

**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) 987-0223	
ADDRESS 1867 Crane Ridge Drive, Suite 200-B		CITY Jackson	STATE MS	ZIP 39216
EMAIL <a href="mailto:rhonda@msbml.ms.gov">rhonda@msbml.ms.gov</a>	SUBMIT DATE 7/20/12	Name or number of rule(s): Part 2640 Chapter I: Rules Pertaining to Prescribing, Administering and Dispensing of Medication, Rule 1.5		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Rule 1.5 was modified to define bariatric medicine/medical weight loss clinics and to include rules for those operating the clinic.

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List all rules repealed, amended, or suspended by the proposed rule: N/A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

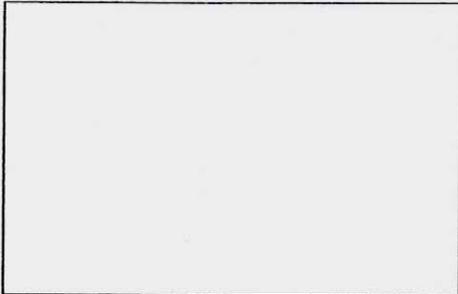
**ECONOMIC IMPACT STATEMENT:**

- 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: *Rhonda Freeman*

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		
Accepted for filing by	Accepted for filing by <i>CB18983E</i>	Accepted for filing by

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.



**FILED**  
JUL 20 2012  
MISSISSIPPI  
SECRETARY OF STATE

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.

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ADDRESS 1867 Crane Ridge Drive, Suite 200-B	CITY Jackson	STATE MS	ZIP 39216
EMAIL rhonda@msbml.ms.gov	DESCRIPTIVE TITLE OF PROPOSED RULE Part 2640 Chapter 1: Rules Pertaining to Prescribing, Administering and Dispensing of Medication, Rule 1.5		
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:

Mississippi has the highest rate of obesity at 34.4% which causes significant co-morbidities and early death of the citizens of our state affected by this complex disease process. The citizens of the state of Mississippi will be protected from clinic 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 obesity.

2. Briefly describe the need for the proposed rule:

Because Mississippi has so few regulations and standards in the field of bariatric medicine, it has opened the door for every physician, nurse practitioner, franchised medical clinic and medical/medi spa to be able to practice bariatric medicine without expertise, treatment guidelines, oversight and/or ongoing training in the treatment of obesity. This type of open door policy can invite scams, unethical medical practices, as well as, exploitation of patients who are desperate to overcome their obesity problem. The proposed rules will ensure that patients are not just receiving excessive amounts of diet medications but are doing something about being overweight.

3. Briefly describe the effect the proposed action will have on the public health, safety, and welfare:

Mississippi is currently rated #1 for obesity in our nation and is at the greatest risk for patient exploitation by unethical, untrained physicians, gimmicky quick fix solutions, and medical weight loss franchised clinics offering shady weight loss practices. Physicians and clinics will have to adhere to significantly higher standards and regulations in order to elevate the bariatric medicine profession and collectively give credence to medically accepted practices for managing and treating obesity.

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 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

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**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.)

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**C. Data and Methodology**

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

**“American Board of Bariatric Medicine” Bariatric Medicine/Obesity Treatment Protocol Requirements.** A standard one size fits program is not the gold standard and would be considered inappropriate in a comprehensive weight management program. A customized weight management program should be implemented to best meet the needs for each patient. Comprehensive meal

planning, ongoing nutritional education, exercises/physical therapy initiatives, behavior modification/lifestyle coaching have to be different for each patient and treatment may or may not include FDA approved medications.

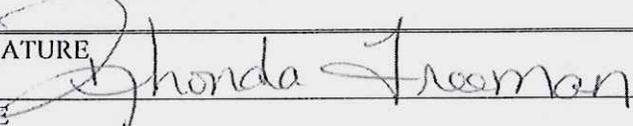
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D. Public Notice

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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 	TITLE Bureau Director
DATE 07/20/2012	PROPOSED EFFECTIVE DATE OF RULE 30 days from final filing

**FILED**  
JUL 20 2012  
MISSISSIPPI  
SECRETARY OF STATE