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 physician licensee with respect to the filling of the licensee's prescriptions.


Rule 1.13 Other Drugs Having Addiction-forming Liability. All physicians shall maintain inventory, dispensation/administration and patient records in the same format as that required by Part 2640, Rule 1.4 when administering or dispensing the drug Nalbuphine Hydrochloride (Nubain) or its generic equivalent. The inventory and dispensation/administration records for said drug may be maintained separately or included as a part of the physician's controlled substance records.


Rule 1.13 Security of Controlled Substances. In all clinics or offices wherein within the control of a licensee, all controlled substances or and other drugs having addiction-forming or addiction-sustaining liability are maintained, said medication shall be maintained in such a manner as to deter loss by theft or burglary. All controlled substances shall 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 physician who is registered with the U.S. Drug Enforcement Administration has experienced 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, or he or she may be ordered by The Board has the authority to order implementation any other reasonable measures to improve security over controlled substances deemed necessary by the Board to prevent further loss of the controlled substances.

In all clinics or offices of a physician registered to handle controlled substances with the U.S. Drug Enforcement Administration, all controlled substances shall 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.


Rule 1.154 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.
2.3 “Physician Assistant” means any person meeting the requirements of licensure in the state of Mississippi as required by Part 2617, Chapter 1.
3.4. “Licensee” means any person licensed and/or regulated by the Mississippi State Board of Medical Licensure to practice in the state of Mississippi. “Licensee” means any person licensed to practice in the State of Mississippi by the Board who has prescriptive authority.

4.5. “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.

5.6. “Pain Management Medical Practice” is defined as means a public or privately owned medical practice for which that provides pain management services to patients, a majority (more than 530%) of the patients are issued on a regular or recurring basis which are issued a prescription for, or are dispensed, opioids, barbiturates, benzodiazepines, carisoprodol, butalbital compounds, or tramadol for the treatment of chronic noncancerous pain. Included in this definition shall be any practice that advertises and/or otherwise holds itself out to provide pain management services, 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, and out-patient surgical clinics. Physicians or practices or physician/clinic practice(s) at which the majority of the patients are treated for pain as a result of a terminal illness are also excluded from the definition of pain management practice.

B. The physician owner(s)/operator(s) of the pain management medical practice must possess and maintain 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.

C. The of the pain management medical practice and shall register with the Board unless it meets the exceptions defined above. 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.

B.D. Each physician owner of a pain management medical practice or medical director who owns, operates or is employed in any pain management medical practice must meet the requirements set forth below.

C. Each physician 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(s)/operator(s) of the pain management medical practice must: