Board of Medical Licensure finds necessary.

3. In determining whether the disciplinary penalty should be set aside and the terms and conditions, if any, which should be imposed if the disciplinary penalty is set aside, the Board of Medical Licensure may investigate and consider all activities of the petitioner since the disciplinary action was taken against him or her, the offense for which he or she was disciplined, their activity during the time their license was in good standing, their general reputation for truth, professional ability and good character; and it may require the petitioner to pass an oral examination.

Source: Miss. Code Ann. §73-71-13 (1972, as amended).

Rule 1.14 Impaired Acupuncturists. Any individual licensed to practice as an acupuncturist, shall be subject to restriction, suspension, or revocation in the case of disability by reason of one or more of the following:

A. mental illness, or
B. physical illness, including but not limited to deterioration through the aging process, or loss of motor skills
C. excessive use or abuse of drugs, including alcohol

If the Board has reasonable cause to believe that an acupuncturist is unable to practice with reasonable skill and safety to patients because of one or more of the conditions described above, referral of the acupuncturist shall be made, and action taken, if any, in the manner as provided in Sections 73-25-55 through 73-25-65, including referral to the Mississippi Professionals Health Program, sponsored by the Mississippi State Medical Association.

Source: Miss. Code Ann. §73-71-13 (1972, as amended).

Rule 1.15 Use of Professional Titles. A licensee shall use the title “Acupuncturist” or “Licensed Acupuncturist,” “Lic. Ac.,” or “L.Ac.,” immediately following his/her name on any advertising or other materials visible to the public which pertain to the licensee’s practice of acupuncture. Only persons licensed as an acupuncturist may use these titles. A licensee who is also licensed in Mississippi as a physician, dentist, chiropractor, optometrist, podiatrist, and/or veterinarian is exempt from the requirement that the licensee’s acupuncture title immediately follow his/her name.

Source: Miss. Code Ann. §73-71-13 (1972, as amended).

Rule 1.16 Acupuncture Advertising. Misleading or Deceptive Advertising. Acupuncturists shall not authorize or use false, misleading, or deceptive advertising, and, in addition, shall not engage in any of the following:

A. Hold themselves out as a physician or surgeon or any combination or derivative of those terms unless also licensed by the Board of Medical Licensure as a physician as defined under the Mississippi Medical Practice Act.
B. Use the terms "board certified." Acupuncturists may use the term “certified” provided the advertising also discloses the complete name of the board which conferred the referenced certification.

C. Use the terms "certified" or any similar words or phrases calculated to convey the same meaning if the advertised certification has expired and has not been renewed at the time the advertising in question was published, broadcast, or otherwise promulgated.

Source: Miss. Code Ann. §73-71-13 (1972, as amended).

Rule 1.17 Sale of Goods from Practitioner's Office. Due to the potential for patient exploitation in the sale of goods, acupuncturists should be mindful of appropriate boundaries with patients, should avoid coercion in the sale of goods in their offices, and should not engage in exclusive distributorship and/or personal branding.

Acupuncturists should make available disclosure information with the sale of any goods in order to inform patients of their financial interests.

Acupuncturists may distribute goods free of charge or at cost in order to make such goods readily available.

Acupuncturists may make available for sale in their offices durable medical goods essential to the patient's care and non-health related goods associated with a charitable organization.

Source: Miss. Code Ann. §73-71-13 (1972, as amended).

Rule 1.18 Effective Date of Rules. The above rules pertaining to the practice of acupuncturists shall become effective October 17, 2009.

Adopted January 20, 2000; amended October 17, 2009; amended March 24, 2011; amended July 10, 2014; and amended March 16, 2017.

Source: Miss. Code Ann. §73-71-13 (1972, as amended).

Part 2630 Collaboration

Part 2630 Chapter 1: Collaboration with Nurse Practitioners

Rule 1.1 Scope. These rules apply to all individuals licensed to practice medicine or osteopathic medicine in the state of Mississippi.

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

Rule 1.2 Definitions. For the purpose of Part 2630, Chapter 1 only, the following terms have the meanings indicated:

A. "Physician" means any person licensed to practice medicine or osteopathic medicine in the state of Mississippi who holds an unrestricted license or whose practice or prescriptive authority is not limited as a result of voluntary surrender or legal/regulatory order.

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

C. "Free Standing Clinic" means a clinic or other facility wherein patients are treated by a nurse practitioner, which is more than seventy-five (75) miles away from the primary office of the collaborative/consultative physician. Excluded from this definition are all licensed hospitals, state health department facilities, federally qualified community health clinics and volunteer clinics.

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

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

F. "Nurse Practitioner" means any person licensed to practice nursing in the state of Mississippi and certified by the Mississippi Board of Nursing to practice in an expanded role as a nurse practitioner.

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

Rule 1.3 Board Review. Physicians who wish to collaborate/consult with a nurse practitioner who plans or anticipates practicing in a free standing clinic, must first (a) appear personally or by telephone before the Mississippi State Board of Medical Licensure and/or the Joint Committee of the Board of Medical Licensure and the Board of Nursing if the Board of Medical Licensure determines that the collaborative/consultative relationship may not be approved absent action from the Joint Committee, (b) present and discuss the protocol, and (c) obtain approval from the Board to act as a collaborating/consulting physician. The facts and matters to be considered by the Board shall include, but are not limited to, how the collaborating/consulting physician and

nurse practitioner plan to implement the protocol, the method and manner of collaboration, consultation, and referral.

The requirement for Board appearance and approval set forth in the preceding paragraph also applies to any physician collaborating/consulting with a nurse practitioner who later moves to a free standing clinic under an existing protocol.

Where a nurse practitioner is practicing in a free standing clinic pursuant to an existing protocol as of the effective date of this regulation, the requirements of personal appearance or telephone interview and Board approval set forth in the paragraph above shall not be required until the next succeeding renewal date for said certificate as required by the Mississippi State Board of Nursing.

Where two or more physicians anticipate executing a protocol to collaborate/consult with a nurse practitioner practicing in a free standing clinic, it shall not be necessary that all of the physicians personally appear before the Mississippi State Board of Medical Licensure as required in the preceding paragraph. In this situation, the physician who will bear the primary responsibility for the collaboration/consultation with the nurse practitioner shall make the required personal appearance or telephone interview.

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

A. Review by collaborative physician of a random sample of charts that represent 10% or 20 charts, whichever is less, of patients seen by the nurse practitioner every month. Charts should represent the variety of patient types seen by the nurse practitioner. Patients that the nurse practitioner and collaborating physician have consulted on during the month will count as one chart review.
B. The nurse practitioner shall maintain a log of charts reviewed which include the identifier for the patient's charts, reviewers' names, and dates of review.
C. Each nurse practitioner shall meet face to face with a collaborating physician once per quarter for the purpose of quality assurance and this meeting should be documented.

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

Rule 1.4 Collaborative/Consultative Relationships. Physicians with collaborative relationships with APRN must ensure backup physician coverage when the primary collaborative physician is unavailable. The backup physician must be on APRN protocol. In the event of death, disability (physical/mental), or relocation, which would result in the APRN not having a collaborative physician, the APRN has the duty to immediately notify the Mississippi Board of Nursing as jointly agreed by the Mississippi Board of Nursing and the Mississippi Board of Medical

Licensure. The Nursing Board will then immediately notify the Mississippi State Board of Medical Licensure.

In order that patients may continue to be treated without interruption of care, the APRN may be allowed to continue to practice for a 90-day grace period while the APRN attempts to secure a collaborative physician without such practice being considered the practice of medicine. The Mississippi State Board of Medical Licensure, or its designee, will serve as the APRN's collaborative physician with the agreement of the Mississippi Board of Nursing. The Mississippi State Board of Medical Licensure and the Mississippi State Board of Nursing will assist the APRN in their attempt to secure a collaborative physician. If a collaborative physician has not been secured at the end of the 90-day grace period, an additional 90-day extension may be granted by mutual agreement of the Executive Committee of the Mississippi Board of Nursing and the Executive Committee of the Mississippi State Board of Medical Licensure. During this additional 90-day extension, the above described collaborative agreement will continue. The APRN will not be allowed to practice until the previously described collaborative arrangement with the Mississippi State Board of Medical Licensure is agreed upon.

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

Rule 1.5 Primary Care Extended Mileage. Primary care physicians, as defined in Rule 1.2, shall have no mileage restrictions placed on the collaborative agreement between the physician and the nurse practitioner if the following conditions are met:

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

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

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

Rule 1.6 Violation of Rules. Any violation of the rules as enumerated above shall constitute unprofessional conduct in violation of Mississippi Code, Section 73-25-29(8).

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

Rule 1.7 Effective Date of Regulation. The above rules pertaining to collaborating/consulting physicians shall become effective September 21, 1991.

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

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

Part 2630 Chapter 2: The Supervision of Pharmacists

Rule 2.1 Preamble. To optimize the favorable professional working relationship that already exists between the state of Mississippi's physician and pharmacist communities, the following is directed.

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

Rule 2.2 Scope. These rules apply to all individuals licensed to practice medicine or osteopathic medicine in the state of Mississippi.

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

Rule 2.3 Definitions. For the purpose of Part 2630, Chapter 2 only, the following terms have the meanings indicated:

A. "Physician" means any person licensed to practice medicine or osteopathic medicine in the state of Mississippi.
B. "Supervising Physician" means a physician who, pursuant to a duly executed written guideline or protocol as hereinafter defined, has agreed to supervise a pharmacist and is the physician responsible for the overall management and supervision for the activities of the pharmacist as is directly related to patients receiving medications or disease management services under the protocol.
C. "Pharmacist" means any person licensed to practice pharmacy in the state of Mississippi, who has met all requirements of Article XXXVI of the rules and regulations of the Mississippi State Board of Pharmacy to either (i) accept patients referred by a physician, (ii) initiate or modify drug therapy, or (iii) order lab work, all in accordance with written guidelines or protocols as hereinafter defined.
D. "Written Guideline" or "Protocol" means an agreement in which a physician authorized to prescribe drugs delegates to a pharmacist authority to consult with a patient or to conduct specific prescribing functions in an institutional setting, or with individual patients, provided that a specific protocol agreement is signed on each patient and is filed with the Mississippi State Board of Pharmacy as required by Mississippi Code, Section 73-21-73(ll) and is filed with this Board.

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

Rule 2.4 Board Review - Protocol Format.

A. Before any physician shall execute a protocol to supervise a pharmacist in the care or consultation with a patient, or initiation and/or modification of prescription drug therapy, and/or ordering lab work, the supervising physician must jointly execute a written guideline or protocol with the pharmacist and thereafter file the same with the Mississippi State Board of Medical Licensure.

B. No protocol agreement authorizing the care or consultation with a patient, or initiation and/or modification of prescription drug therapy shall be executed by a physician unless the protocol shall meet at a minimum the following requirements:
   1. Identifies the physician who agrees to supervise the pharmacist and the scope of the physician's active practice.
   2. Describes the specific responsibilities authorized by the supervising physician.
   3. Describes the method the pharmacist shall use to document decisions or recommendations the pharmacist makes to the supervising physician.
   4. Describes the patient activities the supervising physician requires the pharmacist to monitor.
   5. Describes the types of reports the supervising physician requires the pharmacist to report and the schedule by which the pharmacist is to submit these reports.
   6. Includes a statement of the medication categories and the type of initiation and modification of drug therapy that the supervising physician authorizes the pharmacist to perform.
   7. Describes the procedures or plan that the pharmacist shall follow if the pharmacist exercises initiation and modification of drug therapy.
   8. Indicates the date the supervising physician's supervision ends. The duration of the protocol agreement shall not exceed one (1) year.
   9. Be dated and signed by the pharmacist(s) and the supervising physician. If more than one physician agrees to supervise the pharmacist(s), each physician and pharmacist(s) shall sign and date the protocol.
   10. Includes a statement that stipulates that the patient has been notified by the pharmacist(s) and the supervising physician that a protocol agreement exists.
   11. Includes a statement which certifies that the physician(s) has advised their respective malpractice liability carriers concerning the protocol and supervisory relationship, and that any potential liability that may ensue as a result of implementing the protocol agreement, shall be covered by the malpractice liability insurance policies or endorsements thereto.

C. No protocol agreement authorizing the ordering of lab work by a pharmacist shall be executed by a physician unless the protocol shall meet at a minimum the following requirements:
   1. Identifies the physician who agrees to supervise the pharmacist and the scope of the physician's active practice.
   2. Describes the specific responsibilities authorized by the supervising physician, including the type of lab tests the supervising physician authorizes the pharmacist to order.
   3. Describes the method the pharmacist shall use to document decisions or recommendations the pharmacist makes to the supervising physician.
   4. Describes the patient activities the supervising physician requires the pharmacist to monitor.
   5. Describes the types of reports the supervising physician requires the pharmacist to report and the schedule by which the pharmacist is to submit these reports.
   6. Describes the procedures or plan that the pharmacist shall follow if the pharmacist orders lab tests.

7. Describes the process which the physician employs to periodically monitor the pharmacist's interpretation of the lab tests.
8. Indicates the date the supervising physician's supervision ends. The duration of the protocol agreement shall not exceed one (1) year.
9. Be dated and signed by the pharmacist(s) and the supervising physician. If more than one physician agrees to supervise the pharmacist(s), each physician and pharmacist(s) shall sign and date the protocol.
10. Includes a statement that stipulates that the patient has been notified by the pharmacist(s) and the supervising physician that a protocol agreement exists.
11. Includes a statement which certifies that the physician(s) has advised their respective malpractice liability carriers concerning the protocol and supervisory relationship, and that any potential liability that may ensue as a result of implementing the protocol agreement, shall be covered by the malpractice liability insurance policies or endorsements thereto.

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

Rule 2.5 Supervising Physician Limited. No physician shall be authorized to supervise a pharmacist unless that physician holds an unrestricted license to practice in the state of Mississippi. Likewise, no physician shall be authorized to supervise a pharmacist unless that pharmacist holds an unrestricted license to practice in the state of Mississippi.

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

Rule 2.6 Termination or Changes in the Protocol. Any physician desirous of termination or amending the supervisory protocol with a pharmacist shall so notify in writing, the pharmacist, the Mississippi State Board of Pharmacy and the Mississippi State Board of Medical Licensure to the attention of the Executive Director. The notification shall include the name of the pharmacist, the desired change, and proposed effective date of change.

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

Rule 2.7 Violation of Rules/Disapproval of Supervision. Any violation of the rules as enumerated above shall constitute unprofessional conduct in violation of Mississippi Code, Section 73-25-29(8).

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

Rule 2.8 Effective Date of Rules. The above rules pertaining to supervising physicians shall become effective November 18, 1999.

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

Part 2635: Chapter 1 Surgery/Post-Operative Care

Rule 1.1 Scope. The following regulation sets forth the policies of the Mississippi State Board of Medical Licensure regarding post-operative surgical care rendered by individuals licensed to practice medicine, osteopathic medicine and podiatric medicine in the state of Mississippi.

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

Rule 1.2 Definitions. For the purpose of Part 2635, Chapter 1 only, the following terms have the meanings indicated:

A. "Auxiliary" or "Auxiliaries" shall include, but is not limited to, registered nurses, licensed practical nurses, certified nursing assistants, physical therapists, nurse practitioners and optometrists.
B. "Under the supervision" means to critically watch, direct, advise and oversee, and to inspect and examine the actions of another health care practitioner.
C. "Physician" means any person licensed to practice medicine, osteopathic medicine or podiatric medicine in the state of Mississippi.
D. "Surgery" is defined as any operative procedure, including the use of lasers, performed upon the body of a living human being for the purposes of preserving health, diagnosing or curing disease, repairing injury, correcting deformity or defects, prolonging life, relieving suffering or any elective procedure for aesthetic, reconstructive or cosmetic purposes, to include, but not be limited to: incision or curettage of tissue or organ; suture or other repair of tissue or organ, including a closed as well as an open reduction of a fracture; extraction of tissue including premature extraction of the products of conception from the uterus; insertion of natural or artificial implants; or an endoscopic procedure.

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

Rule 1.3 Informed Consent. The responsibility for medical and surgical diagnoses is that of the licensed physician. In addition, it is the responsibility of the operating physician to explain the procedure and to obtain informed consent of the patient. It is not necessary, however, that the operating physician obtain or witness the signature of a patient on a written form evidencing informed consent.

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

Rule 1.4 Post-Surgical Care. The management of post-surgical care is the responsibility of the operating physician. The operating physician should provide those aspects of post-surgical care which are within the unique competence of the physician. Patients are best served by having post-surgical care conducted by the physician who best knows their condition--the operating physician.

Where the operating physician cannot personally provide post-surgical care, the physician must arrange ***before*** surgery for post-surgical care to be performed by another qualified physician who is acceptable to the patient. In this case, the operating physician may delegate discretionary post-

operative activities to a qualified licensed physician. Like the operating physician, the physician to whom a patient has been referred for post-surgical care should provide, at a minimum, those aspects of post-surgical care that are not delegable.

Unless otherwise provided by law, delegation of post-surgical activities to an auxiliary is permitted only if the auxiliary is under the supervision of the operating physician or the physician to whom the operating physician has referred a patient for post-surgical care. While an auxiliary may be authorized by law to provide certain aspects of post-surgical care, this does not relieve the operating physician of his or her responsibility to provide post-surgical care or arrange for the delegation of post-surgical care, when appropriate, as required by this rule.

Those aspects of post-surgical care which may be delegated to an auxiliary must be determined on a case-by-case basis, but shall be limited to those procedures which the auxiliary is authorized by law to perform and within the unique competence and training of the auxiliary.

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

Rule 1.5 Effective Date of Rules. The rules pertaining to Surgery/Post-Operative Care shall become effective October 23, 1994. Amended March 16, 2017.

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

Part 2635: Chapter 2 Office Based Surgery

Rule 2.1 Scope. This regulation sets forth the policies of the Mississippi State Board of Medical Licensure regarding office based surgery rendered by individuals licensed to practice medicine, osteopathic medicine and podiatric medicine in the state of Mississippi.

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

Rule 2.2 Definitions. For the purpose of Part 2635, Chapter 2 only, the following terms have the meanings indicated:

A. "Surgery" is defined as any operative procedure, including the use of lasers, performed upon the body of a living human being for the purposes of preserving health, diagnosing or curing disease, repairing injury, correcting deformity or defects, prolonging life, relieving suffering or any elective procedure for aesthetic, reconstructive or cosmetic purposes, to include, but not be limited to: incision or curettage of tissue or organ; suture or other repair of tissue or organ, including a closed as well as an open reduction of a fracture; extraction of tissue including premature extraction of the products of conception from the uterus; insertion of natural or artificial implants; or an endoscopic procedure. The use of local, general or topical anesthesia and/or intravenous sedation is the prerogative of the surgeon.
B. "Surgeon" is defined as a licensed physician performing any procedure included within the definition of surgery.
C. Implicit within the use of the term "equipment" is the requirement that the specific item named must meet current performance standards.
D. "Office surgery" is defined as surgery which is performed outside a hospital, an ambulatory surgical center, abortion clinic, or other medical facility licensed by the Mississippi State Department of Health or a successor agency. Physicians performing

Level II or Level III office based surgery must register with the Mississippi State Board of Medical Licensure. A copy of the registration form is attached hereto (Appendix A).

E. A "Surgical Event" for the purpose of this regulation is recognized as a potentially harmful or life-threatening episode related to either the anesthetic or the surgery. Any "Surgical Event" in the immediate perioperative period that must be reported are those which are life-threatening, or require special treatment, or require hospitalization, including, but not limited to the following: (1) serious cardiopulmonary or anesthetic events; (2) major anesthetic or surgical complications; (3) temporary or permanent disability; (4) coma; or (5) death.

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

Rule 2.3 General Requirements for Office Surgery. For all surgical procedures, the level of sterilization shall meet current OSHA requirements.

The surgeon must maintain complete records of each surgical procedure, including anesthesia records, when applicable and the records on all Level II and Level III cases shall contain written informed consent from the patient reflecting the patient's knowledge of identified risks, consent to the procedure, type of anesthesia and anesthesia provider.

The surgeon must maintain a log of all Level II and Level III surgical procedures performed, which must include a confidential patient identifier, the type of procedure, the type of anesthesia used, the duration of the procedure, the type of post-operative care, and any surgical events. The log and all surgical records shall be provided to investigators of the Mississippi State Board of Medical Licensure upon request.

In any liposuction procedure, the surgeon is responsible for determining the appropriate amount of supernatant fat to be removed from a particular patient. Using the tumescent method of liposuction, the surgeon must fully document the anticipated amount of material to be removed in a manner consistent with recognized standards of care. Post-operatively, any deviation from the anticipated amount, and the reason for deviation, should be fully documented in the operative report. Morbidly obese patients should have liposuction performed in the hospital setting unless the surgeon can document significant advantage to an alternative setting.

A policy and procedure manual must be maintained in the office and updated annually. The policy and procedure manual must contain the following: duties and responsibilities of all personnel, cleaning and infection control, and emergency procedures.

The surgeon shall report to the Mississippi State Board of Medical Licensure any surgical events that occur within the office based surgical setting. This report shall be made within 15 days after the occurrence of a surgical event. A suggested form for reporting is attached hereto (Appendix B). The filing of a report of surgical event as required by this rule does not, in and of itself, constitute an acknowledgment or admission of malpractice, error, or omission. Upon receipt of the report, the Board may, in its discretion, obtain patient and other records pursuant to authority granted in Mississippi Code, Section 73-25-28.

The surgeon must have a written response plan for emergencies within his or her facility.

In offices where Level II and Level III office based surgery is performed, a sign must be prominently posted in the office which states that the office is a doctor's office regulated pursuant to the rules of the Mississippi State Board of Medical Licensure. This notice must also appear prominently within the required patient informed consent.

Office surgery facilities should adhere to recognized standards such as those promulgated by the American Society of Anesthesiologists' ***Guidelines for Office-Based Anesthesia*** or ***American Association of Nurse Anesthetists' Standards for Office Based Anesthesia***.

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

Rule 2.4 Level I Office Surgery.

A. Scope
   1. Level I office surgery includes, but not limited to, the following:
      i. Minor procedures such as excision of skin lesions, moles, warts, cysts, lipomas, Loop Electrosurgical Excision Procedures (LEEP), laser cone of cervix, laser/cautery ablation of warts or other lesions, and repair of lacerations or surgery limited to the skin and subcutaneous tissue performed under topical or local anesthesia not involving drug-induced alteration of consciousness.
      ii. Incision and drainage of superficial abscesses, limited endoscopies such as proctoscopies, flexible sigmoidoscopies, hysteroscopies, skin biopsies, arthrocentesis, paracentesis, dilation of urethra, cystoscopy procedures, and closed reduction of simple fractures or small joint dislocations (i.e., finger and toe joints).
      iii. Procedures requiring only topical, local or no anesthesia. Only minimal or no preoperative sedation should be required or used. No drug-induced alteration of respiratory effort or consciousness other than minimal pre-operative tranquilization of the patient is permitted in Level I Office Surgery.
      iv. Chances of complication requiring hospitalization are remote.
   2. Standards for Level I Office Surgery
      i. Training Required
         The surgeon's continuing medical education should include management of toxicity or hypersensitivity to local anesthetic drugs. The surgeon's continuing medical education ***shall*** include Basic Life Support Certification.
      ii. Equipment and Supplies Required
         Oral airway, positive pressure ventilation device, epinephrine (or other vasopressor), corticosteroids, antihistamines and atropine, if any anesthesia is used. The equipment and skills to establish intravenous access must be available if any other medications are administered. The equipment and supplies should reflect the patient population, i.e., pediatrics, etc.
      iii. Assistance of Other Personnel Required
         No other assistance is required, unless the specific surgical procedure being performed requires an assistant.

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

Rule 2.5 Level II Office Surgery.

A. Scope

1. Level II Office Surgery is that in which perioperative medication and sedation are used orally, intravenously, intramuscularly, or rectally. If perioperative or intraoperative medication is administered, intraoperative and postoperative monitoring is required. Such procedures include, but are not limited to: hernia repair, hemorrhoidectomy, reduction of simple fractures, large joint dislocations, breast biopsies, dilatation and curettage, thoracentesis, and colonoscopy.
2. Level II Office surgery also includes any surgery in which the patient is sufficiently sedated to allow the patient to tolerate unpleasant procedures while maintaining adequate cardiorespiratory function and the ability to respond purposefully to verbal command and/or tactile stimulation. Patients whose only response is reflex withdrawal from a painful stimulus are sedated to a greater degree than encompassed by this definition.
3. Any procedures that may yield an excessive loss of blood should be covered under Level II.

B. Transfer Agreement Required

The surgeon must have a written transfer agreement from a licensed hospital within reasonable proximity. The transfer agreement should also include physician coverage of transferred patients if the physician does not have privileges at the hospital.

C. Level of Anesthetic

Local or peripheral nerve block, including Bier Block, plus intravenous or intramuscular sedation, but with preservation of vital reflexes.

D. Training Required

To perform office based surgery, the physician must be able to document satisfactory completion of surgical training such as Board certification or Board eligibility by a Board approved by the American Board of Medical Specialties or American Board of Osteopathic Specialties. The certification should include training in the procedures performed in the office setting. Alternative credentialing for procedures outside the physician's core curriculum must be applied for through the Mississippi State Board of Medical Licensure and reviewed by a multi-specialty board appointed by the Director. In addition to the surgeon, there must be at least one assistant certified in Basic Life Support present during any Level II or III procedure. There should be at least one person certified in Advanced Cardiac Life Support present during any Level II or III procedure unless there is an anesthesiologist or certified registered nurse anesthetist to manage the anesthetic.

E. Equipment and Supplies Required

1. Full and current crash cart at the location the anesthetizing is being carried out.

   The crash cart must include, at a minimum, the following resuscitative medications, or other resuscitative medication subsequently marketed and available after initial adoption of this regulation, provided said medication has the same FDA approved indications and usage as the medications specified below:

   i. Adrenalin (epinephrine) Abboject 1mg-1:10,000; 10ml
   ii. Adrenalin (epinephrine) ampules 1mg-1:1000; 1ml
   iii. Atropine Abboject 0.1mg/ml; 5ml
   iv. Benadryl (diphenhydramine) syringe 50mg/ml; 1ml
   v. Calcium chloride Abboject 10%; 100mg/ml; 10ml
   vi. Dextrose Abboject 50%; 25g/50ml

vii. Dilantin (phenytoin) syringe 250mg/5ml
viii. Dopamine 400mg/250ml pre-mixed
ix. Heparin 10,000 units/ml; 1 ml vial
x. Inderal (propranolol) 1mg/ml; 1 ml ampule
xi. Isuprel (isoproterenol) 1mg/5ml; 1:5000 ampule
xii. Lanoxin (digoxin) 0.5 mg/2ml ampule
xiii. Lasix (furosemide) 40 mg/4ml vial
xiv. Lidocaine Abboject 2%; 100mg/5ml
xv. Lidocaine 2 grams/500ml pre-mixed
xvi. Magnesium sulfate 50%; 20ml vial (1g/2ml)
xvii. Narcan (naloxone) 0.4mg/ml; 1ml ampule
xviii. Pronestyl (procainamide) 100mg/ml; 10ml vial
xix. Romazicon 5ml or 10 ml (0.1mg/ml)
xx. Sodium bicarbonate Abboject 50mEq/50ml
xxi. Solu-medrol (methylprednisolone) 125mg/2ml vial
xxii. Verapamil syringe 5mg/2ml

The above dosage levels may be adjusted, depending on ages of the patient population.

2. Suction devices, endotracheal tubes, laryngoscopes, etc.
3. Positive pressure ventilation device (e.g., Ambu) plus oxygen supply.
4. Double tourniquet for the Bier Block procedure.
5. Monitors for blood pressure/EKG/Oxygen saturation and portable approved defibrillator.
6. Emergency intubation equipment.
7. Adequate operating room lighting with onsite backup sufficient to supply required equipment perioperative equipment and monitors for a minimum of two (2) hours.
8. Sterilization equipment or facilities meeting Joint Commission requirements.
9. IV solution and IV equipment.

F. Assistance of Other Personnel Required

In addition to the surgeon there must be at least one assistant certified in Basic Life Support present during any Level II or III procedure. There should be at least one person certified in Advanced Cardiac Life Support present during any Level II or III procedure unless there is an anesthesiologist or certified registered nurse anesthetist to manage the anesthetic.

A registered nurse may only administer analgesic doses of medications on the direct order of a physician. An assisting anesthesia provider, including nurse providing sedation, may not function in any other capacity during the procedure. If additional assistance is required by the specific procedure or patient circumstances, such assistance must be provided by a physician, registered nurse, licensed practical nurse, or operating room technician.

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

*Rule 2.6 Level III Office Surgery***.**

A. Scope

1. Level III Office Surgery is that surgery which involves, or might foreseeably require, the use of a general anesthesia or major conduction anesthesia and perioperative sedation. This includes the use of:
   i. Intravenous sedation beyond that defined for Level II office surgery;
   ii. General Anesthesia: loss of consciousness and loss of vital reflexes with probable requirement of external support of pulmonary or cardiac functions; or
   iii. Major Conduction anesthesia.
2. Only patients classified under the American Society of Anesthesiologist's (ASA) risk classification criteria as Class I, II, or III are appropriate candidates for Level III office surgery. For ASA Class III patients, the surgeon must document in the patient's record the justification for an office procedure rather than other surgical venues. The record must also document precautions taken that make the office a preferred venue for the particular procedure to be performed.

B. Transfer Agreement Required

The surgeon must have a written transfer agreement from a licensed hospital within reasonable proximity. The transfer agreement must include physician coverage of transferred patients if the physician does not have privileges at the hospital. Level of Anesthetic

1. General Anesthetic: loss of consciousness and loss of vital reflexes with probable requirement of external support of pulmonary or cardiac functions.
2. Major Conduction: epidural, spinal, caudal or any block of a nerve or plexus more proximal than the hip or shoulder joint including visceral nerve blocks.

C. Training Required

1. To perform office based surgery, the physician must be able to document satisfactory completion of surgical training such as board certification or board eligibility by a board approved by the American Board of Medical Specialties or American Board of Osteopathic Specialties. The certification should include training in the procedures performed in the office setting. Alternative credentialing for procedures outside the physician's core curriculum must be applied for through the Mississippi State Board of Medical Licensure and reviewed by a multi-specialty board appointed by the Executive Director.
2. In addition to the surgeon there must be at least one assistant certified in Basic Life Support present during any Level II or III procedure. There should be at least one person certified in Advanced Cardiac Life Support present during any Level II or III procedure unless there is an anesthesiologist or certified registered nurse anesthetist to manage the anesthetic.
3. Emergency procedures related to serious anesthesia complications should be formulated, periodically reviewed, practiced, updated, and posted in a conspicuous location.

D. Equipment and Supplies Required

1. Equipment, medication and monitored post-anesthesia recovery must be available in the office. If anesthetic agents include inhaled agents, other than nitrous oxide, medications must include a stock of no less than 12 vials of Dantrolene.
2. The facility, in terms of general preparation, equipment, and supplies, must be comparable to a free standing ambulatory surgical center, including, but not limited to, recovery capability, and must have provisions for proper record keeping.

3. Blood pressure monitoring equipment; EKG; end tidal CO2 monitor; pulse oximeter, precordial or esophageal stethoscope, emergency intubation equipment and a temperature monitoring device must be available for all phases of perioperative care.
4. Table capable of Trendelenburg and other positions necessary to facilitate the surgical procedure.
5. IV solutions and IV equipment.
6. All equipment and supplies listed under Part 2635, Rule 2.5, Level II.

E. Assistance of Other Personnel Required

An anesthesiologist or certified registered nurse anesthetist must administer the general or regional anesthesia and a physician, registered nurse, licensed practical nurse, or operating room technician must assist with the surgery. The anesthesia provider may not function in any other capacity during the procedure. A licensed physician or a licensed registered nurse with post-anesthesia care unit experience or the equivalent, and credentialed in Advanced Cardiac Life Support, or in the case of pediatric patients, Pediatric Advanced Life Support, must be available to monitor the patient in the recovery room until the patient has recovered from anesthesia.

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

Rule 2.7 Effective Date of Rules. The above rules pertaining to office based surgery shall become effective September 1, 2001.

Adopted July 31, 2001. Amended April 18, 2002, with a June 1, 2002, effective date. Amended September 19, 2002. Amended March 16, 2017.

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

Part 2635 Chapter 3: Laser Devices

Rule 3.1 Laser Devices. The use of laser, pulsed light or similar devices, either for invasive or cosmetic procedures, is considered to be the practice of medicine in the state of Mississippi and therefore such use shall be limited to physicians and those directly supervised by physicians, such that a physician is on the premises and would be directly involved in the treatment if required. These rules shall not apply to any person licensed to practice dentistry if the laser, pulsed light, or similar device is used exclusively for the practice of dentistry.

Adopted March 18, 1999. Amended May 19, 2005. Amended January 18, 2007. Amended March 8, 2007. Amended May 17, 2007. Amended March 27, 2008.

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

Part 2635 Chapter 4: Chelation Therapy

Rule 4.1 Chelation Therapy. The use of EDTA (ethylenediaminetetraacetic acid) outside of FDA approved clinical indications or an approved research protocol (see below) is not permitted. Other off-label uses may be permissible if there is substantial, high-quality research to support such use. The research should be peer-reviewed and published in recognized journals such as

those cited in PubMed or in the National Library of Medicine. Specific reference should be made to the publications and research in the medical record. Informed consent for off-label use should be obtained. Use of EDTA in any other manner may be considered to be violation of Mississippi Code, Section 73-25-29(8)(d).

However, EDTA may be used when a licensee experienced in clinical investigations has applied for and received from the Board written approval for off-label use in a clinical investigation. The licensee applying for approval must be the principal investigator for the protocol or subject to the direction of the principal investigator.

Advertising EDTA's administration for off-label use, except for approved research protocols, is prohibited. Such advertising may be considered to be violation of Mississippi Code, Section 73-25-29(8)(d) and/or the rules promulgated pursuant thereto.

Adopted July 18, 2002. Amended March 16, 2017.

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

Part 2635 Chapter 5: Practice of Telemedicine

Rule 5.1 Definitions. For the purpose of Part 2635, Chapter 5 only, the following terms have the meanings indicated:

A. "Physician" means any person licensed to practice medicine or osteopathic medicine in the state of Mississippi.
B. Telemedicine" is the practice of medicine using electronic communication, information technology or other means between a physician in one location and a patient in another location with or without an intervening health care provider. This definition does not include the practice of medicine through postal or courier services.
C. Telemergency medicine" is a unique combination of telemedicine and the collaborative/consultative role of a physician board certified in emergency medicine, and an appropriate skilled health professional (nurse practitioner or physician assistant).

Source: Miss. Code Ann. §73-25-34 (1972, as amended).

Rule 5.2 Licensure. The practice of medicine is deemed to occur in the location of the patient. Therefore only physicians holding a valid Mississippi license are allowed to practice telemedicine in Mississippi. The interpretation of clinical laboratory studies as well as pathology and histopathology studies performed by physicians without Mississippi licensure is not the practice of telemedicine provided a Mississippi licensed physician is responsible for accepting, rejecting, or modifying the interpretation. The Mississippi licensed physician must maintain exclusive control over any subsequent therapy or additional diagnostics.

Source: Miss. Code Ann. §73-25-34 (1972, as amended).

Rule 5.3 Informed Consent. The physician using telemedicine should obtain the patient's informed consent before providing care via telemedicine technology. In addition to information relative to treatment, the patient should be informed of the risk and benefits of being treated via a

telemedicine network including how to receive follow-up care or assistance in the event of an adverse reaction to treatment or if there is a telemedicine equipment failure.

Source: Miss. Code Ann. §73-25-34 (1972, as amended).

Rule 5.4 Physician Patient Relationship. In order to practice telemedicine a valid "physician patient relationship" must be established. The elements of this valid relationship are:

A. verify that the person requesting the medical treatment is in fact who they claim to be;
B. conducting an appropriate history and physical examination of the patient that meets the applicable standard of care;
C. establishing a diagnosis through the use of accepted medical practices, i.e., a patient history, mental status exam, physical exam and appropriate diagnostic and laboratory testing;
D. discussing with the patient the diagnosis, risks and benefits of various treatment options to obtain informed consent;
E. insuring the availability of appropriate follow-up care; and
F. maintaining a complete medical record available to patient and other treating health care providers.

Source: Miss. Code Ann. §73-25-34 (1972, as amended).

Rule 5.5 Examination. Physicians using telemedicine technologies to provide medical care to patients located in Mississippi must provide an appropriate examination prior to diagnosis and treatment of the patient. However, this exam need not be in person if the technology is sufficient to provide the same information to the physician as if the exam had been performed face to face.

Other exams may be appropriate if a licensed health care provider is on site with the patient and is able to provide various physical findings that the physician needs to complete an adequate assessment. However a simple questionnaire without an appropriate exam is in violation of this policy and may subject the physician to discipline by the Board.

Source: Miss. Code Ann. §73-25-34 (1972, as amended).

Rule 5.6 Medical Records. The physician treating a patient through a telemedicine network must maintain a complete record of the patient's care. The physician must maintain the record's confidentiality and disclose the record to the patient consistent with state and federal laws. If the patient has a primary treating physician and a telemedicine physician for the same medical condition, then the primary physician's medical record and the telemedicine physician's record constitute one complete patient record.

Source: Miss. Code Ann. §73-25-34 (1972, as amended).

Rule 5.7 Collaborative/Consultative Physician Limited. No physician practicing telemergency medicine shall be authorized to function in a collaborative/consultative role as outlined in Part 2630, Chapter 1 unless his or her practice location is a Level One Hospital Trauma Center that is able to provide continuous twenty-four hour coverage and has an existing air ambulance system in place. Coverage will be authorized only for those emergency departments of licensed hospitals who have an average daily census of thirty (30) or fewer acute care/medical surgical occupied beds as defined by their Medicare Cost Report.

Source: Miss. Code Ann. §73-25-34 (1972, as amended).

Rule 5.8 Reporting Requirements. Annual reports detailing quality assurance activities, adverse or sentinel events shall be submitted for review to the Mississippi State Board of Medical Licensure by all institutions and/or hospitals operating telemergency programs.

Amended October 15, 2003. Amended November 4, 2004. Amended January 30, 2006. Amended May 20, 2010. Amended March 16, 2017.

Source: Miss. Code Ann. §73-25-34 (1972, as amended).

Part 2635 Chapter 6: Electrodiagnostic Testing

Rule 6.1 General. Electrodiagnostic testing includes two primary categories: needle electromyography testing and nerve conduction testing.

The purpose of both categories of electrodiagnostic testing is to detect abnormalities of the peripheral neuromuscular system or to determine the extent and degree of recovery of neuromuscular abnormalities.

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

Rule 6.2 Delegation of Electrodiagnostic Testing Procedures. Electrodiagnostic testing is a clinical diagnostic study that must be considered only in the light of the clinical finding. The person performing electrodiagnostic testing must be able to elicit the pertinent history and perform the necessary examination to define the clinical problems. Differential diagnoses must be considered, and as abnormalities unfold or fail to unfold during the course of testing, the electrodiagnostic testing may be modified until a probable diagnosis is reached.

Electrodiagnostic testing procedures may be delegated to a specifically trained non-physician or physician in a residency or fellowship training program. The responsible electrodiagnostic physician need not be physically present but must be immediately available within the same building throughout the performance of the entire procedure.

Adopted November 20, 2003. Amended March 16, 2017.

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

Part 2635 Chapter 7: Internet Prescribing

Rule 7.1 Internet Prescribing. Essential components of proper prescribing and legitimate medical practice require that the physician obtains a thorough medical history and conducts an appropriate physical and/or mental examination before prescribing any medication.

Prescribing drugs to individuals that the physician has never met and based solely on answers to a set of questions, as is found in Internet or toll-free telephone prescribing fails to meet an acceptable standard of care and could constitute unprofessional conduct subject to disciplinary action.

Adopted September 18, 2003. Amended July 15, 2004. Amended March 16, 2017.

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

Part 2635 Chapter 8: Medical Expert Activities by Physicians

Rule 8.1 Authority and Purpose. The Mississippi State Board of Medical Licensure (hereinafter referred to as "the Board") adopts these rules governing medical expert activities by physicians pursuant to Chapters 25 and 43 of Title 73 of the Mississippi Code. The Mississippi State Board of Medical Licensure finds it necessary to fulfill its statutory responsibilities by adopting these rules in order to protect the public, to set professional standards, to enforce the provisions of law regarding the performance of medical expert activities by physicians, and to further other legitimate government purposes in the public interest.

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

Rule 8.2 Scope. These rules apply to any physician who performs medical expert activities regarding any person, facility, or entity located within the state of Mississippi, or regarding an event alleged to have occurred within the state of Mississippi, regardless of the location, type, or status of the physician's medical expert activity, the presence or absence of the physician expert's license to practice medicine in Mississippi, the physician expert's presence or absence of a physician-patient relationship in Mississippi, the type of medical expert activity performed (e.g., oral testimony or a written statement), or the setting in which the medical expert activity is performed (e.g., a state or federal court or administrative agency).

No part of these rules is intended to conflict with or supercede the authority of any state or federal court or administrative agency to designate a physician as a medical expert in a legal matter then pending before the court or agency. The Board does not intend for these rules to conflict with or supercede the description or regulation of the function of a physician serving as an "expert" as that term is used in the Mississippi Rules of Evidence or in other provisions of law, rules, or decisions of any court or administrative agency.

No part of these rules is intended to conflict with or supercede the authority of a person other than a physician to serve as an expert in a legal matter. Furthermore, the Board does not intend for these rules to have any effect on physicians' participation in legal proceedings in a capacity other than as a medical expert.

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

Rule 8.3 Definition of Medical Expert Activities. For the purposes of these rules only, the Mississippi State Board of Medical Licensure has determined that the definition of the term "medical expert activities" includes, but is not limited to, the use of medical knowledge and professional judgment by a physician to:

A. Suggest or recommend to a person any medical advice or other agency (whether material or not material).
B. Perform medical services (including, but not limited to, a physical or mental examination of a person).
C. Conduct a review of a person's medical record.
D. Serve as a medical consultant.

E. Render a medical opinion concerning the diagnosis or treatment of a person.
F. Produce a written medical expert opinion report, affidavit, or declaration.
G. Give testimony under oath as a medical expert at a state or federal hearing, deposition, trial, administrative agency proceeding, alternative dispute resolution proceeding, or any other legal proceeding, regarding the medical issues in a legal matter or claim for injuries that is then pending in a court or administrative agency, or which may be filed or asserted whether or not such claim ever results in a pending legal matter and which involves a person, facility, or entity located within the state of Mississippi, or an event alleged to have occurred within the state of Mississippi.

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

Rule 8.4 Licensure and Qualification Requirements. Except as otherwise provided by law, rule or regulation of this state, any medical expert activity by a physician regarding a legal matter pending in a state or federal court or administrative agency in Mississippi must be performed by a physician who holds a current unrestricted medical license in Mississippi, another state or foreign jurisdiction, and who has the qualifications to serve as a medical expert on the issue(s) in question by virtue of knowledge, skill, experience, training, or education. This rule does not supersede the policies and rules of the Board in regards to unreferred diagnostic screening tests.

The practice of any physician not licensed in Mississippi that meets the licensure and qualification requirements stated in the above paragraph shall be deemed automatically by the Board to be authorized to include the performance of medical expert activities as an otherwise lawful practice, without any need for licensure verification or further requirement for licensure. In accordance with the provisions of law in Mississippi, any physician not licensed in Mississippi whose practice is deemed automatically by the Board to be authorized to include the performance of medical expert activities as an otherwise lawful practice shall be subject to regulation by the Board regarding the physician's performance of such medical expert activities in the state of Mississippi.

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

Rule 8.5 Professional Standards. Any physician who performs medical expert activities must:

A. Comply with these rules and all applicable provisions of Mississippi law (e.g., statutes, court rules and decisions, and other administrative agency rules) with regard to the performance of medical expert activities.
B. Comply with medical ethics principles, including, but not limited to, ethics principles established by the American Medical Association and relevant medical specialty associations.
C. Be honest in all professional interactions involving his or her medical expert activities.
D. Not accept payment for medical expert activities that is contingent upon the result or content of any medical diagnosis, opinion, advice, services, report, or review; or that is contingent upon the outcome of any case, claim, or legal matter then pending or contemplated.
E. Not make or use any false, fraudulent, or forged statement or document.

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

Rule 8.6 Professional Accountability for Violation of Rules. Any physician who performs medical expert activities, whether or not licensed to practice medicine in Mississippi, may be disciplined or otherwise held professionally accountable by the Board, upon a finding by the Board that the physician is unqualified as evidenced by behavior including, but not limited to, incompetent professional practice, unprofessional conduct, or any other dishonorable or unethical conduct likely to deceive, defraud, or harm the public.

Any violation of Part 2635, Rule 8.5 as enumerated above shall constitute unprofessional conduct in violation of Mississippi Code, Section 73-25-29(8).

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

Rule 8.7 Complaint Procedure, Investigation, Due Process, and Actions Available to the Board. Any person who has reason to believe that any physician may have failed to comply with any part of these rules in the performance of medical expert activities may make a complaint to the Mississippi State Board of Medical Licensure on a complaint form that is furnished by the Board.

Any physician, whether or not licensed to practice medicine in Mississippi, who performs medical expert activities in the context of a legal matter regarding any person, facility, entity, or event located within the state of Mississippi may be subject to an investigation by the Mississippi State Board of Medical Licensure upon the receipt of a complaint regarding the physician's conduct or practice. Any such physician shall be afforded the due process procedures of the law and Board rules. The Board, in its sole discretion, may refer the complaint to the medical licensure authority of another state, or to any other appropriate legal authority.

Any physician may request, or may be summoned by the Board, to appear before the Board at a hearing to consider the physician's compliance with these rules. Any physician's failure to appear when summoned to a hearing may be deemed by the Board to be a waiver of the physician's due process opportunity to appear before the Board and may result in a finding by the Board that the physician is out of compliance with these rules *in absentia*.

In disciplining a physician licensed to practice medicine in Mississippi or otherwise holding any physician professionally accountable pursuant to these rules and to the statutes, rulings, and other rules and provisions of Mississippi law, the actions that the Mississippi State Board of Medical Licensure may take include, but are not limited to, one or more of the following:

A. Denying, suspending, restricting, or revoking a Mississippi license to practice medicine.
B. Administering a public or private reprimand to a Mississippi licensed physician.
C. Assessing up to $10,000 of the reasonable investigation costs expended by the Board in investigating a Mississippi licensed physician.
D. Moving for an injunction in Chancery Court to prohibit any physician's further performance of medical expert activities.
E. Petitioning the Chancery Court to cite any noncompliant physician for contempt of court.
F. Referring the matter to another medical licensure authority or other legal authority for action regarding any physician.

G. Any other action regarding any physician that the Board may deem proper under the circumstances (e.g., issuing an advisory letter of concern; issuing a notice of warning; issuing a cease and desist notice; or adopting a resolution of disapproval of any physician's medical expert activities).

Any physician who is found by the Mississippi State Board of Medical Licensure to have failed to comply with any part of these rules may be reported by the Board to any person or organization appropriate under the circumstances in order to enforce or comply with the law or to protect the public, including, but not limited to, the National Practitioner Data Bank, the U.S. Department of Health and Human Services Office of the Inspector General, the Centers for Medicare and Medicaid Services, the Federation of State Medical Boards, the medical licensure authority or state medical association in any state in which the physician is licensed to practice medicine, the American Board of Medical Specialties and any of its member specialty boards, the Mississippi Attorney General or District Attorney, the United States Attorney, any state or federal court or administrative agency, any national or state professional organization or medical specialty association, and any other appropriate person, government agency, healthcare entity, or legal authority.

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

Rule 8.8 Compliance Policy and Exemptions. In assuring compliance with these rules, the duty shall be on the physician, not on the party who engaged the physician to perform medical expert activities and not on any other person or entity, to ensure that his or her medical expert activities comply with these rules. Any physician who claims to be exempt from these rules shall have the burden of proving to the Board that the exemption is valid.

Amended May 20, 2010.

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

References.

Mississippi Code, Sections 11-1-61, 73-25-27, 73-25-29, 73-25-30, 73-25-33, 73-25-34, 73-25-83, 73-25-87, 73-43-11, 73-51-1, et al

Mississippi Rule of Evidence 702

"Rules, Laws, and Policies of the Mississippi State Board of Medical Licensure." Published by the Mississippi State Board of Medical Licensure and available at Internet address www.msbml.ms.gov

Hall v. Hilbun, 466 So. 2d 856 (Miss. 1985)

Code of Medical Ethics, Current Opinions with Annotations. Published by the Council on Ethical and Judicial Affairs of the American Medical Association, 2006-07 edition.

"The Role of Licensing Boards in the Evaluation and Discipline of the Expert Witness." Authored by William J. Wenner, Jr., M.D., J.D. Published in the Journal of Medical Licensure and Discipline, Vol. 90, No. 3, 2004, Pp. 15-20 (collecting cases and scholarly publications)

Findings of Fact adopted by the Mississippi State Board of Medical Licensure on May 18, 2006.**

**COMMENT: Based on information presented to the Board at a public hearing on this matter on March 9, 2006, and on May 18, 2006, and on research and analysis of information obtained by Board members and its staff and attorneys, and also on comments received from numerous sources, including the Board's Consumer Health Committee, leaders of the medical and legal professions, former judges, officials from the Federation of State Medical Boards, and members of the public, the Mississippi State Board of Medical Licensure makes the following Findings of Fact:

1. A physician's professional practice, conducted pursuant to the privilege of possessing a medical license, historically has been subject to regulation by other members of the medical profession, by methods such as peer review, performance evaluation, quality assurance monitoring, and other methods of regulation. However, there is a problem in Mississippi with the lack of regulation of medical expert activities by physicians. This lack of regulation causes the performance of medical expert activities to be vulnerable to fraud, abuse, dishonesty, deception, incompetence, and other forms of unprofessional, dishonorable, and unethical conduct by physician experts, all of which are harmful to the public.
2. A physician's performance of medical expert activities involves a lawful part of a physician's practice that is historically an area of state concern and that the Board has the statutory authority and duty to regulate in order to protect the public.
3. A physician's medical expert activities involve practices that are likely to affect the health, safety, rights, remedies, and general welfare of persons in Mississippi.
4. In keeping with the public policy and provisions of law in Mississippi, the performance of medical expert activities, regardless of the physician expert's location or state(s) of medical licensure, is a lawful practice that requires a qualified physician, and is therefore subject to regulation by, and professional accountability to, the Mississippi State Board of Medical Licensure.
5. Due to its physician membership and statutory authority, the Mississippi State Board of Medical Licensure is uniquely able to establish and enforce licensure requirements, qualification requirements, and Professional Standards related to the performance of medical expert activities by physicians, especially with regard to ethical conduct and competent practice.
6. Regardless of a physician's state(s) of medical licensure, a physician who performs medical expert activities in a legal matter has an ethical duty to practice according to the standards of medical professionalism, to perform all medical expert activities in an honest and competent manner, and to strive to report to appropriate entities any physician who is deficient in character or competence or who engages in fraud or deception.
7. In keeping with the public policy and provisions of law in Mississippi and principles of medical ethics, it is unprofessional, dishonorable, and unethical for a physician to willfully state an opinion or a material fact as a medical expert in the context of a legal matter that the physician knows or should know is false, or that a reasonable person could objectively conclude was a misrepresentation or other distortion of the truth, or was intended by the physician to mislead or deceive a judge, juror, lawyer, litigant, other expert, hearing officer, administrative body, investigator, legal authority, or any finder of fact.
8. In adopting these rules, the Mississippi State Board of Medical Licensure has attempted to tailor

Part 2635 Chapter 9 Community-Based Immunization Programs

Rule 9.1 Scope. The administration of vaccinations constitutes the practice of medicine, as defined by Mississippi Code Section 73-25-33, and thus may only be performed by a physician licensed to practice medicine in this state, or by a licensed nurse under the direction and supervision of a licensed physician.

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

Rule 9.2 Position. It is the position of the Mississippi State Board of Medical Licensure that vaccinations administered pursuant to a community-based public immunization program are considered to be under the direction and supervision of a physician, and thus do not constitute the unlawful practice of medicine, when all of the following criteria are met:

A. the vaccinations are administered to the public by a licensed provider who is:
   a. authorized under Mississippi statute or regulation to provide vaccinations and is
   b. subject to the regulation of a Mississippi regulatory agency.
B. The vaccinations are carried out pursuant to state and federal public health immunization programs or other programs which:
   1. shall be approved in advance by the Board;
   2. shall be conducted under the general supervision of a physician
      a. licensed in the state of Mississippi,
      b. who actively practices medicine at least 20 hours/week, and
      c. resides in the state of Mississippi; and,
   3. a single physician assumes responsibility for the safe administration of the vaccine.

Adopted March 24, 2011. Amended March 16, 2017.

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these rules as closely as possible to the current provisions of Mississippi law, in order to regulate medical expert activities for the legitimate government purpose of protecting the public and to further other legitimate government purposes in the public interest.

9. In adopting these rules, the Mississippi State Board of Medical Licensure states that its intent is only to regulate the conduct and practice of physicians who perform medical expert activities in Mississippi. The Board does not intend for these rules to be subverted or misused by participants in legal proceedings as a procedural weapon to intimidate or harass a physician expert or to delay or otherwise complicate the administration of justice.

The Mississippi State Board of Medical Licensure shall provide a copy of these rules, with these Comments appended, to the Mississippi Supreme Court, the Mississippi Court of Appeals, the respective conferences of the Mississippi Circuit, Chancery, and County Judges, the Administrative Office of the Courts, the Mississippi Attorney General, the United States District Courts and United States attorneys located in Mississippi, the Mississippi Workers' Compensation Commission, the Mississippi Bar Association, the Mississippi State Medical Association, the Federation of State Medical Boards, and any other appropriate person or organization at the discretion of the Board's Executive Director, with the request that those organizations give notice to their members or other interested parties of the existence of these rules.

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

Part 2635 Chapter 10: Release of Medical Records

Rule 10.1 Definitions. For the purpose of Part 2635, Chapter 10 only, the following terms have the meanings indicated:

A. "Licensee" means any person licensed to practice medicine, osteopathic medicine, podiatric medicine or acupuncture in the state of Mississippi.
B. "Medical Records" means all records and/or documents relating to the treatment of a patient, including, but not limited to, family histories, medical histories, report of clinical findings and diagnosis, laboratory test results, x-rays, reports of examination and/or evaluation and any hospital admission/discharge records which the licensee may have.
C. "Patient" means a natural person who receives or should have received health care from a licensed licensee, under a contract, express or implied, whether or not the licensee is compensated for services rendered.
D. "Legal Representative" means an attorney, guardian, custodian, or in the case of a deceased patient, the executor/administrator of the estate, surviving spouse, heirs and/or devisees.
E. "Authorized Requesting Party" includes patient and legal representative as defined above who holds a valid written release and authorization.

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

Rule 10.2 Medical Records - Property of Licensee. Medical records, as defined herein, are and shall remain the property of the licensee in whose facility said records are maintained, subject to reasonable access to the information by authorized individuals or entities.

In the case of employed or contracted licensees (those lacking authority to manage or maintain medical records, medical record ownership shall be determined by federal and state statute and regulations. Licensees in such relationships shall make reasonable efforts to assure reasonable access to the information by authorized individuals or entities. Further, licensees should inform patients of procedures for release of records if the licensee is not the custodian of the records.

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

Rule 10.3 Transfer of Patient Records to Another Licensee. A licensee shall not refuse for any reason to make the information contained in the medical records available upon valid request by authorized requesting party to another licensee presently treating the patient. The licensee has a right to request a written release from the patient or legal representative of the patient, authorizing the transfer prior to transfer of said documents. Upon receipt of the written release and authorization, the licensee must tender a copy of said documents to the other licensee within a reasonable period of time. Transfer of said documents shall not be withheld because of an unpaid bill for medical services, but the licensee is entitled to reasonable compensation paid in advance for any copy expenses as provided in Part 2635, Rule 10.6.

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

Rule 10.4 Release of Patient Records to Patient. A licensee shall, upon request of authorized requesting party holding a written release and authorization, provide a copy of a patient's medical record to the authorized requesting party within a reasonable period of time.

In those cases where release of psychiatric/psychological records directly to a patient would be deemed harmful to the patient's mental health or well-being, the licensee shall not be obligated to release the records directly to the patient, but shall, upon request, release the records to the patient's legal representative. The licensee has a right to request a written authorization prior to release of the records to any party other than the patient. Upon receipt of the written release and authorization, the licensee must tender a copy of the records to the authorized requesting party within a reasonable period of time. Transfer of the records shall not be withheld because of an unpaid bill for medical services, but the licensee is entitled to reasonable compensation paid in advance for any copy expenses as provided in Part 2635, Rule 10.6.

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

Rule 10.5 Narrative Summary of Medical Record. In some cases, a requesting party may wish to obtain a narrative summary of the medical record, in lieu of, or in addition to a copy of the medical record. Upon such a request, the licensee may provide the narrative summary. The licensee may charge a reasonable fee for the time devoted to preparation of the medical record narrative summary.

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

Rule 10.6 Duplication and Administrative Fees.

A. Licensees have a right to be reimbursed for duplication and other expenses relating to requests for medical records. The copying charge is set by Mississippi Code, Section 11-1-52 as follows:
   1. Any medical provider or hospital or nursing home or other medical facility shall charge no more than the following amounts to an authorized requesting party for photocopying any patient's records:
      i. Twenty Dollars ($20.00) for pages one (1) through twenty (20);
      ii. One Dollar ($1.00) per page for the next eighty (80) pages;
      iii. Fifty Cents (50¢) per page for all pages thereafter.
      iv. Ten percent (10%) of the total charge may be added for postage and handling.
      v. Fifteen Dollars ($15.00) may be recovered by the medical provider or hospital or nursing home or other medical facility for retrieving medical records in archives at a location off the premises where the facility/office is located.
      vi. In addition, the actual costs of reproducing x-rays or other special records may be included.
      vii. The duplication and administrative fees authorized herein are not intended to include or restrict any fees charged in relation to expert testimony.

Source: Miss. Code Ann. §11-1-52 (1972, as amended).

Rule 10.7 Exclusion. Federal or state agencies providing benefit programs as well as contractual third party payers and administrators are excluded from the above stated fees. Records that are requested by state or federal agencies as well as contracted payers and administrators may be billed at rates established by those payers and contracts. The release of records as requested by

state or federal agencies or third party payers and administrators may not be refused for failure to pay required fees.

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

Rule 10.8 Violation of Rules. A refusal by a licensee to release patient records shall constitute unprofessional conduct, dishonorable or unethical conduct likely to deceive, defraud or harm the public in violation of Mississippi Code, Section 73-25-29(8)(d).

Amended March 16, 1995. Amended July 18, 2002. Amended September 18, 2003. Amended September 16, 2004. Amended May 17, 2007. Amended January 21, 2010. Amended March 16, 2017.

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

Part 2635 Chapter 11: Withdrawn March 16, 2017

Part 2635 Chapter 12: Physician Advertising

Rule 12.1 Scope. The following rule on physician advertising applies to all individuals licensed to practice medicine, osteopathic medicine or podiatric medicine in the state of Mississippi.

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

Rule 12.2 Definitions. For the purpose of Part 2635, Chapter 12 only, the following terms have the meanings indicated:

A. "Board" means the Mississippi State Board of Medical Licensure.
B. "Physician" means any individual licensed to practice medicine, osteopathic medicine or podiatric medicine in the state of Mississippi.
C. "Advertisement" or "Advertising" means any form of public communication, such as office signage, newspaper, magazine, telephone directory, medical directory, radio, television, direct mail, billboard, sign, computer, business card, billing statement, letterhead or any other means by which physicians may communicate with the public or patients.

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

Rule 12.3 Requirements.

A. Subject to the requirements set forth herein below, any advertisement by a physician may include:
   1. The educational background or specialty of the physician.
   2. The basis on which fees are determined, including charges for specific services.
   3. Available credit or other methods of payment.
   4. Any other non-deceptive information.
B. A physician may publicize himself or herself as a physician through any form of advertisement, provided the communication, (i) shall not be misleading because of the omission of necessary information, (ii) shall not contain any false or misleading statement, or (iii) shall not otherwise operate to deceive.
C. Because the public may be deceived by the use of medical terms or illustrations that are difficult to understand, physicians should design the advertisement to

communicate the information contained therein to the public in a readily comprehensible manner.

D. It is unethical to advertise in such a manner as to create unjustified medical expectations by the public. The key issue is whether advertising or publicity is true and not materially misleading.

E. In addition to the above general requirements, any advertisement or other form of public communication shall comply with the following specific requirements:

1. All advertisements and written communications pursuant to these rules shall include the name of at least one (1) physician responsible for its content. In the case of office signage at least one sign in reasonable proximity to the main entrance must bear the name of the responsible physician.
2. Whenever a physician is identified in an advertisement or other written communication, the physician should not be identified solely as “Doctor” or “Dr.” but shall be identified as M.D. for medical doctors, D.O. for osteopathic physicians and D.P.M. for podiatric physicians.
3. A physician who advertises a specific fee for a particular service or procedure shall honor the advertised fee for at least ninety (90) days unless the advertisement specifies a longer period; provided that for advertisements in the yellow pages of a telephone directory or other media not published more frequently than annually, the advertised fee shall be honored for no less than one (1) year following publication.
4. A physician shall not make statements which are merely self-laudatory or statements describing or characterizing the quality of the physician's services.
5. No physician shall advertise or otherwise hold himself or herself out to the public as being “Board Certified” without, (i) a complete disclosure in the advertisement of the specialty board by which the physician was certified, and (ii) can submit proof of current certification by a specialty board recognized by the American Board of Medical Specialties or the American Osteopathic Association. The term “Board Certified” frequently appears in conjunction with a list of services that the physician or clinic provides. The general public could easily be misled into thinking that the physician is certified in all of those services.
6. No physician shall hold himself or herself out as a specialist in a particular field unless that physician has either, (i) completed a residency program recognized by the Accreditation Council for Graduate Medical Education, by the American Osteopathic Association or by the American Podiatric Medical Association and can submit proof that such training was completed, or (ii) can submit proof that the licensee was “grandfathered” into a specialty by board certification by a recognized specialty board of the American Board of Medical Specialties or the American Osteopathic Association.
7. No physician shall compare his or her service with other physicians' services, unless the comparison can be factually substantiated; this precludes the use of terms such as “the best,” “one of the best,” or “one of the most experienced” or the like.
8. Where an advertisement includes a consumer-endorser's experience (i.e., patient testimonials), the advertisement must contain clear and prominent disclosure of (a) what the generally expected outcome would be in the depicted circumstances,

and (b) the limited applicability of the endorser's experience. Although testimonials and endorsements are authorized under this rule, compliance will be strictly monitored as endorsements and testimonials are inherently misleading to the lay public and to those untrained in medicine.

9. Any claims of success, efficacy or result (i.e., cure) must have scientific evidence in substantiation of such claims.
10. Any claims that purport to represent "typical" results (results that consumers will generally achieve) must be based on a study of a sample of all patients who entered the program, or, if the claim refers to a subset of those patients, a sample of that subset.
11. Any claim made regarding the safety of a medical procedure or drug must also disclose the risk of adverse medical complications.
12. No physician shall claim to have any drug or medication or use of a drug or medication for a specific ailment or condition unless such drug or medication has an F.D.A. approved indication for such purpose.
13. Any claim that improvements can be achieved through surgery in a specified time period must also include disclosure of the typical recovery time.

F. Consistent with federal regulatory standards which apply to commercial advertising, a physician who is considering the placement of an advertisement or publicity release, whether in print, radio or television, should determine in advance that the communication or message is explicitly and implicitly truthful and not misleading. These standards require the advertiser to have a reasonable basis for claims before they are used in advertising. The reasonable basis must be established by those facts known to the advertiser, and those which a reasonable, prudent advertiser should have discovered.

G. The above rules do not prohibit physicians or clinics from authorizing the use of the physician's name or clinic name in medical directories, HMO directories, preferred provider agreements or other communications intended primarily for referral purposes.

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

Rule 12.4 Violation of Rules. The above rules on physician advertising shall not be interpreted to alter or amend that which is otherwise provided by Mississippi statutory law or the rules on advertising adopted by the Federal Trade Commission.

If any physician subject to this rule advertises or enters into any communication in violation of the above rules, such act shall constitute unprofessional conduct, which includes dishonorable or unethical conduct likely to deceive, defraud or harm the public, in violation of Mississippi Code, Sections 73-25-29(8)(d) and 73-27-13(h)(iv).

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

Rule 12.5 Effective Date of Rules. The above rules pertaining to physician advertising shall become effective November 2, 1995. Amended January 24, 2008. Amended March 16, 2017.

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

Part 2640: Prescribing, Administering and Dispensing

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

Rule 1.1 Scope.

These rules apply to all individuals who have prescriptive authority and are licensed by the Mississippi State Board of Medical Licensure.

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

Rule 1.2 Definitions.

For the purpose of Part 2640, Chapter 1 only, the following terms have the meanings indicated:

A. "Administer", "Controlled Substances", and "Ultimate User" shall have the same meaning as set forth in Mississippi Code, Section 41-29-105, unless the context otherwise requires.
B. "Board" means the Mississippi State Board of Medical Licensure.
C. "Physician" means any person licensed to practice medicine, osteopathic medicine or podiatric medicine in the state of Mississippi.
D. "Physician Assistant" means any person meeting the requirements of licensure in the state of Mississippi as required by Part 2617, Chapter 1.
E. "Licensee" means any person licensed by this Board who has prescriptive authority.
F. "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.
G. "Prescribe" means to designate or order by means of either a written or oral prescription the delivery of a controlled substance or legend drug to an ultimate user.
H. "Dispense" means to deliver a controlled substance or legend drug other than by administering or prescribing to an ultimate user or research subject including the packaging, labeling, or compounding necessary to prepare the substance for that delivery.
I. For the purpose of enforcement of the labeling requirements set forth in this chapter, Part 2640, Rule 1.7.B, "Dispensing Physician" means any physician who dispenses to a patient for the patient's use any controlled substance, legend drug or other medication where such medication is purchased by the physician for resale to a patient whether or not a separate charge is made. As stated in Part 2615, it is understood that Physician Assistants may not dispense medications.
J. "Prescription Drug" or "Legend Drug" means a drug required under federal law to be labeled with the following statement prior to being dispensed or delivered; "Caution: Federal law prohibits dispensing without prescription," or a drug which is required by any applicable federal or state law or regulation to be dispensed on prescription only or is restricted to use by licensees only.
K. "Pain Management Practice" means a public or privately owned practice for which 50% or more of the patients are issued, on a regular or recurring basis, a prescription for opioids, barbiturates, benzodiazepines, carisoprodol, butalbital compounds, or tramadol

for the treatment of chronic non-cancerous/non-terminal pain. Included in this definition is any practice that advertises and/or holds itself out to provide pain management services. Patients who are treated for pain resulting from a terminal illness do not count against the percentage stated herein.

L. "Inpatient" means a patient in a hospital, nursing home, long term care facility, inpatient (not home-bound) hospice, or any other facility wherein medications are dispensed to a patient by a third party who is duly licensed and/or certified to dispense medications in a healthcare or related facility.

M. "Bariatric Medicine, Medical Weight Loss, or Weight Management Practice" means a public or privately owned practice

a. for which 30% or more of the patients are provided a comprehensive weight management treatment program or;

b. 30% or more of the patients receive any controlled substance approved by the FDA for the pharmacologic management of weight loss or;

c. any licensee who advertises weight loss by any means.

Excluded from this definition is any practice in which a licensee advertises the use of nonpharmacological products as part of the licensee's overall practice of medicine. In order to be excluded from this definition, the licensee's practice must have nonpharmacological weight loss and/or weight loss management as a component of the overall management of the patient's total health care. If the use of nonpharmacological products for weight loss and/or weight management exceeds 30% of the total outpatient clinic visits for any single 90-day consecutive period, the practice will be considered a bariatric medicine/medical weight loss practice and will be subject to all the rules and regulations pertaining to bariatric medicine/medical weight loss practice.

Bariatric surgeons whose primary practice is surgical weight loss and not long-term management of weight loss through medical, pharmaceutical, and/or behavioral management are also excluded from this definition.

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

Rule 1.3 Registration for Controlled Substances Certificate.

Every licensee who prescribes, administers or dispenses any controlled substance within Mississippi or who proposes to engage in the prescribing, administering or dispensing of any controlled substance within Mississippi must be registered with the U.S. Drug Enforcement Administration in compliance with Title 21 CFR Part 1301 Food and Drugs.

Each individual who is licensed by the Mississippi State Board of Medical Licensure and has prescriptive authority must be registered with the Mississippi Prescription Monitoring Program (MPMP). Every licensee who provides medical care in a pain management practice as defined in Rule 1.2 (K) must review the MPMP at each patient encounter in which a prescription for a controlled substance is issued. Every licensee, regardless of practice specialty, must review the MPMP at each patient encounter in which an opioid is prescribed for acute and/or chronic non-cancerous/non-terminal pain. Those licensees whose practice is not a pain management practice as defined previously must actively utilize the MPMP upon initial contact with new patients and at least every three (3) months thereafter on any and all patients who are prescribed,

administered, or dispensed controlled substances other than opioids. Licensees who issue a prescription for Lomotil, Lyrica, Testosterone, Pseudoephedrine, or Amphetamines prescribed to pediatric patients under the age of sixteen (16) for the treatment of ADHD, are not required in that instance to utilize the MPMP as stated herein.

Reports generated on such patients should span the length of time from the previous review of the MPMP so that adequate information is obtained to determine patient compliance with treatment. Documentation, such as a copy of the report itself and/or reflection in the chart dictation and/or notes, must be kept within the patient's record and made available for inspection upon request. As allowed by the Mississippi Board of Pharmacy and the MPMP, properly registered designees of the licensee may run/obtain the report for the licensee's review as required herein.

Utilization of the MPMP as stated herein is not required when treating inpatient; however, upon discharge from said inpatient setting with a prescription for a controlled substance, the MPMP must be reviewed as required herein.

Pursuant to authority granted in Mississippi Code, Section 41-29-125, the Mississippi State Board of Medical Licensure hereby adopts, in lieu of a separate registration with the Board, the registration with the U.S. Drug Enforcement Administration as required in the above paragraph. In the event, however, a licensee has had limitations or other restrictions placed upon his or her license wherein he or she is prohibited from ordering, dispensing, or prescribing controlled substances in any schedule, said licensee shall be prohibited from registering with the U.S. Drug Enforcement Administration for a Uniform Controlled Substances Registration Certificate without first being expressly authorized to do so by order of the Mississippi State Board of Medical Licensure.

Persons registered to prescribe, administer, dispense or conduct research with controlled substances may order, possess, prescribe, administer, dispense or conduct research with those substances to the extent authorized by their registration and in conformity with the other provisions of these rules and in conformity with provisions of the Mississippi Uniform Controlled Substances Law, Mississippi Code Section 41-29-101 et seq.

The registration requirement set forth in these rules does not apply to the distribution and manufacture of controlled substances. Any licensee who engages in the manufacture or distribution of controlled substances or legend drugs must register with the Mississippi State Board of Pharmacy pursuant to Mississippi Code, Section 73-21-105 and will be subject to all applicable federal statutes and regulations controlling such practices. For the purposes herein, "distribute" means the delivery of a drug other than by administering, prescribing or dispensing. The word "manufacture" has the same meaning as set forth in Mississippi Code, Section 41-29-105(q).

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

Rule 1.4 Maintenance of Records and Inventories.

Every licensee shall maintain inventories, logs, and records prescribed in this rule.

A. Controlled substances inventory record. All controlled substances classified under Schedules II, IIN, III, IIIN, IV and V which are purchased by the licensee must be inventoried at least every two (2) years. All inventory records for controlled substances in Schedules II and IIN must be maintained separately from the inventory records for Schedules III, IIIN, IV and V controlled substances. To insure the reliability of an inventory, the physician must maintain a readily retrievable record of controlled substances purchased, including a copy of all purchase invoices identifying the name, quantity and strength/dose of the controlled substance purchased, the supplier and the date purchased. Controlled substances inventory must also meet all applicable federal statutes and regulations.
B. Controlled substances dispensation/administration record. Every licensee who dispenses or administers, Schedules II, IIN, III, IIIN, IV and V controlled substances must maintain a separate readily retrievable record of all such substances dispensed or administered. This requirement does not apply to Schedules III, IIIN, IV and V prepackaged samples and starter packs. All dispensation/administration records for controlled substances in Schedules II and IIN must be maintained separately from the dispensation/administration records for Schedules III, IIIN, IV and V controlled substances. The record must contain the following information:
    A. The date the controlled substance was dispensed or administered.
    B. The name, quantity and strength/dose of the controlled substance dispensed or administered.
    C. The method of administration of the controlled substance, i.e. oral, IV or subcutaneous.
    D. The name and address of the patient to whom the controlled substance was dispensed or administered.
    E. For all Schedules II and III amphetamines, amphetamine-like anorectic drugs, or sympathomimetic amine drugs dispensed in the treatment of narcolepsy, hyperkinesis, brain dysfunction, epilepsy, or depression, the dispensing or administration records must include the diagnosis and the reason for use of the Schedules II and III controlled substances.

Controlled substances dispensation/administration records must also meet all applicable federal statutes and regulations.

Patient Record - A licensee who prescribes, dispenses or administers a legend drug or controlled substance must maintain a complete record of his or her examination, evaluation and treatment of the patient which must include documentation of the diagnosis and reason for prescribing, dispensing or administering any legend drug or controlled substance; the name, dose, strength, quantity of the legend drug or controlled substance and the date that the legend drug or controlled substance was prescribed, dispensed or administered. The record required by this rule must be maintained in the patient's medical records. If medical records are maintained at the office of the licensee, the records must be available for inspection by the representatives of the Mississippi State Board of Medical Licensure.

Licensees must not prescribe, administer or dispense any legend drug; any controlled substance; or any drug having addiction-forming or addiction-sustaining liability without a good faith prior examination and medical indication. A determination as to whether a “good faith prior examination and medical indication” exists depends upon the facts and circumstances in each

case. One of the primary roles of a physician is to elicit detailed information about the signs and symptoms which a patient presents in order that he or she may recommend a course of treatment to relieve the symptoms and cure the patient of his or her ailment or maintain him or her in an apparent state of good health. In order for a licensee to achieve a reasonable diagnosis and treatment plan, a history and physical examination consistent with the nature of the complaint are necessary. The importance of these aspects of proper medical practice cannot be over emphasized. The paramount importance of a complete medical history in establishing a correct diagnosis is well established. Standards of proper medical practice require that, upon any encounter with a patient, in order to establish proper diagnosis and regimen of treatment, a licensee must take three steps: (a) take and record an appropriate medical history, (b) carry out an appropriate physical examination, and (c) record the results. The observance of these principles is an integral component of the "course of legitimate professional practice."

Some of the factors used in determining the presence or absence of "good faith" may include, but are not limited to:

1. the quality and extent of the documented history and physical exam, which may also be accomplished through appropriate telemedicine as defined in Part 2635 Rule 5.5;
2. the extent to which the prescribed therapy is supported by documented history and physical exam;
3. the licensee's permitting the patient to name the drug desired;
4. a licensee dispensing or prescribing drugs to patients having no medical need, when the licensee knew or should have known that the patients were addicts or abusing/misusing substances;
5. repeated refills over relatively short periods of time or the issuance of prescriptions at a time when the patient should not have been finished taking the same medication from a prior prescription had the prescription directions been properly followed or the correct dosage taken;
6. general remarks of the licensee indicating his or her experience with non-therapeutic uses of the drug;
7. a licensee prescribing contraindicated medication such as amphetamines and depressants in a manner which results in therapeutic conflicts.

The aforementioned is of particular importance in cases in which controlled substances are to play a part in the course of treatment. It is the responsibility of the licensee to dispense, prescribe or administer all therapies with proper regard for the actual and potential dangers. This fact has been established in a number of closely related administrative and criminal cases, **United States v. Bartee**, 479 F.2d 484 (10th Cir. 1973) (No physical examination prior to issuance of prescriptions for controlled substances); **United States v. Greene**, 511 F.2d 1062 (7th Cir. 1975); **Arthurs v. Board of Registration of Medicine**, 418 N.E. 2d 1236 (MA 1981) (failure to record in patient file prescriptions for controlled substances issued or failure to record patient visit); **Brainard v. State Board of Medical Examiners**, 157 P2d 7 (Ca. 1945); **Dannerberg v. Board of Regents**, 430 N.Y.2d 700 (1980) (issuance of three prescriptions for sleeping pills to an undercover agent without a physical examination; **Widlitz v. Board of Regents of New York,** 429 N.Y. 2d 794 (1980) (issuance of Desoxyn to patients whom physician knew were drug addicts without conducting physical examination); **United States v. Rosenberg**, 515 F.2d 190 (9th Cir. 1975) (no physical examination, evidences that prescriptions were not in course of professional practice); and **United States v. Hooker**, 541 F.2d 300 (1st Cir. 1976), (little more

than cursory physical examination, frequent neglect to inquire as to past medical history, little or no exploration of the type of problem the patient allegedly had "indicates that the minimal professional procedures followed were designed only to give an appearance of propriety to appellant's unlawful distributions").

A determination of proper "medical indication" requires examination of the nature of the therapy and all circumstances surrounding its implementation. Use of any therapy should be supported by standards of medical practice, reasonable scientific evidence or consensus and documented in the medical record. Case law developed by the courts in connection with controlled substances criminal violations and administrative decisions further illustrates several indications of lack of good faith. See **United States v. Greene**, 511 F.2d 1062 (7th Cir. 1975) and **United States v. Rosenburg**, 515 F.2d 190 (9th Cir. 1975). One of primary importance is the failure to follow at least the minimal professional procedures. Some of the factors used in determining the existence of "good faith" may include, but are not limited to: (a) the physician's permitting the patient to name the drug desired; (b) a physician dispensing drugs to patients having no medical need, when the physician knew or should have known that the patients were addicts; (c) repeated refills over relatively short periods of time or the issuance of prescriptions at a time when the patient should not have been finished taking the same medication from a prior prescription had the prescription directions been properly followed or the correct dosage taken; (d) general remarks of the physician indicating his or her experience with non-therapeutic uses of the drug; (e) a physician prescribing contraindicated medication such as amphetamines and depressants in a manner which results in therapeutic conflicts

A licensee must not sell or trade any medication which he or she receives as prepackaged samples or starter packs, whether or not said samples are controlled substances, legend drugs or other medication.

The Controlled Substances Inventory, Controlled Substance Dispensation/Administration Record, and Patient Record required by these rules must be maintained in the office of the licensee for a period of seven (7) years from the date that the record is completed or the controlled substances, legend drugs or other medications are prescribed, administered or dispensed and must be made available for inspection by representatives of the Mississippi State Board of Medical Licensure pursuant to authority granted in Mississippi Code, Section 41-29-125. Record retention for Controlled Substances Inventory, Controlled Substance Dispensation/Administration Record, and Patient Record must also meet all applicable federal statutes and regulations.

A licensee may use a data processing system or a manual record keeping system for the storage and retrieval of Controlled Substances Dispensation/Administration Records. If a licensee utilizes a data processing system, it must provide immediate retrieval of all dispensation/administration records of controlled substances.

Whether maintained manually or in a data processing system, all records of dispensation/administration of controlled substances must be readily retrievable. If a data processing system is utilized, a hard-copy printout of the records of dispensation/administration must be made at regular intervals, not to exceed seven (7) days. Such hard-copy printouts must be maintained for a period of five (5) years and must be made available for inspection and copying by investigators of the Mississippi State Board of Medical Licensure.

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

Rule 1.5 Use of Diet Medication.

Pursuant to Mississippi Code, Section 41-29-139(e), it is unlawful for any licensee to prescribe, dispense or administer any medication classified as Schedule II, pursuant to Section 41-29-115, for the exclusive treatment of obesity, weight control, or weight loss.

Prescribing or dispensing a controlled substance for weight reduction or the treatment of obesity should be based on accepted scientific knowledge and sound clinical grounds. All such prescribing and dispensing must be in compliance with applicable state and federal laws.

The licensee providing comprehensive treatment of obesity must be present at the facility when he or she prescribes or dispenses[1] controlled substances for the purpose of weight reduction or the treatment of obesity. A licensee may administer, order, dispense or prescribe controlled substances for the purpose of weight loss or the treatment of obesity only as an adjunct to a clearly documented comprehensive program of behavior modification, comprehensive nutritional education, and exercise or physical therapy intervention. The licensee must comply with all of the following conditions:

A. An initial comprehensive evaluation is to be conducted by and thoroughly recorded by the prescribing licensee prior to the prescribing, ordering, dispensing or administering of any drug. Such evaluation should include a thorough history and thorough physical exam of the patient to include at a minimum:
    1. Past medical history, past surgical history, social history, family history, weight history, dietary history, gynecological history, review of systems, allergies and medications.
    2. A physical exam to include height; weight; blood pressure; pulse; % body fat or waist circumference/weight hip ratio; lungs; heart; abdomen; and extremities.
    3. Appropriate testing related to medical weight loss (CBC, comprehensive metabolic profile, lipid panel, thyroid panel, EKG, if prior or present history of cardiac disease, hypertension, diabetes, dyslipidemia, or strong family history of cardiac disease age >60
    4. The licensee must determine and record the patient's Body Mass Index ("BMI"). No patient should receive anorexic medications unless the patient has (i) a BMI of ≥ 30.0 in a normal otherwise healthy patient, or (ii) a BMI ≥ 27.0 in an individual with at least one associated co-morbidity, or (iii) current body weight ≥ 120 percent of a well-documented, long standing healthy weight that the patient maintained after the age of 18, or (iv) body fat $\geq 30\%$ in females, or body fat $\geq 25\%$ in males, or (v)
    5. waist-hip circumference such that the individual is known to be at increased cardiovascular and/or co-morbidity risk because of abdominal visceral fat, or presence of a co-morbidity condition or conditions aggravated by the patients

[1] Part 2640, Rule 1.9, controls in all cases. Physician assistants are not permitted to dispense medication.

excessive adiposity. The indication for anorexic therapy must be documented in the record and re-evaluated at each visit or with each prescription refill.

6. Absolute contraindications of Schedule III or IV anorectic drugs for purposes of weight loss management are pregnancy, breast feeding, or severe allergic reactions to these medications. Relative contraindications of Schedule III and IV anorectics for the purpose of weight loss management are uncontrolled bipolar, uncontrolled epilepsy, uncontrolled hypertension, episodic tachyarrhythmia, excessive stimulation, history of substance abuse, severe anticholinergic effects, such as, extreme dryness of mouth or unmanageable constipation should be addressed with licensee prior to starting weight loss medications. Schedule III and IV anorectics can be used in conjunction with any other medications deemed safe by the licensee.

B. The licensee must not utilize any Schedules III, IV or V controlled substance when he or she knows or has reason to believe an absolute contraindication exists or relative contraindication exists that would be harmful to the patient.

C. A licensee is not permitted to prescribe, order, or dispense controlled substances for the purpose of weight reduction or treatment of obesity greater than a 30 day supply. Exempted from this requirement are those licensees defined in Rule 1.2(M) and those licensees treating patients resulting from a referral to those licensees defined in Rule 1.2(M).

D. A patient continued on a controlled substance for the purpose of weight reduction or the treatment of obesity must undergo an in-person re-evaluation once every 30 days; however, those licensees defined in Rule 1.2(M) may re-evaluate patients once every 90 days. A recording of weight, BMI, blood pressure, pulse, and/or any other test which may be necessary for monitoring potential adverse effects of drug therapy should be completed at each visit. Once medically established goals have been met for an individual patient, the need for ongoing medication should be re-evaluated and documented in the record.

E. Continuation of the prescribing, ordering, dispensing, or administering of controlled substances should occur only if the patient has continued progress toward achieving or maintaining medically established goals and has no significant adverse effects from the medication.

F. A licensee must not utilize a schedule III, IV or V controlled substance or legend drug for purposes of weight loss unless it has an FDA approved indication for this purpose and then only in accordance with all of the above enumerated conditions. The purpose of this rule is to prohibit the use of such drugs as diuretics and thyroid medications for the sole purpose of weight loss.

Off-label use of any medication that does not have Food and Drug Administration approval for use in the treatment of weight loss is prohibited if administered solely for the purpose of weight loss. Thyroid hormone, diuretics, vitamin B12, B1, B2, B6, methionine, choline, inositol, chromium picolate and human chorionic gonadotropin are examples of medications that may not be used in this manner. This prohibition does not apply to FDA categories of nutritional supplements sold without prescription.

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

Rule 1.6 Bariatric Medicine, Medical Weight Loss, or Weight Management Practice

A. No bariatric medicine, medical weight loss, or weight management practice shall operate in Mississippi unless the owner, or operator, or medical director of the facility is a Mississippi licensed physician. This licensee must meet all requirements below at all times while the facility is in operation. For the purposes of this rule, physicians who collaborate with mid-level providers will be considered an operator of the practice in the context of that collaborative arrangement.
B. The physician owner/operator of the bariatric medicine, medical weight loss, weight management practice must register with the MSBML using a form prescribed by the board. Certificates of registration once issued are not transferable or assignable. Only the primary physician is required to register with the Board. All licensees associated with the practice, whether in the capacity as the owner or as a practitioner, must be listed on the application and must also meet all regulations governing the treatment of obesity/medical weight loss. Physicians who are added to the registration once a certificate is issued must be reported to the MSBML for approval prior to beginning practice. Physicians who are removed from the registration must be reported to the board within 30 days of removal. Each practice location requires a separate registration certificate.
C. A bariatric medicine, medical weight loss, or weight management practice may not operate in the state of Mississippi without obtaining a registration certificate from the Mississippi State Board of Medical Licensure.
D. Certificates are valid for one year and must be renewed annually along with practitioner's license to practice medicine in the state of Mississippi. There is a 30-day grace period for renewal after which the owner/operator must reapply for an original certificate. The clinic may not continue to operate while the certificate is expired.

   If a physician's practice is a bariatric medicine, medical weight loss, or weight management practice as defined above or the physician collaborates, manages, oversees, or employs any licensed professional providing comprehensive treatment of obesity, the licensee must have 100 AMA or AOA Category 1 CME in the core-content of bariatric medicine or be currently certified by a board in bariatric medicine. A licensee currently practicing bariatric medicine, medical weight loss or weight management has 24 months from effective date of this regulation to comply with the initial CME requirement. All CME must be obtained within the 24 month period. Reference is made to exclusions noted in Rule 1.2, H.

   Licensee must biennially obtain 60 AMA or AOA Category 1 CME in core-content of bariatric medicine before certification can be renewed with the MSBML.
E. A Medical Spa practice, Wellness practice, or other practice that meets the definition of Bariatric Medicine, Medical Weight Loss, or Weight Management Practice will be subject to all rules pertaining to Bariatric Medicine, Medical Weight Loss, or Weight Management Practice if the facility has a Mississippi licensee affiliated in any manner.

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

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

The following rules are not intended to supersede or exempt licensees from the requirements heretofore stated in Rule 1.4 *Maintenance of Records and Inventories.*

A. Definitions

For the purpose of Part 2640, Rule 1.7 only, the following terms have the meanings indicated:

1. "Chronic Pain" is a pain state in which the cause of the pain cannot be removed or otherwise treated and which in the generally accepted course of medical practice, no relief or cure of the cause of the pain is possible or none has been found after reasonable efforts including, but not limited to, evaluation by the attending licensee and one or more licensee specializing in the treatment of the area, system, or organ of the body perceived as the source of the pain. Further, if a patient is receiving controlled substances for the treatment of pain for a prolonged period of time (more than three months), then they will be considered for the purposes of this regulation to have "de facto" chronic pain and subject to the same requirements of this regulation. "Terminal Disease Pain" should not be confused with "Chronic Pain."
2. "Terminal Disease Pain" is pain arising from a medical condition for which there is no possible cure and the patient is expected to live no more than six (6) months.
3. "Acute Pain" is the normal, predicted physiological response to an adverse chemical, thermal, or mechanical stimulus and is associated with surgery, trauma and acute illness. Acute pain is generally self-limited and is responsive to therapies, including controlled substances.
4. "Addiction" is a neurobehavioral syndrome with genetic and environmental influences that results in psychological dependence on the use of substances for their psychic effects and is characterized by compulsive use despite harm.
5. "Physical Dependence" is a physiological state of neuroadaptation to substance which is characterized by the emergence of a withdrawal syndrome if the use of the substance is stopped or decreased abruptly, or if an antagonist is administered. Withdrawal may be relieved by re-administration of the substance. .
6. "Substance Abuse" is the use of any substance for non-therapeutic purposes; or use of medication for purposes other than those for which it is prescribed.
7. "Tolerance" is a physiological state resulting from regular use of a drug in which an increased dosage is needed to produce the same effect or a reduced effect is observed with a constant dose. Tolerance occurs to different degrees for various drug effects, including sedation, analgesia and constipation. Analgesic tolerance is the need to increase the dose of opioid to achieve the same level of analgesia.

B. A licensee may order, prescribe, administer, or dispense controlled substances, or other drugs having addiction-forming and addiction-sustaining liability to a person for the treatment of chronic pain.

C. The ordering, prescribing, administration, or dispensation of controlled substances, or other drugs having addiction-forming or addiction-sustaining liability for the treatment of chronic pain should be done with caution. A licensee may order, administer, dispense or prescribe said medications for the purpose of relieving chronic pain, provided that the following conditions are met:

1. Before initiating treatment with a controlled substance, or any other drug having addiction-forming or addiction-sustaining liability, the licensee must conduct a risk/benefit analysis by reviewing records of prior treatment. The risk/benefit analysis should weigh in favor of treatment and indicate the need for controlled substance therapy. Such a determination must take into account the specifics of each patient's diagnosis, past treatments, suitability for long-term controlled substance, with the need for other treatment modalities. The results of this analysis must be clearly entered into the patient medical record and must include supporting documentation such as consultation or referral reports and efforts to determine the underlying etiology of the chronic pain.
2. Documentation in the patient record must include a complete medical history and physical examination and supporting studies and reports of consultation.
3. The diagnosis must demonstrate the presence of one or more recognized medical indications for the use of controlled substances.
4. Documentation of a written treatment plan which must contain stated objectives as a measure of successful treatment and planned diagnostic evaluations, e.g., psychiatric evaluation or other treatments. The plan must contain an informed consent agreement for treatment that details relative risks and benefits of the treatment course. The consent must also include specific requirements of the patient, such as using one licensee and pharmacy, urine/serum medication level monitoring when requested, pill counts, and the grounds for which the treatment may be terminated (e.g., 'doctor shopping' behavior, adverse urine/serum screens, etc.).
5. Periodic review and documentation of the treatment course is conducted no less frequently than every 3 months. The licensee's evaluation of progress toward the stated treatment objectives must support all changes in therapy. This should include referrals and consultations as necessary to achieve those objectives.

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

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

F. No licensee shall order, prescribe, administer, or dispense any controlled substance or other drug having addiction-forming or addiction-sustaining liability for the purpose of "detoxification treatment" or "maintenance treatment" and no licensee shall order, prescribe, administer, or dispense any narcotic controlled substance for the purpose of "detoxification treatment" or "maintenance treatment" unless the licensee is registered in accordance with Section 21 U.S.C. 823(g). Nothing in this paragraph shall prohibit a licensee from administering narcotic drugs to a person for the purpose of relieving acute withdrawal symptoms when necessary while arrangements are being made for referral for treatment. Nothing in this paragraph shall prohibit a licensee from ordering, prescribing, administering, or dispensing controlled substances in a hospital to maintain or detoxify a person as an incidental adjunct to medical or surgical treatment of conditions other than addiction.

G. When initiating opioid therapy for chronic pain, the licensee must first run a MPMP on the patient. The licensee must prescribe the lowest effective dosage. While there is no single dosage threshold identified below which the risk of overdose is eliminated, licensees must strive to keep daily opioid doses less than or equal to 50 mg of morphine equivalence (mEq), as dosages larger than 50 mEq per day increases risk without adding benefits for pain control or function. Licensees must avoid dosages greater than or equal to 90 mg of morphine equivalence per day and must provide significant justification for exceeding the 90 mg ceiling stated herein. If the licensee determines that a patient requires greater than 100 mg of morphine equivalence per day, the licensee must refer the patient to a pain specialist for further treatment.

H. When opioids are prescribed for acute pain, the licensee must prescribe the lowest effective dose of immediate release opioids, as the use of long acting opioids for acute non-cancer/non-terminal pain is prohibited. Licensees must prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. Licensees are discouraged from prescribing or dispensing more than a three (3) day supply of opioids for acute non-cancer/non-terminal pain, and must not provide greater than a ten (10) day supply for acute non-cancer/non-terminal pain. Licensees may issue an additional ten (10) day supply if clinically necessary, but said supply must be issued in accordance with Title 21 CFR § 1306.12 *Refilling prescriptions; issuance of multiple prescriptions* (i.e., the prescription must be dated on the date of issuance with 'do not fill until' noting the date the prescription may be filled), and such need for an additional ten (10) day supply must be documented in the chart to evidence that no other alternative was appropriate or sufficient to abate the acute pain associated with that medical condition. Additional ten (10) day supplies, with one (1) refill, may be issued if deemed medically necessary and only if supported by additional clinical evaluation.

I. As stated in Rule 1.3, every licensee must review an MPMP report at each patient encounter in which a Schedule II medication is prescribed for acute pain or chronic non-cancer/non-terminal pain. MPMP reports may be obtained by designees of the licensee as allowed by the MPMP program.

J. When prescribing opioids for either chronic or acute pain, it is a relative contraindication (black box warning) to prescribe opioids concurrently with Benzodiazepines and/or Soma. However, opioids and benzodiazepines may be prescribed concurrently on a very short term basis, and in accordance with section H of this rule, when an acute injury requiring opioids occurs. The need for such concurrent prescribing must be documented

appropriately in the chart. Patients who are currently on an established regimen of concomitant opioids and benzodiazepines may be allotted a reasonable period of time to withdraw from one or both substances. Caution and care should be taken to prescribe the lowest effective dose of each medication if unable to discontinue one or the other completely. Clinicians involved in managing a patient's care should document communication regarding the patient's needs, goals, risks and coordination of care. Prescribing of opioids concurrently with benzodiazepines and/or Soma may be allowed only under very limited circumstances in which the combination is used to treat very specific chronic medical conditions for which there is no other treatment modality available.

K. When a licensee treats chronic non-cancerous/non-terminal pain and/or psychiatric conditions outside the definition of a pain management practice (Rule 1.2) (K) the licensee must actively utilize the MPMP upon initial contact with a new patient and every 3 months thereafter on any and all patients who are prescribed, administered, or dispensed controlled substances. Reports generated on patients must span the length of time from the previous review of the MPMP so that adequate information is obtained to determine the patient's compliance for and with treatment. Documentation, such as a copy of the report itself and/or reflections in the charts dictation and/or notes must be kept within the patient's record and made available for inspection upon request.

L. Point of service drug testing must be done at least three (3) times per calendar year when Schedule II medication is written for the treatment of chronic non-cancer/non-terminal pain. Point of service drug testing and MPMP review, as described in Rule 1.7 (K), must be done at least three (3) times per calendar year for patients prescribed benzodiazepines for chronic medical and/or psychiatric conditions which are non-cancer/non-terminal. Point of service drug testing must test, at a minimum, for opioids, benzodiazepines, amphetamines, cocaine, and cannabis. Inpatient treatment, as defined in Rule 1.2(L), is exempt from this requirement. Further, all hospice treatment is exempt from point of service drug testing requirements stated herein.

M. The use of Methadone to treat acute non-cancer/non-terminal pain is prohibited. The use of Methadone for the treatment of chronic non-cancer/non-terminal pain is permissible within a registered Pain Management Practice, as defined in Rule 1.2(K), or when resulting from a referral to a certified pain specialist. If Methadone is prescribed to treat chronic non-cancer/non-terminal pain, it must be prescribed only by a physician.

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

Rule 1.8 Drug Maintenance Requirements.

All medications maintained or stored in licensee's office must be maintained or stored in the manufacturer's or re-packager's original container. The label of any container in which drugs are maintained must bear the drug name, strength, the manufacturer's control lot number and the expiration date. Drugs that are pre-counted and prepackaged for purposes of dispensing must be identifiable as to expiration date and manufacturer's control lot number. The containers in which drug products are maintained must not be labeled in any false or misleading manner. The labeling requirements of this rule are in addition to all other applicable state and federal statutes and regulations.

A physician must not dispense out-of-date medications. Out-of-date medications must be promptly removed from current stock and stored separately until proper disposal. A physician, when dispensing a product in a manufacturer's original package or container must dispense the product with this information intact.

The medication storage and dispensing areas must be maintained in a sanitary fashion. All medications must be maintained, stored and dispensed in such a manner as to maintain the integrity of the product.

A licensee must not accept the return for subsequent resale or exchange any drugs after such items have been taken from the premises where sold, distributed or dispensed and from the control of the licensee.

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

Rule 1.9 Labeling Requirements for Dispensing Physicians.

For the purposes of this rule, a "dispensing physician" means any physician who dispenses to a patient for the patient's use any controlled substance, legend drug or other medication where such medication is purchased by the physician for resale to a patient whether or not a separate charge is made.

Every dispensing physician, as defined above, who dispenses a controlled substance, legend drug or any other medication must insure that all such substances dispensed be labeled containing the following information:

A. The name of the patient to whom the medication was dispensed.
B. The date that the medication was dispensed.
C. The name, strength and quantity of the medication.
D. Direction for taking or administering the medication.
E. The name and address of the physician dispensing the medication.

The label required by this rule must be written in legible handwriting or typed and must be permanently affixed to the package or container in which the medication is dispensed. Prepackaged samples or starter packs in their original packages or containers need only have the patient name, date distributed, and physician's name if the manufacturer's packaging meets other requirements.

No physician may delegate dispensing authority to another person. A physician must personally dispense the medication. For the purpose of this regulation, "personally dispense" means the physician must actually obtain the medication, prepare, count, place the same into the appropriate container and affix the appropriate label to the container.

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

Rule 1.10 Prescription Guidelines–Controlled Substances.

It is the responsibility of the licensee to determine the type, dosage, form, frequency of application and number of refills of any controlled substances prescribed to a patient. The following requirements apply to all prescriptions for controlled substances written by a licensee with controlled substance prescriptive authority:

A. All prescriptions for controlled substances must be written in strict compliance with Mississippi Code, Sections 41-29-101 through 41-29-311 and Title 21 of U.S. Code of Federal Regulations, Part 1306.
B. On all prescriptions of controlled substances wherein refills are permitted, licensees must indicate the appropriate refills, not to exceed five (5), or mark "none."
C. Each licensee must insure that the complete name and address of the patient to whom the licensee is prescribing the controlled substance appears on the prescription.
D. A licensee must not permit any prescription for controlled substances to be signed by anyone in the place of or on behalf of the licensee.
E. A licensee must not pre-sign prescription pads or order forms.
F. A licensee must not utilize prescription pads or order forms upon which the signature of the licensee has been affixed by any means other than manual signature. This prohibition includes the e-mailing of any controlled substance prescription. A hard copy prescription generated from an electronic prescription system must contain a manual signature unless: (i) the prescription is printed on security paper that ensures it is not subject to copying or alteration, and (ii) an electronic or digital signature is affixed. Electronic transmission of Schedule III-V controlled substance prescription information is limited to computer to facsimile (fax) transmissions or traditional fax to fax transmissions. Electronic transmission of Schedule II controlled substance prescription information is permitted under limited circumstances. Requirements for fax prescription orders and systems utilized for faxing prescriptions are as follows:
    1. The prescription order must contain the date, time, telephone number and location of the transmitting device. Prescription blanks utilized in this manner must bear a pre-printed heading that indicates the blank is a "Fax Prescription Form." Fax prescription orders must contain a manual or authenticated electronic/digital signature of the prescriber. Only Schedule II narcotic substances that are to be prepared or compounded for the direct administration to a patient by parenteral, intravenous, intramuscular, subcutaneous or intra spinal infusion may be transmitted by the licensee or the licensee's agent to a pharmacy of the patient's choice by facsimile. All original hardcopy faxed prescriptions must immediately be voided after successfully completing the fax transmission by writing across the face of the prescription from corner to corner the notation "faxed." The original prescription (or copy) must be retained in the licensee's patient file with additional information included on the back of the prescription as to the date it was faxed, the name or initials of the person faxing the prescription and the name/location of the pharmacy receiving the fax transmission.

        In addition to filing the original prescription (or copy) in the patient file, a perpetual, chronological logbook of fax transactions must be established and maintained. Such a logbook would serve to protect the prescribing licensee in the event the original

prescription is somehow lost or misfiled. The information contained in such a logbook must include the patient's name and address, date of issuance, name, strength and quantity of the drug prescribed and the name and fax number of the receiving pharmacy and a personal identifier of the person faxing the prescription. Such logs must be maintained in the licensee's clinic in a readily retrievable manner, and kept for at least seven (7) years after the original record is established. The requirements set forth in this rule are in addition to documentation required in Part 2640, Rule 1.4.

2. When prescribing any controlled substance for a resident of a Long-term Care Facility (LTCF)(as defined in Section 1301.01(25), Code of Federal Regulations), such prescription may be transmitted by the licensee or the licensee's agent to the dispensing pharmacy by facsimile. The licensee or the licensee's agent must note on the prescription that the patient is a resident of a LTCF. The original prescription (or copy) and fax transaction log will be prepared and maintained in the same manner as described in Part 2640, Rule 1.10.F.1.
3. When prescribing any controlled substance for a patient residing in a hospice certified by Medicare under Title XVIII or licensed by the state, such prescription may be transmitted by the licensee or the licensee's agent to the dispensing pharmacy by facsimile. The licensee or the licensee's agent must note on the prescription that the patient is a hospice patient. The original prescription (or copy) and fax transmission log will be maintained in the same manner as described in Part 2640, Rule 1.10.F.1.

G. No more than one (1) controlled substance shall be issued on a single prescription blank.

H. Prescriptions for Benzodiazepines must be limited to a one (1) month supply, with no more than two (2) refills, or a ninety (90) day supply with no refills. The MPMP must be checked each time a prescription for benzodiazepines is authorized and evidence of such check must be noted within the patient file.

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

Rule 1.11 Prescription Guidelines - All Medications.

In addition to any other requirements set forth in these rules pertaining to the issuance of prescriptions of controlled substances, the following additional requirements apply to all prescriptions, whether or not said prescriptions are for controlled substances, legend drugs or any other medication:

A. Prescriptions may not be written outside of a valid licensee-patient relationship. While not all of the elements in subsection A are necessary each time a prescription is authorized (e.g., via appropriate telemedicine as defined in Rule 5.5 of Part 2635, calling in refills, taking call for a practice partner for short term care, etc.), all initial encounters, and at reasonable intervals thereafter, should conform to this rule and be done pursuant to a valid licensee-patient relationship. The elements of this valid relationship are:
   1. verify that the person requesting the medical treatment is in fact who they claim to be;
   2. conducting an appropriate history and physical examination of the patient that meets the applicable standard of care, which as previously stated may also be accomplished through appropriate telemedicine as defined in Part 2635 Rule 5.5;
   3. establishing a diagnosis through the use of accepted medical practices, i.e., a patient history, mental status exam, physical exam and appropriate diagnostic and laboratory testing;

4. discussing with the patient the diagnosis, risks and benefits of various treatment options to obtain informed consent;
5. insuring the availability of appropriate follow-up care; and
6. maintaining a complete medical record available to patient and other treating health care providers.

B. Electronic prescription transmission is permitted provided the transmission meets applicable state and federal standards for transmission. E-prescribing is the electronic entry of a prescription by a licensee, the secure electronic transmission of the prescription to a pharmacy, the receipt of an electronic message by the pharmacy and E-prescription renewal requests sent electronically by the pharmacy to the practitioner.

C. Every written prescription delivered to a patient, or delivered to any other person on behalf of a patient, must be manually signed on the date of issuance by the licensee. This does not prohibit the transmission of electronic prescriptions and telefaxed prescriptions (but not e-mail) for non-controlled drugs to the pharmacy of the patient's choice. Such telefaxed or electronic prescriptions must be authorized by a written or electronic signature and must be issued in accordance with all other provisions of this rule. No prescriptions for any form or compound containing nalbuphine HCl, carisoprodol, butalbital compounds, or tramadol HCl shall be telefaxed.

D. Electronic prescriptions for controlled substances are permitted if a practitioner has complied with the DEA requirements and is using a certified electronic prescribing system for the transmission of control substances prescriptions.

E. All written prescriptions must be on forms containing two lines for the licensee's signature. There must be a signature line in the lower right-hand corner of the prescription form beneath which must be clearly imprinted the words "substitution permissible." There must be a signature line in the lower left corner of the prescription form beneath which must be clearly imprinted with the words "dispense as written." The licensee's signature on either signature line must validate the prescription and designate approval or disapproval of product selection. Each prescription form must bear the pre-printed name of the licensee or the licensee must clearly print his or her name on the prescription form, in addition to the licensee's original signature. In the event that the prescription form bears the pre-printed name of more than one licensee, the licensee must clearly indicate the name of the licensee writing the prescription. In the case of a prescription that is electronically generated and transmitted, the licensee must make an overt act when transmitting the prescription to indicate either "dispense as written" or "substitution permissible". When done in conjunction with the electronic transmission of the prescription, the prescriber's overt act indicates to the pharmacist that the brand name drug prescribed is medically necessary.

F. If a prescription form which does not contain two signature lines required in Part 2640, Chapter 1, Rule 1.11.D is utilized by the licensee, he or she must write in his or her own handwriting the words "dispense as written" thereupon to prevent product selection.

Every written prescription issued by a licensee for a legend drug should clearly state whether or not the prescription should be refilled, and if so, the number of authorized refills and/or the duration of therapy. Licensee s should avoid issuing prescriptions refillable on "prn" basis. If a licensee chooses to issue a prescription refillable "prn", the life of the prescription or time limitation must clearly be set forth on the prescription. In

no case shall a prescription which is refillable on a "prn" basis be refilled after the expiration of one (1) year. Regardless of whether a prescription is refillable on a "prn" basis or the prescription expressly states the number of authorized refills, the use of said medication should be re-evaluated on at least an annual basis. Upon the expiration of one (1) year, a prescription becomes invalid, regardless of the number of refills indicated or "prn" designation.

G. Every written prescription issued by a licensee, bearing more than one non-controlled medication, must clearly indicate the intended refill instructions for each medication. Lack of clearly indicated refill instructions prohibit the refilling of the medications. All unused lines on a multi-line prescription blank must be clearly voided by the issuing licensee.

H. A prescription will no longer be valid after the occurrence of any one of the following events:
   1. Thirty (30) days after the death of the issuing licensee.
   2. Thirty (30) days after the issuing licensee has moved or otherwise changed practice location resulting in termination of the licensee patient relationship. Termination of the licensee patient relationship results when a patient is no longer able to seek personal consultation or treatment from the issuing licensee.
   3. Immediately after loss of DEA Controlled Substances Privilege by the issuing licensee if the prescription is for controlled substances.
   4. Immediately upon revocation, suspension or surrender of the licensee's license.

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

Rule 1.12 Freedom of Choice.

A licensee must not be influenced in the prescribing of drugs, devices or appliances by a direct or indirect financial interest in a pharmaceutical firm, pharmacy or other supplier.

A licensee may own or operate a pharmacy if there is no resulting exploitation of patients. A licensee must not give patients prescriptions in code or enter into agreements with pharmacies or other suppliers regarding the filling of prescriptions by code. Patients are entitled to the same freedom of choice in selecting who will fill their prescription needs as they are in the choice of a provider. The prescription is a written direction for a therapeutic or corrective agent. A patient is entitled to a copy of the licensee's prescription for drugs or other devices as required by the principles of medical ethics. The patient has a right to have the prescription filled by any legal means. Where medication is to be dispensed or a prescription, excluding refills, called in to a pharmacist for medication, a licensee must inform each patient of that patient's right to a written prescription and the right to have the prescription filled wherever the patient wishes.

Patients have an ethically and legally recognized right to prompt access to the information contained in their individual medical records. The prescription is an essential part of the patient's medical record. If a patient requests a written prescription in lieu of an oral prescription, this request must be honored. Licensees must not discourage patients from requesting a written prescription or urge, suggest or direct in any manner that a patient fill a prescription at an establishment which has a direct telephone line or which has entered into a business or other

preferential arrangement with the licensee with respect to the filling of the licensee's prescriptions.

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

Rule 1.13 Security of Controlled Substances.

In all clinics or offices within the control of a licensee, all controlled substances and other drugs having addiction-forming or addiction-sustaining liability must be maintained in such a manner as to deter loss by theft or burglary. All controlled substances must be stored in a securely locked, substantially constructed container or area. Only the physician or persons authorized by the physician shall have access to this storage area. When a licensee detects a loss of controlled substances, the Board may issue an order requiring that person to appear before the Board and present a plan designed to prevent further loss of controlled substances. The Board has the authority to order implementation measures to improve security over controlled substances.

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

Rule 1.14 Pain Management Medical Practice.

A. A pain management medical practice must have, at all times, a majority ownership (more than 50%) by a physician or group of physicians licensed by the Board, and/or a hospital or health care entity registered with the Secretary of State to do business in the state of Mississippi. The physician or physician owners must practice an annual average of at least 20 hours per week within the state of Mississippi.
B. A pain management medical practice must register with the Board.
C. Each physician owner of a pain management medical practice must meet the requirements set forth below.
D. Each licensee who serves as medical director, manager, or employee or who provides care in a pain management medical practice must meet the requirements set forth below.

Application for Initial Registration and Renewal - A physician owner of a pain management medical practice must:

1. submit the documents demonstrating proof of ownership or provide alternative documents with a written request for special consideration;
2. report ownership or investment interest in 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 the physician has ownership or vested interest;
3. identify all individuals with prescriptive authority who are employed or contracted in any capacity at each facility; and
4. report any changes of information provided in the application for registration or renewal within 30 days of the effective date of the change.

E. Physician owners or operators 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. Additional physician owners must register if they also provide patient care. Each practice requires a separate certificate.

F. Physician owners or operators may not operate a pain management practice in Mississippi unless the practice is owned or operated by a hospital or healthcare entity registered with the Secretary of State to do business in the state of Mississippi, or by a physician who:
   1. practices at least 20 hours per week providing direct patient care;
   2. holds an active unrestricted medical license ; and
   3. holds a certificate of registration for that pain management practice.

G. No physician owners or operators of a pain management practice, nor any physician, nor any physician assistant, nor any medical director, manager, or employee or any physician or physician assistant who provides care may:
   1. have been denied, by any jurisdiction, a certificate permitting the licensee to order, prescribe, dispense, administer, supply or sell a controlled substance or the other listed medications under definitions;
   2. have been issued, by any jurisdiction, a limited certificate to order, prescribe, dispense, administer, supply or sell a controlled substance or the other listed medications under definitions;
   3. have been denied a certificate issued by the Drug Enforcement Administration (DEA) permitting the licensee to order, prescribe, dispense, administer, supply or sell a controlled substance or the other listed medications under definitions;
   4. have been issued a limited certificate by the Drug Enforcement Administration (DEA) permitting the licensee to order, prescribe, dispense, administer, supply or sell a controlled substance or the other listed medications under definitions;
   5. 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 the other listed medications under definitions; or
   6. 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.

H. No physician or physician assistant may own, operate, or 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.

I. Training requirements for all physicians practicing in pain management medical practices. Effective July 1, 2014, all physician owners or operators or any physician who serves as medical director, manager, or employee or who provides care in pain management medical practice must meet the qualifications set forth in subsections (1) through (5) below. 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 inter-active 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 Category 1 CME for renewal of a pain management medical practice certificate.

a. CME must have emphasis in the specific areas of pain management, addiction, or prescribing of opiates.
b. CME may be included with the forty hour requirement for licensure renewal.
c. 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.

J. Physicians and physician assistants practicing in a registered pain management medical practice must be registered with the Mississippi Prescription Monitoring Program (MPMP). A report from the MPMP must be obtained on the initial visit for each patient. Subsequent reports must be obtained for each patient at every visit.

K. 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, with a physician who holds a license 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 pain management medical 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).

L. 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. This does not prohibit a MPHP participant from working in a pain practice.

M. Prior to the initial issuance of an opioid and/or benzodiazepine for the treatment of chronic non-cancer/non-terminal pain, each patient in a pain management practice must have an in-person evaluation by a registered pain management physician.

N. Certificates are valid for one year and must be renewed annually. There is a thirty-day grace period for renewal after which the owner or operator must reapply for an original certificate. The physician owner or operator of the practice must 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.
O. The Board has the authority to inspect a pain management medical practice. During such inspections, authorized representatives of the Board, who may be accompanied by investigators from state or federal law enforcement agencies, may inspect documents and medical records to ensure compliance with any applicable laws and rules.
P. 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 medical practice. The physician owner or operator 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 pain management medical practice demonstrates compliance with applicable rules and regulations.

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

Rule 1.15 Violation of Rules.

The prescribing, administering or dispensing of any controlled substance in violation of the above rules shall constitute the administering, dispensing or prescribing of any narcotic drug or other drug having addiction-forming or addiction-sustaining liability otherwise than in the course of legitimate professional practice, in violation of Mississippi Code, Section 73-25-29(3).

The prescribing, administering or dispensing of any legend drug or other medication in violation of the above rules constitutes unprofessional conduct, dishonorable or unethical conduct likely to deceive, defraud or harm the public, in violation of Miss. Code Ann., § 73-25-29(8)(d).

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

Rule 1.16 Effective Date of Rules.

The above rules pertaining to prescribing, administering and dispensing of medication shall become effective October 31, 1987; as amended November 1, 1990; as amended January 3, 1994; as amended September 10, 1995; as amended June 30, 1996; as amended March 18, 1999; as amended May 20, 1999; as amended February 17, 2001; as amended March 22, 2001; as amended July 15, 2004; as amended October 14, 2004; as amended November 8, 2007; as amended May 15, 2008; as amended March 13, 2009; as amended March 24, 2011; as amended September 17, 2012; as amended September 19, 2013; as amended May 22, 2014; as amended November 13, 2015; and as amended September 20, 2018, and effective October 29, 2018.

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

Part 2645 Chapter 1: Rules of Procedure

Rule 1.1 Scope. The following Rules of Procedure apply to all individuals licensed to practice medicine, osteopathic medicine and podiatric medicine in the state of Mississippi.

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

Rule 1.2 Definitions. For the purpose of Part 2645, Chapter 1 only, the following terms have the meanings indicated:

A. "Board" means the Mississippi State Board of Medical Licensure.
B. "Mississippi Medical Practice Act" means Sections 73-25-1, et seq., pertaining to licensure and discipline of individuals practicing medicine or osteopathic medicine, and Sections 73-27-1, et seq., pertaining to licensure and discipline of individuals practicing podiatric medicine, or any amendments or additions to said statutes which may hereinafter be made.
C. "Licensee" or "Physician" means any individual licensed to practice medicine, osteopathic medicine or podiatric medicine in the state of Mississippi.
D. "Respondent" means a physician against whom a disciplinary proceeding has been initiated.
E. "Complaint Counsel" means the attorney retained by the Board to prosecute physicians pursuant to the Mississippi Medical Practice Act.
F. "Executive Director" means the chief executive officer or other designee employed by the Board to run the day to day operations of the Board.

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

Rule 1.3 Complaint/Investigation. An investigation of alleged violation(s) of the Mississippi Medical Practice Act, Board rules, Board policy or applicable state or federal statutes or regulations may be initiated by the investigative staff of the Board either, (i) in response to a written complaint or adverse information duly received by the Board, or (ii) based on information independently developed by the investigative staff of the Board.

Upon receipt of information indicating a possible violation, the investigative staff with advice and consultation from the Board's Executive Director, shall make an initial determination as to whether the information justifies further investigation. A case may be dismissed without further investigation based on a determination of either, (i) lack of jurisdiction, or (ii) no violation of applicable policy, rule, regulation or statute.

During an investigation, the investigative staff may interview and take the statements of witnesses and licensees. During an interview of a licensee, the investigative staff shall inform the licensee of the nature and purpose for the investigation and, if requested, provide licensee with a copy of any written complaint provided, that if anonymity has been requested, all identifying data of the complainant shall be removed.

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

Rule 1.4 Initiation of Disciplinary Action. Upon conclusion of an investigation, the results shall be presented to the Board's Executive Director to determine if there is proper jurisdiction and violation of the Mississippi Medical Practice Act. The Board's Executive Director may then

authorize the issuance of a summons and affidavit, naming the accused licensee as a respondent in the proceedings.

A. The summons, signed by the Board's Executive Director, shall set forth:
    1. The style of the action.
    2. The name and address of the accused respondent.
    3. The address, date, and time at which the respondent is summoned to appear before the Board.
    4. The specific rules of the Mississippi Medical Practice Act which the respondent is charged with violating.
    5. The actions which the Board has the authority to take, including placing the physician on probation, the terms of which may be set by the Board, suspending his or her right to practice medicine for a time deemed proper by the Board, revoking his or her license, or taking any other action in relation to his or her license as the Board may deem proper under the circumstances.
B. The affidavit, signed by the investigating officer, shall set forth, in numbered paragraphs, a concise statement of the material facts and allegations to be proven, including:
    1. Facts giving rise to the Board's jurisdiction.
    2. Facts constituting legal cause for administrative action against the respondent.
    3. The statutory provisions alleged to have been violated by the respondent.

The summons and affidavit shall be delivered to the respondent, either through certified mail or by personal service.

The summons shall name a date for hearing not less than thirty (30) days or more than sixty (60) days from the date of the mailing or service of the summons.

The summons and affidavit shall bear the name, address, and telephone number of complaint counsel.

All pleadings, motions or other papers permitted or required to be filed with the Board in connection with a pending disciplinary proceeding shall be filed by personal delivery at or by mail to the office of the Board. A copy of all papers filed with the Board shall be delivered by certified mail or personally served on opposing counsel of record.

All pleadings, motions or other papers shall be submitted on plain white, letter size (8 ½" x 11") bond, with margins of at least one inch on all sides and text double spaced except as to quotations and other matter customarily single spaced; shall bear the style and caption of the case as it appears on the summons and shall include the certificate of the attorney or person making the filing that service of a copy of the same has been effected in the manner prescribed in the above paragraph.

The Board may refuse to accept for filing any pleading, motion or other paper not in conformity with the requirements of this rule.

Within fifteen (15) days of service of the summons and affidavit, or such longer time as the Board, on motion of the respondent may permit, the respondent shall answer the summons and affidavit, admitting or denying each of the separate allegations of fact and of law set forth

therein. Any matters admitted by the respondent shall be deemed proven and established for purposes of adjudication. Any matters or allegations not specifically denied are admitted for the purposes of the hearing. In the event that respondent does not file a response to the affidavit, all matters asserted therein shall be deemed admitted.

Any respondent may be represented before the Board by an attorney at law who (i) is admitted to practice in the state of Mississippi, or (ii) has been given express permission by the Board to appear on behalf of respondent.

Upon service of a summons and affidavit pursuant to the above, a respondent who is represented by legal counsel with respect to the proceeding shall personally or through such counsel, give written notice to the Board of the name, address and telephone number of such counsel. Following receipt of proper notice of representation, all further notices, affidavits, subpoenas, orders or other process related to the proceeding shall be served on respondent through the designated counsel of record.

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

Rule 1.5 Subpoenas. For the purpose of disciplinary hearings, the Board acting by and through its Executive Director, may subpoena persons and papers on its own behalf and on behalf of a respondent.

Before the Board shall issue on behalf of a respondent any subpoena for persons or papers, the respondent shall:

A. File with the Board a written request for the issuance of said subpoenas, identifying with certainty the identity and address of all individuals to be subpoenaed, along with a concise description of the records to be subpoenaed with the identity and address of the custodian of said records.
B. All requests for the issuance of subpoenas shall be filed with the Board sufficiently distant in time to allow for the preparation and mailing of said subpoenas at least fifteen (15) days before the scheduled hearing date. The Board shall not be responsible for the timely receipt of subpoenas issued after the aforementioned deadline.

All subpoenas issued by the Board either on its own behalf or on behalf of a respondent shall be affected by either personal service of process or certified mail.

Any subpoena issued by the Board shall be returnable within ten (10) days to either the Board or other location as specified in the subpoena.

No subpoena shall be issued for the purpose of discovery, the means and manner of discovery being set forth in Part 2645, Rule 1.6.

The Board shall charge a respondent a reasonable fee, not to exceed $25.00 per subpoena, for preparation and mailing of subpoenas.

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

Rule 1.6 Discovery.

A. Upon written request by a respondent or his or her counsel, complaint counsel of the Board shall disclose and permit respondent or his or her counsel to inspect, copy or

photograph the following information and material, which is in the possession, custody, or control of the Board, or the existence of which is known to the complaint counsel:

1. Names and addresses of all witnesses proposed to be called in complaint counsel's case in chief, together with a copy of the contents of any statement, written, recorded, or otherwise preserved, of each such witness.
2. Copy of any written or recorded statement of respondent and the substance of any oral statement made by the respondent.
3. Copy of any criminal record of a respondent, if proposed to be used.
4. Any written reports or statements of experts, if proposed to be offered as evidence in connection with the particular case.
5. All records, documents, physical evidence or photographs which may be offered as evidence in complaint counsel's case in chief.
6. Any exculpatory material concerning the respondent. The Board shall charge a respondent a reasonable fee, not to exceed 50 cents per copy, payable in advance of delivery of copied documents.

B. The Board may deny disclosure authorized by the preceding paragraph if it finds that there is a substantial risk to any person of physical harm, intimidation, bribery, economic reprisals, or unnecessary embarrassment, resulting from such disclosure, which outweighs any usefulness of the disclosure to respondent or his or her counsel.

C. Upon written request by complaint counsel, respondent or his or her counsel shall promptly disclose to complaint counsel and permit him or her to inspect, copy or photograph, the following information and material which is in the possession, custody, or control of respondent or his or her counsel, or the existence of which is known to respondent or his or her counsel:

1. Names and addresses of all witnesses proposed to be called in respondent's defense, together with a copy of the contents of any statement, written, recorded, or otherwise preserved, of each such witness.
2. All records, documents, physical evidence or photographs which may be offered as evidence in respondent's defense.
3. Any written reports or statements of experts, if proposed to be offered as evidence in connection with the particular case.

D. No depositions shall be taken in preparation for matters to be heard before the Mississippi State Board of Medical Licensure.

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

Rule 1.7 Amendment of Pleadings. The complaint counsel of the Board may amend a summons and affidavit after being duly served upon respondent at any time prior to the scheduled hearing date, provided, the amendment is for the purpose of correcting a clerical error or clarifying facts set forth in the affidavit. 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 date or by mutual agreement of the parties.

A respondent may amend his or her answer as a matter of course at any time before the answer is due. Otherwise, a respondent may amend his or her answer only by leave of the Board. Leave shall be freely given when justice so requires.

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

Rule 1.8 Pre-Hearing Motions. All pre-hearing motions shall be filed not later than fifteen (15) days prior to the scheduled hearing. Said motion shall be accompanied by a memorandum setting forth a succinct explanation of the grounds on which relief is sought. A motion may be accompanied by an affidavit as necessary to establish facts alleged in support of the motion.

Within ten (10) days of the filing of any motion, opposing counsel may file a memorandum in opposition to the initial motion.

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

Rule 1.9 Continuances. Hearings shall be held before the full Board at the time and place designated in the summons, unless a continuance is granted for just cause by the Board. A motion for a continuance must be filed with the Board at least fifteen (15) days prior to the scheduled hearing, or upon a showing of good cause, at any time prior to the hearing.

It must be recognized that the Board consists of nine (9) practicing physicians representing various regions of the state. Unlike the judiciary, Board members are not in the business of conducting hearings, therefore hearings will be held only during regularly scheduled meetings or other date established by order of the Board. Attorneys representing physicians should take this fact into consideration. A scheduled hearing may be continued if the respondent shows substantial, legitimate grounds for continuing the hearing, based on the balance of:

A. The right of respondent to a reasonable opportunity to prepare and present a defense.
B. The Board's responsibility to protect the public health, safety and welfare.

Where the counsel for respondent has a scheduling conflict on the initial hearing date, continuances will be liberally granted. However, respondent's counsel must submit written proof of the scheduling conflict. Thereafter, no further continuances will be granted based solely on scheduling conflicts.

So that counsel for the respondent and complaint counsel shall be able to adequately prepare for hearing, any motion for a continuance filed within the time limitations specified above, will be immediately considered by the Board's President, who shall have the authority to grant or deny said motion. If granted, the order will be presented to the Board at the scheduled hearing date at which time the order will be formally entered and the rescheduled hearing date set.

It is the responsibility of the respondent to make a prompt decision as to whether to appear before the Board "pro se" (without counsel) or retain counsel for this purpose. Unless due to extraordinary circumstances, the Board will not consider as a valid ground for continuance, the respondent's last minute decision to retain counsel.

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

Rule 1.10 Informal Settlement, Pre-Hearing Stipulations, Consent Orders.

A. All disciplinary proceedings initiated by the Board shall be brought to a final resolution through one of three means:
    1. Disciplinary hearings before the full Board.
    2. Acceptance by the Board of a mutually agreeable Consent Order in lieu of hearing.
    3. Dismissal of the case.
B. As to disciplinary proceedings duly noticed and docketed for hearing, counsel for respondent and complaint counsel may agree, or the Board's President may require, that

an Informal Settlement Conference be held for the purpose of possible resolution, simplifying the issues for hearing or promoting stipulations as to facts and proposed evidentiary offerings which will not be disputed at hearing.

C. The Informal Settlement Conference shall be conducted by respondent and/or his or her counsel and the complaint counsel and Executive Director. Other parties who may attend as necessary to assure fair and just outcomes while protecting public safety. Board members shall not participate in the Informal Settlement Conference, other than to approve a Consent Order as hereinafter provided.

D. Discovery or exchange of information may be accomplished during the Informal Settlement Conference.

E. The Informal Settlement Conference may result in:
   1. Dismissal of the case.
   2. Return of the case for further investigation.
   3. Preparation of a proposed Consent Order as a resolution of the matter.
   4. Proceed with the scheduled hearing.

F. Any action which the Board may take following a full disciplinary hearing may be taken in lieu thereof by Consent Order, duly executed by the respondent. Because of the lengthy dockets before the Board, Informal Settlement Conferences must be held in sufficient time to allow consummation of negotiations of a Consent Order at least ten (10) working days ***prior*** to the scheduled hearing date. After the terms of a Consent Order have been prepared, the Board's Executive Director shall have the authority to accept, reject or modify the terms of a Consent Order. When a mutually acceptable Consent Order has been accepted by the Board's Executive Director, it shall be binding on the Board, but not effective until full Board approval. Notwithstanding, it is still the responsibility of the respondent to personally appear before the Board on the scheduled hearing date to answer any questions which the Board may have prior to full Board approval.

G. If the parties to the Informal Settlement Conference are unable to reach a mutually agreeable Consent Order and the matter is to proceed to a full Board hearing, the parties ***shall*** agree in writing by stipulation, to the following:
   1. Any undisputed claims, facts, testimony, documents or issues.
   2. Evidence to be introduced without objection.
   3. An estimate of the time required for the hearing.

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

Rule 1.11 Formal Hearing.

A. At a disciplinary hearing, opportunity shall be given to complaint counsel and respondent to present evidence on all issues of fact and argument on all issues of law and policy involved, to call, examine, and cross-examine witnesses, and to offer and introduce documentary evidence and exhibits as may be required for full and true disclosure of the facts and disposition of the matter.

B. All testimony and other proceedings shall be recorded by a certified stenographer who shall be retained by the Board.

C. During the disciplinary hearing, the Board's President, acting as the presiding officer, or his or her designee, shall rule on all evidentiary questions, but in his or her discretion may consult with the entire panel in executive session. At such hearing, the Board may be

assisted by the Mississippi Attorney General, or his or her designee, who shall not have been involved in any way with the case otherwise. The Board's presiding officer may delegate ruling on procedural and evidentiary issues to the Attorney General or his or her designee.

D. In all disciplinary hearings before the Board, the record of the case shall include:
   1. The summons and affidavit issued.
   2. The Respondent's answer to the summons and affidavit.
   3. All pleadings, motions, and rulings issued.
   4. Evidence received or considered at the hearing.
   5. Offers of proof, objections, and rulings thereon.
   6. The Board's order or other disposition made by the Board.

E. Disciplinary hearings before the Board shall be conducted in the following order:
   1. Opening statements.
   2. Complaint counsel's case in chief.
   3. Respondent's case in chief.
   4. Complaint counsel's rebuttal.
   5. Closing statements.

F. Questioning of witnesses shall be conducted in the following order:
   1. Direct examination.
   2. Cross-examination.
   3. Redirect examination.

G. Upon conclusion of the hearing, the Board shall conduct its deliberations in Executive Session, outside the presence of the parties. The Board shall then render its Determination and Order, setting forth Findings of Fact, Conclusions of Law and Order. Although the Board's decision may be announced immediately following deliberations, the Board shall be provided adequate time for preparation of the written determination and order. A copy of such determination and order shall be sent by certified mail, or served personally upon the respondent. The decision of the Board revoking, suspending or otherwise disciplining respondent shall become final thirty (30) days after so mailed or served unless within said period the respondent appeals the decision to the Chancery Court, as provided by law.

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

Rule 1.12 Reinstatement of License. The procedural requirements enumerated above shall also apply to petition duly filed with the Board seeking reinstatement of a license pursuant to Section 73-25-32, Mississippi Code.

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

Rule 1.13 Effective Date of Rules. The above procedural rules shall become effective June 19, 1995.

The above Rules of Procedure are adopted by the Board to implement its authority to investigate alleged violations of the Mississippi Medical Practice Act, conduct hearings on disciplinary matters, and consider petitions for termination of probationary and suspended licenses and restoration of revoked licenses, all as enumerated in Section 73-43-11, Mississippi Code.

The above Rules of Procedure shall not be interpreted to alter or amend that which is otherwise provided by Mississippi statutory law.

Amended May 17, 2007.

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

Part 2645 Chapter 2: Preservation and Certification of Electronic Records

Rule 2.1 Scope. This regulation applies to all records that come into the Board's possession. The purpose of this regulation is to designate policies and practices for records management in the transition from paper-based to electronic record-keeping in order to facilitate use and admissibility of such records in Board proceedings.

This regulation shall not excuse compliance with any other lawful requirement for the preservation of records for periods longer than those prescribed in this regulation.

While this regulation does not serve to supersede any pre-existing rules concerning the use and admissibility of records, adherence may enhance validity and admissibility of such records into evidence.

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

Rule 2.2 Definitions. The following terms have the meanings indicated:

A. "Record" means information that is inscribed on a tangible medium or that is stored in an electronic or other medium.
B. "Board" means the Mississippi State Board of Medical Licensure.
C. "Custodian" means the person who creates, receives or maintains the records for use. Each custodian has the primary responsibility for ensuring the safety of the records, providing access to the records, and ensuring their authenticity.
D. "Data" means any material upon which written, drawn, spoken, visual, or electromagnetic information or images are recorded or preserved, regardless of physical form or characteristics.
E. "Database" means an electronically stored set of data, consisting of at least one file.
F. "Document" means a form of information. A document may be put into an electronic form and stored in a computer as one or more files. A document may be part of a database. Each document is saved as a uniquely named file.
G. "Electronic" means relating to technology as having electrical, digital, magnetic, wireless, optical, electromagnetic or similar capabilities.
H. "Electronic record" means a record created, generated, sent, communicated, received or stored by electronic means.
I. "Floppy disk" means a random access, removable magnetic data storage medium that can be used with computers.
J. "Source Document" means the original paper form of a document.

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

Rule 2.3 Electronic storage permitted. In addition to, or instead of, Source Documents in paper, records may be maintained and preserved for the required time by, among other formats:

A. Micrographic media, including microfilm, microfiche, or any similar medium; or
B. Electronic storage media, including any digital storage.

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

Rule 2.4 Designation of supervisory official. For the purposes of this regulation, the Executive Director of the Board shall be the Custodian of Board records. Notwithstanding, the Executive Director of the Board shall have the authority to designate separate Custodians for each division of the Board. Each custodian shall supervise the preservation or authorized destruction of records.

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

Rule 2.5 General requirements. The following procedures must be followed by the person who maintains records on behalf of the Board:

A. *Classification of records.* The custodian shall classify all documents that are electronically stored. Hash values, or unique numerical identifiers, shall be used as a distinguishing trait. Hash values shall be assigned consistently to a file or a group of files based on a standard algorithm.
B. *When Source Documents are placed in Electronic Storage.* The Source Document, if any, for electronically stored information may be place in electronic storage at any time when deemed necessary by the Board's executive director. Notwithstanding, no records which have been introduced into evidence before the Board in a licensure or other administrative hearing shall be placed in electronic format if the actions of the Board are still pending, subject to an appeal or other court action.
C. *Time for destruction of Source Documents.* The Source Document, if any, for electronically stored information may be destroyed after a period of six months, but until such time, must be separately stored. Prior to destruction of any records, the Board Executive Director shall determine that the records have no legal or administrative value.
D. *Access.* Access to electronic storage media shall be limited to properly authorized personnel.
E. *Protection from information loss.* The electronically stored information shall be protected against information loss by backup and recovery. The use of floppy disks or other forms of magnetic media not specifically designed for the purpose of long term storage shall be avoided.
F. *Protection from damage.* Provide reasonable protection from damage by fire, flood, and other hazards for records. Safeguard records from unnecessary exposure to deterioration from excessive humidity, dryness, or lack of proper ventilation.
G. *Index of records.* The electronically stored copies shall be indexed and maintained for ready reference and inspection.
H. *Maintenance of Records.* Regular copying, reformatting, and other necessary maintenance shall be performed to ensure the retention of electronic records.
I. *Retrieval.* Utilize a formal and timely retrieval process to permit standardized retrieval.
J. *Reproduction.* Any reproduction of a non-electronic original record on electronic storage media shall be complete, true, and legible.

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

Rule 2.6 Authenticating Electronic Evidence in Board Proceedings.

A. *Self-Authentication*. Evidence of authenticity is not required for admissibility in any hearing or other matter before the Board, provided the evidence is either (i) an original or (ii) an electronic reproduction of the original as maintained by the Board.

B. *Method to self-authenticate*. To be self-authenticating, the record must be accompanied by a written declaration of the designated custodian as provided herein, certifying that the electronic record (i) was made in the normal course and scope of Board business and (ii) by a person with knowledge of those matters. The proponent must show that the custodian of the records is not only familiar with the maintenance of the records, but also with how they are created.

Adopted May 16, 2013. Amended May 18, 2017.

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

Part 2650 Administrative Rules

Part 2650 Chapter 1: Administrative Rules

Rule 1.1 Method of Operation. Scope

This regulation is promulgated pursuant to Mississippi Code, Section 25-43-2.104 of the Mississippi Administrative Procedures Law.

Description of the Mississippi State Board of Medical Licensure

A. Reference is made to Title 73, Chapter 43 of the Mississippi Code, which establishes the Mississippi State Board of Medical Licensure ("the Board") and sets forth its composition, general powers and duties. Further reference is made to the following additional provisions of Mississippi law:
   1. Title 73, Chapter 25, which sets forth the Board's specific powers and duties in relation to licensure and discipline of physicians and osteopaths.
   2. Title 73, Chapter 26, which sets forth the Board's specific powers and duties in relation to licensure and regulation of physician assistants.
   3. Title 73, Chapter 27, which sets forth the Board's specific powers and duties in relation to licensure and discipline of podiatrists.
   4. Title 41, Chapter 58, which sets forth the Board's specific powers and duties in relation to licensure and regulation of radiologist technicians and assistants.
   5. Title 41, Chapter 29, which sets forth the Board's specific powers and duties in relation to investigations of potential violations of the Mississippi Controlled Substance Laws.
B. Rules adopted by the Board pursuant to the various authorities cited above are referred to as the Rules and Regulations of the Mississippi State Board of Medical Licensure. Pursuant to Mississippi Code, Section 73-43-13, the Board employs an Executive Director. The Board's staff is organized into two (2) divisions: Licensure, which addresses matters related to the licensure of physicians, osteopaths, physician assistants, podiatrists, and radiologist technicians and assistants; and, Investigations, which investigates matters or allegations related to the potential violation of any state statute or regulation under the Board's jurisdiction.

Where and How to Obtain Public Information

The text of all Board rules, as well as information regarding pending rules, schedules of meetings and the like may be obtained by visiting the Board's website at www.msbml.ms.gov. Requests for Declaratory Opinions may be made pursuant to Part 2650, Rule 1.3. Otherwise, requests for information may be made pursuant to and in accordance with the Mississippi Open Records Act by submitting written request to the Board's current mailing address.

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

Rule 1.2 Oral Proceedings on Proposed Rules.

A. Scope

This rule applies to all oral proceedings held for the purpose of providing the public with an opportunity to make oral presentations on proposed new rules and amendments to rules before the Mississippi State Board of Medical Licensure ("the Board") pursuant to Mississippi Code, Section 25-43-3.104.

B. When Oral Proceedings Will Be Scheduled on Proposed Rules

The Board will conduct an oral proceeding on a proposed rule or amendment if requested by a political subdivision and agency or ten (10) persons in writing within twenty (20) days after the filing of the notice of the proposed rule. The Board may also schedule an oral proceeding on a proposed rule on its own motion.

C. Request Format

Each request must be printed or typewritten, or must be in legible handwriting. Each request must be submitted on standard business letter-size paper (8 ½" by 11"). Requests may be in the form of a letter addressed to the Board and signed by the requestor(s).

D. Notification of Oral Proceeding

The date, time and place of all oral proceedings shall be filed with the Secretary of State's office and mailed to each requestor. The oral proceedings will be scheduled no earlier than twenty (20) days from the filing of this information with the Secretary of State.

E. Presiding Officer

The President of the Board shall preside at the oral proceeding on a proposed rule.

F. Public Presentations and Participation

1. At an oral proceeding on a proposed rule, persons may make oral statements and make documentary and physical submissions, which may include data, views, comments or arguments concerning the proposed rule.
2. Persons wishing to make oral presentations at such a proceeding shall notify the Board at least one business day prior to the proceeding and indicate the general subject of their presentation. For good cause shown, the presiding officer in his or her discretion may allow individuals to participate that have not previously contacted the Board.
3. At the proceeding, all those who participate shall indicate their names and addresses, identify any persons or organizations they may represent, and provide any other information relating to their participation deemed appropriate by the presiding officer.
4. The presiding officer may place time limitations on individual oral presentations when necessary to assure the orderly and expeditious conduct of the oral proceeding. To encourage joint oral presentations and to avoid repetition, additional time may be provided for persons whose presentations represent the views of other individuals as well as their own views.
5. Persons making oral presentations are encouraged to avoid restating matters that have already been submitted in writing.
6. There shall be no interruption of a participant who has been given the floor by the presiding officer, except that the presiding officer may in his or her discretion (i) recognize Board members for questions of the participant, or (ii) interrupt or end the participant's time where the orderly conduct of the proceeding so requires. Should the presiding officer recognize a member of the Board for questions during the participant's presentation, additional time will be afforded the participant in making his or her presentation.

G. Conduct of Oral Proceeding

1. Presiding Officer

   The presiding officer shall have the authority to conduct the proceeding in his or her discretion for the orderly conduct of the proceeding. The presiding officer shall:

   i. Call the proceeding to order.
   ii. Give a brief synopsis of the proposed rule, a statement of the statutory authority for the proposed rule, and the reasons provided by the Board for the proposed rule.
   iii. Call on those individuals who have contacted the Board about speaking on or against the proposed rule.
   iv. Recognize Board members for questions of any participant during their presentation.
   v. Allow for rebuttal statements following all participants' comments.
   vi. Adjourn the proceeding.

2. Physical and Documentary Submissions

   Submission presented by participants in an oral proceeding shall be submitted to the presiding officer. Such submissions become the property of the Board and become subject to the Open Records Act.

3. Recording

   The Board will record oral proceedings by stenographic means.

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

Rule 1.3 Declaratory Opinions.

A. Scope

   This regulation sets forth the rules of the Mississippi State Board of Medical Licensure ("the Board") governing the form and content of requests for declaratory opinions, and the Board's procedures regarding such requests, as required by Mississippi Code, Section 25-43-2.103. This regulation is intended to supplement and be read in conjunction with the provisions of the Mississippi Administrative Procedures Law, and may contain additional information regarding the issuance of declaratory opinions. In the event of any conflict between this rule and the Mississippi Administrative Procedures Law, the latter will control.

B. Persons Who May Request Declaratory Opinions

   Any person with a substantial interest in the subject matter may request a declaratory opinion from the Board by following the procedures set forth in this rule. For purposes of this rule, "substantial interest in the subject matter" means the individual, business, group or other entity making the request is directly affected by the Board's administration of the laws, rules within its jurisdiction. To be a substantial interest, the interest affected by the statute, rule or regulation must be different from the interest of the general public in that same statute, rule or regulation.

C. Subjects Which May Be Addressed in Declaratory Opinions

   The Board will issue declaratory opinions regarding the applicability to specified facts of: (i) a statute administered or enforced by the Board; or (ii) a rule or regulation promulgated by the Board.

D. Written Request Required

Each request must be printed or typewritten, or must be in legible handwriting. Each request must be submitted on standard business letter-size paper (8 ½" by 11"). Requests may be in the form of a letter addressed to the Board. No oral, telephone or e-mail requests for declaratory opinions will be accepted.

E. Where to Send Requests

All requests must be mailed, hand-delivered or transmitted via facsimile to the Board's current mailing address or current facsimile number.

F. Question Presented

Each request shall contain the following:

1. A full, complete and accurate statement of all relevant facts on which the opinion is requested, presented in a clear and concise manner.
2. A citation to the statute, rule or regulation at issue.
3. The question(s) sought to be answered in the opinion, stated clearly.
4. A suggested proposed opinion from the requestor, stating the answers desired by the petitioner and a summary of the reasons in support of those answers.
5. The identity of all other persons known to the requestor who may be involved in or impacted by the described factual situation, including the relationship of each to the facts, name, mailing address and phone number.
6. A statement that the person seeking the opinion has a substantial interest in the subject matter, and sufficient information to support that statement.

G. Name, Address and Signature of Requestor

Each request must include the full name, telephone number and mailing address of the requestor. All requests must be signed by the person filing the request, who shall attest that the request complies with the requirements set forth in this regulation.

H. Circumstances in Which Declaratory Opinions Will Not Be Issued

The Board may, for good cause, refuse to issue a declaratory opinion. The circumstances in which declaratory opinions will not be issued include, but are not limited to:

1. The request is not made with sufficient clarity to facilitate the rendering of a declaratory opinion, or the request does not provide a complete or accurate statement of all relevant facts.
2. There exists pending or anticipated litigation, or a pending administrative or disciplinary action, or other adjudication, which has as its subject the precise question presented to the Board for declaratory opinion, the conclusion of which will resolve the question.
3. The statute or rule on which a declaratory opinion is sought is clear and not in need of interpretation to answer the question presented by the request.
4. The facts presented in the request are not sufficient to answer the question presented.
5. The request fails to contain information required by this regulation or the requestor failed to follow the procedures established by this regulation.
6. The request seeks to resolve issues which have become moot, or are abstract or hypothetical such that the requestor is not substantially affected by the statute, rule or regulation on which a declaratory opinion is sought.
7. The facts, whether existing or anticipated, do not support that the requestor will be substantially affected by the application of the statute, rule or regulation.
8. The question presented by the request concerns the legal validity of a statute, rule or regulation.

9. The request is not based upon facts calculated to assist the requestor in the planning of future conduct, but is instead based on past conduct of the requestor in an attempt to determine the effect of the statute, rule or regulation on that past conduct.
10. No clear answer is determinable.
11. The question presented by the request may involve the application of a criminal statute or presents a set of facts which may constitute a crime.
12. The answer to the question presented would require the disclosure of information which is privileged or otherwise protected by law from disclosure.
13. The question is currently the subject of an Attorney General's opinion request or has been answered by an Attorney General's opinion.
14. A similar request is pending before the Board or any other agency or a proceeding is pending on the same subject matter before any agency, administrative or judicial tribunal, or where such an opinion would constitute the unauthorized practice of law.
15. Where issuance of a declaratory opinion may adversely affect the interests of the state of Mississippi, the Board or any of their officers or employees in any litigation which is pending or may reasonably be expected to arise.
16. The question involves eligibility for a license, permit, certificate or other approval by the Board or some other agency, and there is a statutory or regulatory application process by which eligibility for said license, permit, certificate or other approval would be determined.

I. Time for Board's Response

Within forty-five (45) days after the receipt of a request for a declaratory opinion which complies with the requirements of this regulation, the Board shall, in writing:

1. Issue a declaratory opinion regarding the specific statute, rule or regulation as applied to specific facts presented in the request.
2. Decline to issue a declaratory opinion, stating the reasons for its action.
3. Agree to issue a declaratory opinion by a specific time not later than ninety (90) days after receipt of the written request.

The forty-five (45) day period shall begin running on the first regular business day after the request is received by the Board, excluding legal holidays and weekends.

J. Effective Date of Declaratory Opinions

A declaratory opinion shall not become final until the expiration of sixty (60) days after its issuance. Prior to the expiration of sixty (60) days, the Board may, in its discretion, withdraw or amend the declaratory opinion for any reason which is not arbitrary or capricious. Reasons for withdrawing or amending an opinion include, but are not limited to, a determination that the request failed to meet the requirements of these rules or that the opinion issued contains a legal or factual error.

K. Notice to Third Parties

The Board may give notice to any person, agency or entity that a declaratory opinion has been requested and may receive and consider data, facts, arguments and opinions from individuals, agencies or entities other than the requestor.

L. Public Availability of Requests and Declaratory Opinions

Declaratory opinions and requests for declaratory opinions shall be available for public inspection and copying in accordance with the Mississippi Public Records Act. All declaratory opinions and requests shall be indexed by name of requestor and subject. Declaratory opinions and requests which contain information which is confidential or

exempt from disclosure under the Mississippi Public Records Act or other laws shall be exempt from this requirement and shall remain confidential.

M. Effect of a Declaratory Opinion

The Board will not pursue any civil, criminal or administrative action against a person who issued a declaratory opinion from the Board and who, in good faith, follows the direction of the opinion and acts in accordance therewith unless a court of competent jurisdiction holds that the opinion is manifestly wrong. Any declaratory opinion rendered by the Board shall be binding only on the Board and the person to whom an opinion is issued. No declaratory opinion will be used as a precedent for any other transaction or occurrence beyond that set forth by the requesting person.

Adopted November 9, 2006.

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

Part 2650 Chapter 2: Public Records

Rule 2.1 Authority and purpose. "It is the policy of the Legislature that public records must be available for inspection by any person unless otherwise provided by this act. Furthermore, providing access to public records is a duty of each public body and automation of public records must not erode the right of access to those records." Section 25-61-1, Miss. Code of 1972.

"[A]ll public records are hereby declared to be public property, and any person shall have the right to inspect, copy or mechanically reproduce or obtain a reproduction of any public record of a public body in accordance with reasonable written procedures adopted by the public body concerning the cost, time, place and method of access, and public notice of the procedures shall be given by the public body." Section 25-61-5, Miss. Code of 1972.

The act defines "public record" to include "all books, records, papers, accounts, letters, maps, photographs, films, cards, tapes, recordings or reproductions thereof, and any other documentary materials, regardless of physical form or characteristics, having been used, being in use, or prepared, possessed or retained for use in the conduct, transaction or performance of any business, transaction, work, duty or function of any public body, or required to be maintained by any public body." Section 25-61-3(b).

The purpose of these rules is to establish the procedures the Board of Medical Licensure will follow in order to provide full access to public records. These rules provide information to persons wishing to request access to public records of the Board of Medical Licensure and establish processes for both requestors and the Board of Medical Licensure staff that are designed to best assist members of the public in obtaining such access.

The purpose of the act is to provide the public full access to public records concerning the conduct of government. These rules will be interpreted in favor of disclosure. In carrying out its responsibilities under the act, the Board of Medical Licensure will be guided by the provisions of the act describing its purposes and interpretation.

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

Rule 2.2 Public body description--Contact information--Public records officer.

(1) The Board of Medical Licensure is a regulatory agency that licenses and regulates the practice of medical, osteopathic and podiatric physicians, as well as physician assistants, radiologist assistants, acupuncturists and limited x-ray machine operators. The Board's central office is located at 1867 Crane Ridge Drive, Suite 200-B, Jackson, MS 39216.

(2) Any person wishing to request access to public records of the Board, or seeking assistance in making such a request should contact the public records officer of the Board:

Public Records Officer
Mississippi State Board of Medical Licensure
1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216
(601) 987-3079
(601) 987-4159 (facsimile)
mboard@msbml.ms.gov

Information is also available at the Board's web site at www.msbml.ms.gov.

(3) The public records officer will oversee compliance with the act and these rules, but another Board staff member may process the request. Therefore, these rules will refer to the public records officer or "designee." The public records officer or designee and the Board will provide the fullest assistance to requestors; ensure that public records are protected from damage or disorganization; and prevent fulfilling public records requests from causing excessive interference with essential functions of the Board.

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

Rule 2.3 Availability of public records.

(1) *Hours for inspection of records*. Public records are available for inspection and copying during normal business hours of the Board, Monday through Friday, 8:00 a.m. to 5:00 p.m., excluding legal holidays. Records must be inspected at the offices of the Board. The time, place and manner of inspection and copying of records will not be allowed to interfere with other essential duties of the Board.

(2) *Organization of records*. The Board will maintain its records in a reasonably organized manner. The Board will take reasonable actions to protect records from damage and disorganization. A requestor shall not take Board records from Board offices. A variety of records is available on the Board's web site at www.msbml.ms.gov. Requestors are encouraged to view the documents available on the web site prior to submitting a records request.

(3) *Making a request for public records*.

(a) Any person wishing to inspect or copy public records of the Board should make the request in writing on the Board's request form, or by letter, fax, or e-mail addressed to the public records officer and including the following information:

Name of requestor;
Address of requestor;
Other contact information, including telephone number and any e-mail address;
Identification of the public records adequate for the public records officer or designee to locate the records; and
The date and time of day of the request.

(b) If the requestor wishes to have copies of the records made instead of simply inspecting them, he or she should so indicate and make arrangements to pay for copies of the records or a deposit. Pursuant to Rule 2.8 of this policy, standard photocopies will be provided at fifteen (15) cents per page.
(c) A form is available for use by requestors at the office of the public records officer and on-line at www.msbml.ms.gov.

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

Rule 2.4. Processing of public records requests – General.
(1) *Providing access***.** The Board acknowledges that "providing access to public records is a duty" and that "any person shall have the right to inspect, copy or mechanically reproduce or obtain a reproduction of any public record" in accordance with these policies. Sections 25-61-1 and 25-61-5. The public records officer or designee will process requests in the order allowing the most requests to be processed in the most efficient manner.
(2) *Acknowledging receipt of request***.** Within five business days of receipt of the request, the public records officer will do one or more of the following:

(a) Make the records available for inspection or copying;
(b) If copies are requested and payment of a deposit for the copies, if any, is made or terms of payment are agreed upon, send the copies to the requestor;
(c) Provide a reasonable estimate of when records will be available; or
(d) If the request is unclear or does not sufficiently identify the requested records, request clarification from the requestor. Such clarification may be requested and provided by telephone. The public records officer or designee may revise the estimate of when records will be available; or
(e) Deny the request, stating the reason for the denial in writing.

(3) *Consequences of failure to respond***.** If the Board does not respond in writing within five business days of receipt of the request for disclosure, the requestor should consider contacting the public records officer to determine the reason for the failure to respond.
(4) *Records exempt from disclosure***.** Some records are exempt from disclosure, in whole or in part. If the Board believes that a record is exempt from disclosure and should be withheld, the public records officer will deny the request in writing as set out in Rule 2.4 (2)(d) above, stating the specific exemption. If only a portion of a record is exempt from disclosure, but the remainder is not exempt, the public records officer will redact the exempt portions, provide the nonexempt portions, and indicate to the requestor why portions of the record are being redacted.
(5) *Inspection of records***.**
(a) Consistent with other demands, the Board shall promptly provide space to inspect public records. No member of the public may remove a document from the viewing area or disassemble or alter any document. The requestor shall indicate which documents he or she wishes the public body to copy.
(b) The requestor must claim or review the assembled records within thirty days of the Board's notification to him or her that the records are available for inspection or copying. The public body will notify the requestor in writing of this requirement and inform the requestor that he or she should contact the public body to make arrangements to claim or review the records. If the requestor or a representative of the requestor fails to claim or review the records within the thirty-day period or make other arrangements, the Board may close the request and refile the

assembled records. Other public records requests can be processed ahead of a subsequent request by the same person for the same or almost identical records, which can be processed as a new request.

(6) *Providing copies of records***.** After inspection is complete, the public records officer or designee shall make the requested copies or arrange for copying.

(7) *Providing records in installments***.** When the request is for a large number of records, the public records officer or designee will provide access for inspection and copying in installments, if he or she reasonably determines that it would be practical to provide the records in that way. If, within thirty days, the requestor fails to inspect the entire set of records or one or more of the installments, the public records officer or designee may stop searching for the remaining records and close the request.

(8) *Completion of inspection***.** When the inspection of the requested records is complete and all requested copies are provided, the public records officer or designee will indicate that the Board has completed a diligent search for the requested records and made any located nonexempt records available for inspection.

(9) *Closing withdrawn or abandoned request***.** When the requestor either withdraws the request or fails to fulfill his or her obligations to inspect the records or pay the deposit or final payment for the requested copies, the public records officer will close the request and indicate to the requestor that the Board has closed the request.

(10) *Later discovered documents***.** If, after the Board has informed the requestor that it has provided all available records, the Board becomes aware of additional responsive documents existing at the time of the request, it will promptly inform the requestor of the additional documents and provide them on an expedited basis.

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

Rule 2.5 Processing of public records requests – Electronic records.

(1) *Requesting electronic records***.** The process for requesting electronic public records is the same as for requesting paper public records.

(2) *Providing electronic records***.** When a requestor requests records in an electronic format, the public records officer will provide the nonexempt records or portions of such records that are reasonably locatable in an electronic format that is used by the public body and is generally commercially available, or in a format that is reasonably translatable from the format in which the public body keeps the record. Costs for providing electronic records are governed by Rule 2.8.

(3) *Customized access to data bases***.** With the consent of the requestor, the Board may provide customized access if the record is not reasonably locatable or not reasonably translatable into the format requested. The Board may charge the actual cost for such customized access.

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

Rule 2.6 Exemptions. The Public Records Act, as well as other statues and court decisions, provide that a number of types of documents are exempt from public inspection and copying. In addition, other statutes or rules of law, such as various privacy restrictions, may prohibit disclosure. Requestors should be aware of the following exemptions, outside the Public Records Act, that restrict the availability of some documents held by the Board for inspection and copying:

Academic records exempt from public access, see § 37-11-51.
Appraisal records exempt from access, see § 31-1-27.
Archaeological records exempt from public access, see § 39-7-41.
Attorney work product, examination, exemption, see § 25-1-102.
Birth Defects Registry, see § 41-21-205.
Bureau of vital statistics, access to records, see § 41-57-2.
Charitable organizations, registration information, exemption from public access, see § 79-11-527.
Concealed pistols or revolvers, licenses to carry, records, exemption, see § 45-9-101.
Confidentiality, ambulatory surgical facilities, see § 41-75-19.
Defendants likely to flee or physically harm themselves or others, see § 41- 32-7.
Environmental self-evaluation reports, public records act, exemption, see § 49-2-71.
Hospital records, Mississippi Public Records Act exemption, see § 41-9-68.
Individual tax records in possession of public body, exemption from public access requirements, see § 27-3-77.
Insurance and insurance companies, risk based capital level requirements, reports, see § 83-5-415.
Judicial records, public access, exemption, see § 9-1-38.
Jury records exempt from public records provisions, see § 13-5-97.
Licensure application and examination records. exemption from Public Records Act, see § 73-52-1.
Medical examiner, records and reports, see § 41-61-63.
Personnel files exempt from examination, see § 25-1-100.
Public records and trade secrets, proprietary commercial and financial information, exemption from public access, see § 79-23-1.
Workers' compensation, access to records, see § 71-3-66.
Records subject to privilege, such as Attorney/Client, Physician/Patient, etc.

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

Rule 2.7 Third Party Information. When any person files or submits documents with the Board which the filer contends are exempt from disclosure under the Public Records Act, the filer shall provide a written statement at the time of filing which shall describe the documents filed and which shall fully explain why the documents are designated as exempt from disclosure and must specifically cite any statute or other legal authority in support of such designation. Such written statement shall itself be a public record subject to disclosure.

Any document filed with the Board which contains trade secrets or confidential commercial or financial information subject to the protection of any applicable law or court decision shall be clearly designated as such by the filer on its face and accompanying cover letter at the time of filing and shall be placed in an envelope other than white. Each page of each document shall be marked confidential. Upon request to inspect or copy any document so designated, the Board shall notify the person who filed the document. Thirty (30) days after such notice, the document will be made available for public inspection or copying unless the filer shall have obtained a court order protecting such records as confidential pursuant to Section 25-61-9, Miss. Code of

1972.

Any person filing documents with the Board shall, prior to filing, redact from the documents any social security numbers, account numbers or dates of birth not required to be listed. The Board shall determine on a case-by-case basis whether similar information may be redacted by the filer to prevent identity theft. In no event will the Board bear any responsibility for a filer's failure to redact such information which leads to or may lead to identity theft or other crime or loss.

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

Rule 2.8 Costs of providing public records.

(1) *Costs for paper copies***.** Section 25-61-7(1), Miss. Code of 1972, reads as follows: "Except as provided in subsection (2) of this section, each public body may establish and collect fees reasonably calculated to reimburse it for, and in no case to exceed, the actual cost of searching, reviewing and/or duplicating and, if applicable, mailing copies of public records."
A requestor may obtain standard black and white photocopies for fifteen (15) cents per page and color copies for twenty-five (25) cents per page.
Before the Board begins to make the copies, the requestor must pre-pay all reasonably estimated costs of copying all the records selected by the requestor. The public records officer or designee may also require the payment of the remainder of the copying costs before providing all the records in an installment before providing that installment.
(2) *Costs for electronic records***.** The cost of electronic copies of records shall be ten (10) dollars for information on a CD-ROM. The cost of scanning existing MSBML paper or other non-electronic records is ten (10) cents per page. There will be no charge for e-mailing electronic records to a requestor, unless another cost applies such as a scanning fee or system costs allowed under Section 25-61-7(2), Miss. Code of 1972.
(3) *Costs of mailing***.** The Board may also charge actual costs of mailing, including the cost of the shipping container.
(4) *Payment.* Payment may be made by cash, check, or money order to the Board.
(5) *Charges for searching, reviewing and redacting***.** The actual cost of searching for and reviewing and, if necessary, redacting exempt information from public records shall be based upon the hourly rate of compensation for the lowest paid agency employee qualified to perform the task, which shall be multiplied by the actual time to complete the task.
(6) The Board may require payment in advance for all costs before providing copies or access to records.

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

Rule 2.9 Review of denials of public records.

(1) *Petition for internal administrative review of denial of access.* Any person who objects to the initial denial or partial denial of a records request may petition in writing (including e-mail) to the public records officer for a review of that decision. The petition must include a copy of or reasonably identify the written statement by the public records officer or designee denying the request.
(2) *Consideration of petition for review***.** The public records officer must promptly provide the

petition and any other relevant information to the Board's Executive Director. The Executive Director will immediately consider the petition and either affirm or reverse the denial within two business days following the Board's receipt of the petition, or within such other time as the Board and the requestor mutually agree to.

(3) *Review by the Ethics Commission***.** Pursuant to Section 25-61-13, if the Board denies a requestor access to public records, the requestor may ask the Ethics Commission to review the matter. The Ethics Commission has adopted rules on such requests. They may be found at www.ethics.state.ms.us.

(4) *Judicial review***.** Any person whose request for public records was denied may institute a suit in the chancery court of Hinds County, seeking to reverse the denial, as set forth in Section 25-61-13.

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

Adopted March 19, 2015.

For Office Use Only	
Date Received	Reviewed By

APPENDIX A

OFFICE BASED SURGERY REGISTRATION FORM

(For Levels II and III only)

PLEASE PRINT IN INK OR TYPE

Name:			
Last	First	Middle	MS License Number

Indicate how credentialed: _____ Board certification _____ Alternative credentialing

Explain:

Primary surgical practice location	Surgical Level(s) (II and/or III)
List **physical address** of all locations 1 .	
2.	
3.	

List procedures to be performed in office:

_ and procedures may be listed on a separate page.)

_____ _____

Signature Date

RETURN BY MAIL TO:

Mississippi State Board of Medical Licensure

1867 Crane Ridge Drive, Suite 200-B

APPENDIX B

SURGICAL EVENT REPORT FORM

NOTE: Part 2635, Chapter2 of Administrative Code of the Mississippi State Board of Medical Licensure requires surgeons to report any surgical event to the Board within 15 days of the event. A "surgical event" is recognized as a potentially harmful or life threatening episode related to either the anesthetic or the surgery. Any "surgical event" in the immediate perioperative period that must be reported are those which are life-threatening, require special treatment, or require hospitalization, including, but not limited to the following: (1) serious cardiopulmonary or anesthetic events; (2) major anesthetic or surgical complications; (3) temporary or permanent disability; (4) coma; or (5) death.

Date:	Time:
Name and Title of Person Filing Report:	

Provider Information

Name of Physician:_____ MS License #:

Specialty:_____ Board Certified? Yes ☐ No ☐

Phone: ( )_____

Address:

Event (Refer to patient by file number only) Patient File Number:

DO NOT SEND PATIENT MEDICAL RECORDS

Age of Patient:_____ Sex: Male ☐ Female ☐

Name/Nature of Procedure(s):

sia/Analgesia (include dosage): _____

Nature of Surgical Event (e.g., anaphylaxis, syncope, infection, rash, etc.):

ent for Event:

Patient Outcome/Disposition: Hospitalized? Yes ☐ No ☐

(Additional information may be given on a separate page.)

RETURN BY MAIL TO:

APPENDIX C

ADMINISTRATION/DISPENSATION LOG AND PERPETUAL INVENTORY–SAMPLE

Demerol 50mg/ml Inj. (1ml)

Drug Name and Strength (One drug per page)

Physician Name: Dr. Doolittle

Patient Name or Drug Company and Invoice Number	Patient Address	Date Dispensed/ Order Rec.	Amount Admin./ Dispensed	Amount Ordered & Received	Total On Hand	Comments/method of Disp. IV / IM / PO	Initials
XYZ Drug Company	**Invoice #00001**	**12/1/00**	**N/A**	**5**		**Initial Inventory of Stock on hand BOB or COB(Beginning of Business or Close of Business)**	**CM**
John Doe	**112 Shady Lane, Jackson MS**	**02/05/01**	**50mg**	**N/A**	**4**		**CM**
Jane Roe	**43 Easy Street, Jackson MS**	**03/07/01**	**50mg**	**N/A**	**3**		**CM**
Mo Joe	**1004 Foraker Ave., Pearl MS**	**05/09/01**	**50mg**	**N/A**	**2**		**JW**

Page _____ of _____

SAMPLE

APPENDIX D

ADMINISTRATION/DISPENSATION LOG AND PERPETUAL INVENTORY

_____

Drug Name and Strength (One drug per page)

Physician Name:

Patient Name or Drug Company and Invoice Number	**Patient Address**	**Date Dispensed/ Order Rec.**	**Amount Admin./ Dispensed**	**Amount Ordered & Received**	**Total On Hand**	**Comments/method of Disp. IV / IM / PO**	**Initials**
						Initial Inventory of Stock on hand	

Page _____ of _____

APPENDIX E

PAIN MANAGEMENT CLINIC REGISTRATION

PAIN MANAGEMENT CLINIC INFORMATION (PLEASE PRINT)		
Clinic Name:		
Address (No PO Box):		
City:	*State:*	*Zip:*
Office Phone Number:	*Tax ID Number:*	
Hours of Clinic Operation: *(ex: M-F 8-5, or 40 hrs a week)*	*Clinic Certification No.:*	

PRIMARY PHYSICIAN OWNER INFORMATION (PLEASE PRINT) ***Provide documentation of proof of ownership***						
Last Name:	*First Name:*	*Mid:*		*M.D.*		*D.O.*
Phone Number:	*Medical License Number:*					
DEA Controlled Substance Registration Number:	*Number of hours physician owner will be on site at clinic per week:*					

Do you currently hold an active, unrestricted medical license in Mississippi? *If the answer to this question is "no", you are not currently eligible to own and operate a pain management clinic.*	☐ *Yes* ☐ *No*
Are all the owners of the pain management clinic physicians?	☐ *Yes* ☐ *No*
Have you, any co-owner, current employee or person with whom you contract services ever:	
been denied, by any jurisdiction, a license issued by the Drug Enforcement Administration (DEA) under which the person may prescribe, dispense, administer, supply or sell a controlled substance or other listed medications under definitions?	☐ *Yes* ☐ *No*
held a license 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?	☐ *Yes* ☐ *No*
been subject to disciplinary action by any licensing entity for conduct that was a result of inappropriately prescribing, dispensing, administering, supplying or selling a controlled substance?	☐ *Yes* ☐ *No*

If the answer to any of the above questions is "yes", you are not currently eligible to own and operate a pain management clinic.

Have you, or any co-owner, ever been convicted of, pled nolo contendere to, or received deferred adjudication for:

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

Pain Management Clinic Registration

PHYSICIAN AND NON-PHYSICIAN INFORMATION (PLEASE PRINT) List All Physicians who may be Physician Partner/Owner Physician Treating Patients Include any Non-Physician Owner									
Last	First	Middle Name	Circle one						
			M.D.	D.O.	D.P.M.	P.A.	L.Ac.	N.P.	Non-physician
Non-Physician Social Security Number:					Non-Physician Date of Birth:				
Phone Number:			Medical License Number:						
DEA Controlled Substance Registration Number:			Number of hours physician owner will be on site at clinic per week:						
Last	First	Middle Name	Circle one						
			M.D.	D.O.	D.P.M.	P.A.	L.Ac.	N.P.	Non-physician
Non-Physician Social Security Number:					Non-Physician Date of Birth:				
Phone Number:			Medical License Number:						
DEA Controlled Substance Registration Number:			Number of hours physician owner will be on site at clinic per week:						
Last	First	Middle Name	Circle one						
			M.D.	D.O.	D.P.M.	P.A.	L.Ac.	N.P.	Non-physician
Non-Physician Social Security Number:					Non-Physician Date of Birth:				
Phone Number:			Medical License Number:						
DEA Controlled Substance Registration Number:			Number of hours physician owner will be on site at clinic per week:						
Last	First	Middle Name	Circle one						
			M.D.	D.O.	D.P.M.	P.A.	L.Ac.	N.P.	Non-physician
Non-Physician Social Security Number:					Non-Physician Date of Birth:				
Phone Number:			Medical License Number:						