

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Board of Medical Licensure		CONTACT PERSON Rhonda Freeman	TELEPHONE NUMBER (601) 987-3079	
ADDRESS 1867 Crane Ridge Drive, Suite 200-B		CITY Jackson	STATE MS	ZIP 39216
EMAIL rhonda@msbml.ms.gov	SUBMIT DATE 7/24/13	Name or number of rule(s): Part 2640 Chapter 1: Rules Pertaining to Prescribing, Administering and Dispensing of Medication, Rule 1.2 and 1.15		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Rule 1.2 and 1.15 was modified to define owner(s)/operator(s) in pain management practices and to include rules for those operating the practice.

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

List all rules repealed, amended, or suspended by the proposed rule: N/A

ORAL PROCEEDING:

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

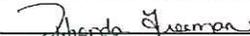
If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20)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

ECONOMIC IMPACT STATEMENT:

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

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

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

Signature of person authorized to file rules: 

OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP <div style="border: 1px solid black; padding: 10px;">  </div> Accepted for filing by 	OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.



DELBERT HOSEMANN
Secretary of State

CONCISE SUMMARY OF ECONOMIC IMPACT STATEMENT

An Economic Impact Statement is required for this proposed rule by Section 25-43-3.105 of the Administrative Procedures Act. This is a Concise Summary of the Economic Impact Statement which must be filed with the Secretary of State's Office.

AGENCY NAME Board of Medical Licensure	CONTACT PERSON Rhonda Freeman	TELEPHONE NUMBER 601-987-3079
ADDRESS 1867 Crane Ridge Drive, Suite 200-B	CITY Jackson	STATE MS
EMAIL rhonda@msbml.ms.gov	DESCRIPTIVE TITLE OF PROPOSED RULE Part 2640 Chapter 1: Rules Pertaining to Prescribing, Administering and Dispensing of Medication, Rule 1.2 and 1.15	
Specific Legal Authority Authorizing the promulgation of Rule: 73-43-11	Reference to Rules repealed, amended or suspended by the Proposed Rule: N/A	

A. Estimated Costs and Benefits

1. Briefly summarize the benefits that may result from this regulation and who will benefit:
The citizens of the state of Mississippi will be protected from pain management practices and practitioners that are operating in this state for profit only. The physicians will have rules and better guidelines that will assist them in their treatment of long term and chronic pain.
2. Briefly describe the need for the proposed rule: Mississippi has few regulations in the field of pain management medicine, it has opened the door for every physician, nurse practitioner and franchised medical practice to be able to practice pain management without expertise, treatment guidelines, oversight and/or ongoing training in the treatment of pain. This type of open door policy can invite scams, unethical medical practices, as well as, exploitation of patients who are desperate to manage their pain. The proposed rules will ensure that patients are not just receiving excessive amounts of controlled substance to treat pain or divert for personal illegal purposes.
3. Briefly describe the effect the proposed action will have on the public health, safety, and welfare:
Mississippi is currently at a risk for patient exploitation by unethical, untrained physicians, gimmicky quick fix solutions, and medical pain management franchised clinics offering shady pain management practices. Owner(s)/operator(s) will have to adhere to significantly higher standards and regulations in order to elevate the management of the pain medicine profession and collectively give credence to medically accepted practices for managing and treating pain.
4. Estimated Cost of implementing proposed action:
 - a. To the agency
 Nothing Minimal Moderate Substantial Excessive
 - b. To other state or local government entities
 Nothing Minimal Moderate Substantial Excessive

5. Estimated Cost and/or economic benefit to all persons directly affected by the proposed rule:

c. Cost:

Nothing Minimal Moderate Substantial Excessive

d. Economic Benefit:

Nothing Minimal Moderate Substantial Excessive

6. Estimated impact on small businesses:

Nothing Minimal Moderate Substantial Excessive

a. Estimate of the number of small businesses subject to the proposed regulation: unknown

b. Projected costs for small businesses to comply: unknown

c. Statement of probable effect on impacted small businesses: The proposed actions require majority ownership by Mississippi licensed physicians.

7. The cost of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):

substantially less than moderately less than minimally less than

the same as minimally more than moderately more than

substantially more than excessively more than

8. The benefit of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):

substantially less than moderately less than minimally less than

the same as minimally more than moderately more than

substantially more than excessively more than

B. Reasonable Alternative Methods

1. Other than adopting this rule, are there less costly or less intrusive methods for achieving the purpose of the proposed rule?

yes no

2. If yes, please briefly describe available, reasonable alternative(s) and the reasons for rejecting those alternatives in favor of the proposed rule. (Please see §25-43-4.104 for factors you must consider.)

C. Data and Methodology

1. Please briefly describe the data and methodology you used in making the estimates required by this form.

The data utilized to address the proposed regulatory changes consist of the current records in possession of the Board, including applications and registrations for existing pain management practices in the state of Mississippi. The methodology consisted of a comparative study of the existing applications with those entities which would now be exempt.

D. Public Notice

1. Where, when, and how may someone present their views on the proposed rule and demand an oral proceeding on the proposed rule if one is not already provided? In writing to the following address:

Mississippi State Board of Medical Licensure
Attn: Vann Craig, M.D.
1867 Crane Ridge Drive Suite 200-B
Jackson MS 39216

SIGNATURE <i>Shonda Freeman</i>	TITLE Bureau Director
DATE 7/24/2013	PROPOSED EFFECTIVE DATE OF RULE 30 days from final filing