noncancerous pain. Included in this definition shall be any practice that advertises and/or holds itself out to provide pain management services. Physicians or practices that treat patients for pain resulting from a terminal illness are excluded from this definition. Patients who are treated for pain resulting from a terminal illness do not count against the percentage stated herein.

K. “Bariatric Medicine, Medical Weight Loss, or Weight Management ClinicPractice” means a public or privately owned facilitypractice for which 30% or more of the patients are provided a comprehensive weight management treatment program or:
1. 30% or more of the patients receive any controlled substance approved by the FDA for the pharmacologic management of weight loss or;
2. any clinic operated by, staffed by, or affiliated with through affiliation, employment, or collaboration agreement with a Mississippi licensee or;
3. which 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 shall 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 shall be considered a bariatric medicine/medical weight loss practice and shall 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.

Advertised medical weight loss must include behavior modification, comprehensive nutritional education, exercise or physical therapy intervention, long-term maintenance programs, dispensing and/or prescribing FDA-approved medications as indicated for weight loss on a monthly basis as part of the patient’s treatment plan.


Rule 1.3 Registration for Controlled Substances Certificate. Every physician licensee licensed to practice in Mississippi 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.

In addition, that physician must be registered with the Mississippi Prescription Monitoring Program (MPMP) by December 31, 2013. 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 (G) shall review the MPMP at each patient encounter in which a prescription for a controlled substance is issued. Every
licensee, regardless of practice specialty, shall must review the MPMP at each patient encounter in which an opioid is prescribed for acute and/or chronic noncancerous pain. Those licensees whose practice is not a pain management practice as defined previously shall 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. 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, shall must be kept within the patient’s record and made available for inspection upon request. In addition, licensees required to register under this section shall must also utilize the MPMP to generate a global report to review their entire practice as a whole at least yearly. Documentation of the global report shall must be kept in a separate file to be available for inspection upon request.

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 physician licensee has had limitations or other restrictions placed upon his or her license wherein he or she is prohibited from handling–ordering, dispensing, or prescribing controlled substances in any or all schedules, said physician–licensee shall must 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, Sections 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 physician–licensee who engages in the manufacture or distribution of controlled substances or legend drugs shall must register with the Mississippi State Board of Pharmacy pursuant to Mississippi Code, Section 73-21-105 and shall will be subject to all applicable federal statutes and regulations controlling such practices. 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 41-29-105(q).


Rule 1.4 Maintenance of Records and Inventories. Every physician licensed to practice medicine, osteopathic medicine or podiatric medicine in the state of Mississippi 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 physician–licensee must