

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

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

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

##### *Rule 1.15 Pain Management Medical Practice.*

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

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

1. board certification by a specialty board recognized by the American Board of Medical Specialties (ABMS) or the American Board of Addiction Medicine (ABAM) and hold a subspecialty certification in pain medicine;
2. board certification by a specialty board recognized by the American Osteopathic Association Bureau of Osteopathic Specialists in pain management;
3. board certification in pain medicine by the American Board of Pain Medicine (ABPM);
4. successful completion of a residency program in physical medicine and rehabilitation, anesthesiology, neurology, or neurosurgery and approved by the ACGME or the AOA; or
5. successful completion of 100 hours of in-person, 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 15 hours of live lecture format, Category 1 CME in pain management for every year the physician is practicing pain management.

- I. Physicians and physician assistants practicing in a registered pain practice must be registered with the Mississippi Prescription Monitoring Program (MPMP). A report shall be obtained on the initial visit and at intervals deemed appropriate for good patient care from the MPMP for every patient receiving controlled substances in a registered pain management practice.
- J. Requirements for Physician Assistants Practicing in Pain Management Medical Practices. Physician assistants must meet the following qualifications prior to practicing in a registered pain management practice:
  1. A Board approved protocol in the practice of pain management as required by Part 2615, Chapter 1, Rules 5 and 6, that is not designated as limited, restricted, retired, temporary, or in-training;
  2. Physician assistants with approved prescriptive authority must obtain 15 hours of Category 1 CME related to prescribing and pain management for every year the physician assistant is practicing in a Board registered pain practice;
  3. Physician assistants with prescriptive authority must be familiar with and adhere to the Administrative Rule Pertaining to Prescribing, Administering and Dispensing of Medication, Part 2640, Chapter 1; and
  4. Physician assistants with prescriptive authority must be registered with the Mississippi Prescription Monitoring Program (MPMP).
- K. A physician who is a current participant in the Mississippi Professionals Health Program (MPHP) may not be the primary physician owner of a pain practice. Notwithstanding, this does not prohibit a MPHP participant from working in a pain practice.
- L. Certificates are valid for one year and must be renewed annually along with the practitioner's license to practice medicine in the state of Mississippi. There is a thirty-day grace period for renewal after which the owner(s)/operator(s) must reapply for an original certificate. The physician owner(s)/operator(s) of the practice shall post the certificate in a conspicuous location so as to be clearly visible to patients. The practice may not continue to operate while the certificate has expired.
- M. The Board shall have the authority to inspect a pain management practice. During such inspections, authorized representatives of the Board, who may be accompanied by agents

of the Mississippi Bureau of Narcotics, may inspect all necessary documents and medical records to ensure compliance with all applicable laws and rules.

- N. If the Board finds that a registered pain management practice no longer meets any of the requirements to operate as a pain practice, the Board may immediately revoke or suspend the physician's certificate to operate a pain management practice. The physician owner(s)/operator(s) shall have the right to an administrative hearing before the Board at the next available and scheduled meeting of the Board. Further, the Board has the discretion to lift the suspension of a certificate when the practice demonstrates compliance with the Board's rules and regulations.

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

**Amended July 10, 2014.**