

**Mississippi Secretary of State**  
125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

**ADMINISTRATIVE PROCEDURES NOTICE FILING**

AGENCY NAME Mississippi State 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 mboard@msbml.ms.gov	SUBMIT DATE 11/21/16	Name or number of rule(s): Part 2615 Chapter 1: The Practice of Physician Assistants		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This rule has been reviewed and updated to incorporate changes in the practice of physician assistants.

Specific legal authority authorizing the promulgation of rule: 73-26-5

List all rules repealed, amended, or suspended by the proposed rule: Part 2615 Chapter 1: The Practice of Physician Assistants

**ORAL PROCEEDING:**

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

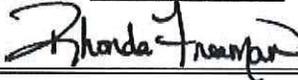
If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) 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.

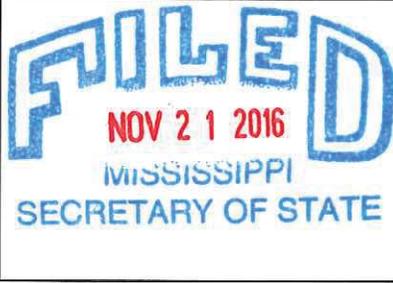
**ECONOMIC IMPACT STATEMENT:**

- 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): _____	<b>Action proposed:</b> _____ New rule(s) <u> X </u> Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference <b>Proposed final effective date:</b> <u> X </u> 30 days after filing _____ Other (specify): _____	<b>Date Proposed Rule Filed:</b> _____ <b>Action taken:</b> _____ Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed <b>Effective date:</b> _____ 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; text-align: center;">  </div> Accepted for filing by #22406 	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.

***Part 2615 Chapter 1: The Practice of Physician Assistants***

*Rule 1.1 Scope.* The following rules pertain to physician assistants practicing medicine with physician supervision. Physician assistants may perform those duties and responsibilities, including diagnosing and the ordering, prescribing, dispensing of prepackaged drugs, and administration of drugs and medical devices as delegated by their supervising physician(s).

If such medical, surgical, and/or psychiatric services provided by the physician assistant comes into question as to the physician assistant's education, training, level of supervision, and/or appropriateness of care rendered, the board reserves the right to make the final decision. The review of such may be done in consultation with the Physician Assistant Advisory Committee.

Physician assistants may provide any medical service which is delegated by the supervising physician when the service is within the physician assistant's education, training and skills; forms a component of the physician's scope of practice; and is provided with supervision.

Physician assistants shall be considered the agents of their supervising physicians in the performance of all practice-related activities including, but not limited to, the ordering of diagnostic, therapeutic, and other medical services.

*Source: Miss. Code Ann. §73-26-5 (1972, as amended).*

*Rule 1.2 Definitions.* For the purpose of Part 2615, Chapter 1 only, the following terms have the meanings indicated:

- A. "Board" means the Mississippi State Board of Medical Licensure.
- B. "Physician Assistant" means a person who meets the Board's criteria for licensure as a physician assistant and is licensed as a physician assistant by the Board.
- C. "Supervising Physician" means a doctor of medicine or a doctor of osteopathic medicine who holds an unrestricted license from the Board, who is in the full-time practice of medicine, and who has been approved by the Board to supervise physician assistants.
- D. "Supervise" or "Supervision" means overseeing and accepting responsibility for the medical services rendered by a physician assistant.
- E. "Primary Office" means the usual practice location of a physician and being the same location reported by that physician to the Mississippi State Board of Medical Licensure and the United States Drug Enforcement Administration.
- F. "NCCPA" means the National Commission on Certification of Physician Assistants.
- G. "PANCE" means the Physician Assistant National Certifying Examination.
- H. "CAAHEP" means the Commission on Accreditation of Allied Health Education Programs.
- I. "Predecessor or Successor Agency" refers to the agency responsible for accreditation of educational programs for physician assistants that preceded CAAHEP or the agency responsible for accreditation of educational programs for physician assistants that succeeded CAAHEP.
- J. "Acute Care Facility" shall indicate a hospital facility in which patients with acute medical conditions (e.g., cardiac, pulmonary, stroke, psychiatric, etc.) are being cared for

by physicians supervising physician assistants (either the admitting or consulting physician).

*Source: Miss. Code Ann. §73-26-5 (1972, as amended).*

*Rule 1.3 Qualifications for Licensure.*

- A. Applicants for physician assistant licensure must meet the following requirements:
1. Satisfy the Board that he or she is at least twenty-one (21) years of age and of good moral character.
  2. Complete an application for license and submit same to the Board in the manner prescribed by the Board with a recent passport type photograph.
  3. Pay the appropriate fee as determined by the Board.
  4. Present a certified copy of birth certificate or valid passport.
  5. Submit proof of legal change of name if applicable (notarized or certified copy of marriage license or other legal proceeding).
  6. Possess a master's degree in a health-related or science field.
  7. Successfully complete an educational program for physician assistants accredited by CAAHEP or its predecessor or successor agency.
  8. Pass the certification examination administered by the NCCPA and have current NCCPA certification.
  9. Provide information on registration or licensure in all other states where the applicant is or has been registered or licensed as a physician assistant.
  10. Submit for a criminal background check.
  11. No basis or grounds exist for the denial of licensure as provided in Part 2615, Rule 1.16.

*Source: Miss. Code Ann. §73-26-5 (1972, as amended).*

*Rule 1.4 Temporary License.* The Board may grant a temporary license to an applicant who meets the qualifications for licensure except that the applicant has not yet taken the national certifying examination administered by the NCCPA or the applicant has taken the national certifying examination and is awaiting the results or the applicant has not obtained a minimum of a master's degree in a health-related or science field.

A temporary license issued upon the basis of the NCCPA not being taken or the applicant awaiting the results is valid:

- A. for one hundred eighty (180) days from the date of issuance;
- B. until the results of an applicant's examination are available; or
- C. until the Board makes a final decision on the applicant's request for licensure, whichever comes first.

The Board may extend a temporary license, upon a majority vote of the Board members, for a period not to exceed one hundred eighty (180) days. Under no circumstances may the Board grant more than one extension of a temporary license.

A temporary license may be issued to an applicant who has not obtained a master's degree so long as the applicant can show proof of enrollment in a master's program that will, when completed, meet the master's degree requirement. The temporary license will be valid no longer than one (1) year, and may not be renewed.

*Source: Miss. Code Ann. §73-26-5 (1972, as amended).*

*Rule 1.5 Exemption from Licensure.* Licensure is not required for:

- A. a physician assistant student enrolled in a physician assistant educational program accredited by the Accreditation Review Commission on Education for the Physician Assistant; or
- B. a physician assistant employed in the service of the federal government while performing duties incident to that employment unless licensure is required by the federal employer.

*Source: Miss. Code Ann. §73-26-5 (1972, as amended).*

*Rule 1.6 Requirement of Protocol - Prescribing/Dispensing.* Physician assistants shall practice according to a Board-approved protocol which has been mutually agreed upon by the physician assistant and the supervising physician. Each protocol shall be prepared taking into consideration the specialty of the supervising physician, and must outline diagnostic and therapeutic procedures and categories of pharmacologic agents which may be ordered, administered, dispensed and/or prescribed for patients with diagnoses identified by the physician assistant. Each protocol shall contain a detailed description of back-up coverage if the supervising physician is away from the primary office. Although licensed, no physician assistant shall practice until a duly executed protocol has been approved by the Board.

Except as hereinafter provided in below, physician assistants may not write prescriptions for or dispense controlled substances or any other drug having addiction-forming or addiction-sustaining liability. A physician assistant may, however, administer such medications pursuant to an order by the supervising physician if in the protocol.

#### Prescribing Controlled Substances and Medications by Physician Assistants

##### A. Scope

Pursuant to these rules, authorized physician assistants may prescribe controlled substances in Schedules II through V.

##### B. Application for Authority to Prescribe Controlled Substances

- 1. Physician assistant applicants applying for controlled substance prescriptive authority must complete a Board approved educational program prior to making application.
- 2. In order to obtain the authority to prescribe controlled substances in any schedule, the physician assistant shall submit an application approved by the Board.

##### C. Incorporation of Physician Rules Pertaining to Prescribing, Administering and Dispensing of Medication

For the purpose of directing the manner in which physician assistants may prescribe controlled substances, the Board incorporates Administrative Code Part 2640, Chapter 1 *Pertaining to Prescribing, Administering and Dispensing of Medication* as applied to physicians, including but not limited to all Definitions, Maintenance of Records and Inventories, Use of Diet Medication, Use of Controlled Substances for Chronic (Non-Terminal) Pain, and Prescription Guidelines. All physician assistants authorized to prescribe controlled substances shall fully comply with these rules.

##### D. Registration for Controlled Substances Certificate Prescriptive Authority

1. Every physician assistant authorized to practice in Mississippi who prescribes any controlled substance must be registered with the U. S. Drug Enforcement Administration in compliance with Title 21 CFR, Part 1301 Food and Drugs.
  2. Pursuant to authority granted in Mississippi Code, Section 41-29-125, the Board hereby adopts, in lieu of a separate registration with the Board, the registration with the U.S. Drug Enforcement Administration as required in Part 2615, Rule 1.6.D.1, provided, however, where a physician assistant already possesses a controlled substances registration certificate for a practice location in another state or jurisdiction, the physician assistant must meet the training requirements set forth in Part 2615, Rule 1.6.B.1 within one year from issuance of license. In the event, however, a physician assistant has had limitations or other restrictions placed upon his or her license wherein he or she is prohibited from handling controlled substances in any or all schedules, said physician assistant shall 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 Board.
  3. The registration requirement set forth in these rules does not apply to the distribution and manufacture of controlled substances. Any physician assistant who engages in the manufacture or distribution of controlled substances or legend drugs shall register with the Mississippi State Board of Pharmacy pursuant to Mississippi Code, Section 73-21-105. 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 73-21-105(q).
- E. Drug Maintenance, Labeling and Distribution Requirements
- Persons registered to prescribe controlled substances may order, possess, prescribe, administer, distribute 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. A physician assistant may receive and distribute pre-packaged medications or samples for which the physician assistant has prescriptive authority.

*Source: Miss. Code Ann. §73-26-5 (1972, as amended).*

*Rule 1.7 Supervision.* Before any physician shall supervise a physician assistant, the physician and physician assistant must present to the Board’s Executive Director a duly executed protocol and obtain written approval to act as a supervising physician. The facts and matters to be considered by the Board when approving or disapproving a protocol or supervision arrangement shall include, but are not limited to, how the supervising physician and physician assistant plan to implement the protocol, the method and manner of supervision, consultation, referral and liability.

If such medical, surgical, and/or psychiatric services provided by the physician assistant comes into question as to the physician assistant’s education, training, level of supervision, and/or appropriateness of care rendered, the Board reserves the right to make the final decision. The review of such may be done in consultation with the Physician Assistant Advisory Committee.

Supervision shall be continuous, but shall not be construed to require the physical presence of the physician at the time and place that services are rendered. It is the obligation of each team of physician(s) and physician assistant(s) to ensure that the physician assistant's scope of practice is identified and appropriate to the physician assistant's skill, education and training, and that the relationship with, and access to, the supervising physician(s) is defined.

*Source: Miss. Code Ann. §73-26-5 (1972, as amended).*

*Rule 1.8 Supervising Physician Limited.* No physician shall be authorized to supervise a physician assistant unless that physician holds an unrestricted license to practice medicine in the state of Mississippi.

A physician collaborating with a physician assistant practicing in a federal jurisdiction is not required to meet the licensing requirements under this section, but must meet the licensing requirements of the federal agency.

New graduate physician assistants and all physician assistants newly practicing in Mississippi, require the on-site presence of a supervising physician for one hundred twenty (120) days or its equivalent of 960 hours. If physician assistant's clerkship was completed with their supervising physician, the 120 days or 960 hours may be waived.

While delivering care, the physician assistant shall do so under the immediate supervision of his/her primary and/or backup supervising physician. Immediate supervision shall be defined as, but not limited to, practicing in the same office, clinic, surgery center, hospital, etc. while the primary and/or backup supervising physician is practicing at the same location at the same time. This does not, however, prevent the physician assistant from making rounds in a hospital and/or surgery center, etc. without the immediate supervision of the primary and/or backup supervising physician. The hospital, surgery center, etc., where the physician assistant is seeing patients, shall be within 15 minutes from the primary and/or backup supervising physician at all times while the physician assistant is delivering care. The physician assistant may continue to practice in the aforementioned clinical settings, if the primary and/or backup supervising physician has to leave the site of practice for short intervals. Examples would be, but not limited to, going to the local hospital to make rounds, meetings in the same community, going home to deal with personal issues, etc. The interval time away from the immediate supervision shall not exceed two hours. Exceptions to this aforementioned requirement for immediate supervision may be granted on an individual basis provided the location of practice and the specifics are set forth in the protocol.

Physician assistants may not deliver care to patients in an acute care facility without the primary and/or backup supervising physician seeing the same patient within 18 hours of the physician assistant patient encounter.

Physician assistants may work in emergency rooms without immediate supervision granted that the physician assistants are practicing in an emergency room that has a Board-approved telemedicine arrangement. However, even in a Board-approved telemedicine arrangement, the primary and/or backup supervising physician must be within 10 minutes of the physician assistant while he or she is seeing patients in the emergency room.

It is recognized that physician assistants routinely work with primary and/or backup supervising physicians in emergency medicine groups. In the case of emergency medicine groups, it is acceptable to list multiple supervisors on the physician assistant's protocol. This portion of the rule applies to physician assistants and supervising physicians who work in emergency rooms. Any other arrangements must adhere to the standard rules of supervision that have been previously set forth.

Source: Miss. Code Ann. §73-26-5 (1972, as amended).

*Rule 1.9 Disability of Primary Supervising Physicians.* In the event of death, disability (physical and/or mental), or unanticipated (no advanced notice) relocation of a primary supervising physician, the secondary supervising physician shall act as a primary supervising physician. The physician assistant will notify the Board of the loss of primary physician.

The supervising physician must provide adequate means for communication with the physician assistant. Communication may occur through the use of technology which may include, but is not limited to, radio, telephone, fax, modem, or other telecommunication device.

The supervising physician shall, on at least a monthly basis, conduct a review of the records/charts of at least ten percent (10%) of the patients treated by the physician assistant, said records/charts selected on a random basis. During said review, the supervising physician shall note the medical and family histories taken, results of any and all examinations and tests, all diagnoses, orders given, medications prescribed, and treatments rendered. The review shall be evidenced by the supervising physician placing his or her signature or initials at the base of the clinic note, either electronically or by hand, and shall submit proof of said review to the Board upon request.

Source: Miss. Code Ann. §73-26-5 (1972, as amended).

*Rule 1.10 Termination.* The physician assistant shall notify the Board in writing immediately upon the physician assistant's termination; physician retirement; withdrawal from active practice; or any other change in employment, functions or activities. Failure to notify can result in disciplinary action.

Source: Miss. Code Ann. §73-26-5 (1972, as amended).

*Rule 1.11 Duty to Notify Board of Change of Address.* Any physician assistant who is licensed to practice as a physician assistant in this state and changes his or her practice location or mailing address, shall immediately notify the Board in writing of the change. Failure to notify within 30 days could result in disciplinary action.

The Board routinely sends information to licensed physician assistants. Whether it be by U.S. Mail or electronically, it is important that this information is received by the licensee. The licensure record of the licensee should include a physical practice location, mailing address, email address and telephone number where the Board can correspond with the licensee directly. The Board discourages the use of office personnel's mailing and email addresses as well as telephone numbers. Failure to provide the Board with direct contact information could result in disciplinary action.

*Source: Miss. Code Ann. §73-26-5 (1972, as amended).*

*Rule 1.12 Continuing Education.* Each licensed physician assistant must show proof of completing 50 hours of CME each year, 20 hours of which must be Category 1, as defined by the Accreditation Council for Continuing Medical Education (ACCME) or the American Osteopathic Association (AOA). Physician assistants who are certified by the NCCPA may meet this requirement by providing evidence of current NCCPA certification.

All physician assistants authorized to prescribe controlled substances must show proof of completing 50 hours of CME each year, 20 hours of which must be Category 1, as defined by the ACCME or AOA, and 10 hours of which must be related to the prescribing of medications with an emphasis on controlled substances.

*Source: Miss. Code Ann. §73-26-5 (1972, as amended).*

*Rule 1.13 Identification.* The supervising physician shall be responsible to ensure that any physician assistant under his or her supervision does not advertise or otherwise hold himself or herself out in any manner which would tend to mislead the general public or patients.

Physician assistants shall at all times when on duty wear a name tag, placard or plate identifying themselves as physician assistants. Physician assistants shall keep their license available for inspection at their primary place of practice and shall, when engaged in their professional activities, identify themselves as a "physician assistant," "PA" or "PA-C."

Physician assistants may not advertise in any manner which implies that the physician assistant is an independent practitioner.

A person not licensed as a physician assistant by the Board who holds himself or herself out as a physician assistant is subject to the penalties applicable to the unlicensed practice of medicine.

*Source: Miss. Code Ann. §73-26-5 (1972, as amended).*

*Rule 1.14 Physician Liability.* Prior to the supervision of a physician assistant, the physician's and/or physician assistant's insurance carrier must forward to the Board a Certificate of Insurance.

*Source: Miss. Code Ann. §73-26-5 (1972, as amended).*

*Rule 1.15 Renewal Schedule.* The license of every person licensed to practice as a physician assistant in the state of Mississippi shall be renewed annually.

On or before May 1 of each year, the State Board of Medical Licensure shall notify every physician assistant to whom a license was issued or renewed during the current licensing year the process of licensure renewal. The notice shall provide instructions for obtaining and submitting applications for renewal. The applicant shall obtain and complete the application and submit it to the Board in the manner prescribed by the Board in the notice before June 30 along with the renewal fee of an amount established by the Board. The payment of the annual license renewal fee shall be optional with all physician assistants over the age of seventy (70) years. Upon receipt of the application and fee, the Board shall verify the accuracy of the application and issue to applicant a certificate of renewal for the ensuing year, beginning July 1 and expiring June 30 of the succeeding calendar year.

A physician assistant practicing in Mississippi who allows his or her license to lapse by failing to renew the license as provided in the paragraph above may be reinstated by the Board upon completion of a reinstatement form, payment of the renewal fee for the current year, and shall be assessed a fine of Twenty-five Dollars (\$25.00) plus an additional fine of Five Dollars (\$5.00) for each month thereafter ~~that~~ the license renewal remains delinquent.

Any physician assistant not practicing in Mississippi who allows his or her license to lapse by failing to renew the license as provided in the paragraph above may be reinstated by the Board upon completion of a reinstatement form, payment of the arrearage for the previous five (5) years and the renewal fee for the current year.

Any physician assistant who allows his or her license to lapse shall be notified by the Board within thirty (30) days of such lapse.

Any person practicing as a physician assistant during the time his or her license has lapsed shall be considered an illegal practitioner and shall be subject to the same penalties as provided in Mississippi Code, Section 73-25-14.

*Source: Miss. Code Ann. §73-26-5 (1972, as amended).*

*Rule 1.16 Disciplinary Proceedings.*

A. Grounds for Disciplinary Action Against Physician Assistants

For the purpose of conducting disciplinary actions against individuals licensed to practice as physician assistants, the Board hereby incorporates those grounds for the non-issuance, suspension, revocation, or restriction of a license or the denial of reinstatement or renewal of a license, as set forth in Mississippi Code, Sections 73-25-29 and 73-25-83. As a basis for denial, suspension, revocation or other restriction, the Board may initiate disciplinary proceedings based upon any one or more of those grounds as set forth in Sections 73-25-29 and 73-25-83, and may make provision for the assessment of costs as provided therein.

B. Hearing Procedure and Appeals

1. No individual shall be denied a license or have his or her license suspended, revoked or restriction placed thereon, unless the individual licensed as a physician assistant has been given notice and opportunity to be heard. For the purpose of notice, disciplinary hearings and appeals, the Board hereby adopts and incorporates by reference all provisions of the “Rules of Procedure” now utilized by the Board for those individuals licensed to practice medicine, osteopathic medicine, and podiatric medicine in the state of Mississippi.

C. Reinstatement of License

1. A person whose license to practice as a physician assistant has been revoked, suspended, or otherwise restricted may petition the Mississippi State Board of Medical Licensure to reinstate his or her license after a period of one (1) year has elapsed from the date of the revocation or suspension. The procedure for the reinstatement of a license that is suspended for being out of compliance with an order for support, as defined in Section 93-11-153, shall be governed by Sections 93-11-157 or 93-11-163, as the case may be.
2. The petition shall be accompanied by two (2) or more verified recommendations from physicians licensed by the Board of Medical Licensure to which the petition is

addressed and by two (2) or more recommendations from citizens each having personal knowledge of the activities of the petitioner since the disciplinary penalty was imposed and such facts as may be required by the Board of Medical Licensure.

The petition may be heard at the next regular meeting of the Board of Medical Licensure but not earlier than thirty (30) days after the petition was filed. No petition shall be considered while the petitioner is under sentence for any criminal offense, including any period during which he or she is under probation or parole. The hearing may be continued from time to time as the Board of Medical Licensure finds necessary.

3. In determining whether the disciplinary penalty should be set aside and the terms and conditions, if any, which should be imposed if the disciplinary penalty is set aside, the Board of Medical Licensure may investigate and consider all activities of the petitioner since the disciplinary action was taken against him or her, the offense for which he or she was disciplined, his or her activity during the time his or her certificate was in good standing, his or her general reputation for truth, professional ability and good character; and it may require the petitioner to pass an oral examination.

*Source: Miss. Code Ann. §73-26-5 (1972, as amended).*

*Rule 1.17 Impaired Physician Assistants.* For the purpose of the Mississippi Disabled Physician Law, Mississippi Code, Sections 73-25-51 to 73-25-67, any individual licensed to practice as a physician assistant, shall be subject to restriction, suspension, or revocation in the case of disability by reason of one or more of the following:

- A. mental illness
- B. physical illness, including but not limited to deterioration through the aging process, or loss of motor skills
- C. excessive use or abuse of drugs, including alcohol

If the Board has reasonable cause to believe that a physician assistant is unable to practice with reasonable skill and safety to patients because of one or more of the conditions described above, referral of the physician assistant shall be made, and action taken, if any, in the manner as provided in Sections 73-25-55 through 73-25-65, including referral to the Mississippi Professionals Health Program, sponsored by the Mississippi State Medical Association.

*Source: Miss. Code Ann. §73-26-5 (1972, as amended).*

*Rule 1.18 Participation in Disaster and Emergency Care, Volunteering.* A physician assistant licensed in this state or licensed or authorized to practice in any other U.S. jurisdiction or who is credentialed as a physician assistant by a federal employer who is responding to a need for medical care created by an emergency or a state or local disaster (not to be defined as an emergency situation that occurs in the place of one's employment) may render such care that they are able to provide without supervision, as it is defined in Rule 1.2.D.

Any physician who collaborates with a physician assistant providing medical care in response to such an emergency or state or local disaster shall not be required to meet the requirements set forth in Part 2615 Chapter 1 for a supervising physician.

As provided in Sections 73-25-37 and 73-25-38, any licensed physician assistant who voluntarily provides needed medical or health services to any person without the expectation of payment due to the inability of such person to pay for said services shall be immune from liability for any civil action arising out of the provision of such medical or health services provided in good faith on a charitable basis. This section shall not extend immunity to acts of willful or gross negligence.

A physician assistant licensed in this state, or licensed or authorized to practice in any other U.S. jurisdiction, or who is credentialed by a federal employer or meets the licensure requirements of their requisite federal agency as a physician assistant may volunteer to render such care that they are able to provide at a children's summer camp or for a public or community event without a supervising physician as it is defined in Rule 1.2.D or with such collaborating physicians as may be available. Such care must be rendered without compensation or remuneration. It is the obligation of the physician assistant to assure adequate and appropriate professional liability coverage.

*Rule 1.19 Effective Date of Rules.* The above rules pertaining to the practice of physician assistants shall become effective September 1, 2000; as amended September 16, 2004; as amended May 19, 2005; as amended March 8, 2007; as amended May 17, 2007; as amended July 10, 2008; as amended May 18, 2012; and as amended July 10, 2014.

*Source: Miss. Code Ann. §73-26-5 (1972, as amended).*

***Part 2615 Chapter 1: The Practice of Physician Assistants***

*Rule 1.1 Scope.* The following rules pertain to physician assistants practicing medicine with physician supervision. Physician assistants may perform those duties and responsibilities, including diagnosing and the ordering, prescribing, dispensing of prepackaged drugs, and administration of drugs and medical devices as delegated by their supervising physician(s).

If such medical, surgical, and/or psychiatric services provided by the physician assistant comes into question as to the physician assistant's education, training, level of supervision, and/or appropriateness of care rendered, the board reserves the right to make the final decision. The review of such may be done in consultation with the Physician Assistant Advisory Committee.

Physician assistants may provide any medical service which is delegated by the supervising physician when the service is within the physician assistant's education, training and skills; forms a component of the physician's scope of practice; and is provided with supervision.

Physician assistants shall be considered the agents of their supervising physicians in the performance of all practice-related activities including, but not limited to, the ordering of diagnostic, therapeutic, and other medical services.

*Source: Miss. Code Ann. §73-26-5 (1972, as amended).*

*Rule 1.2 Definitions.* For the purpose of Part 2615, Chapter 1 only, the following terms have the meanings indicated:

- A. "Board" means the Mississippi State Board of Medical Licensure.
- B. "Physician Assistant" means a person who meets the Board's criteria for licensure as a physician assistant and is licensed as a physician assistant by the Board.
- C. "Supervising Physician" means a doctor of medicine or a doctor of osteopathic medicine who holds an unrestricted license from the Board, who is in the full-time practice of medicine, and who has been approved by the Board to supervise physician assistants.
- D. "Supervise" or "Supervision" means overseeing and accepting responsibility for the medical services rendered by a physician assistant.
- E. "Primary Office" means the usual practice location of a physician and being the same location reported by that physician to the Mississippi State Board of Medical Licensure and the United States Drug Enforcement Administration.
- F. "NCCPA" means the National Commission on Certification of Physician Assistants.
- G. "PANCE" means the Physician Assistant National Certifying Examination.
- H. "CAAHEP" means the Commission on Accreditation of Allied Health Education Programs.
- I. "Predecessor or Successor Agency" refers to the agency responsible for accreditation of educational programs for physician assistants that preceded CAAHEP or the agency responsible for accreditation of educational programs for physician assistants that succeeded CAAHEP.
- J. "Acute Care Facility" shall indicate a hospital facility in which patients with acute medical conditions (e.g., cardiac, pulmonary, stroke, psychiatric, etc.) are being cared for

by physicians supervising physician assistants (either the admitting or consulting physician).

Source: Miss. Code Ann. §73-26-5 (1972, as amended).

*Rule 1.3 Qualifications for Licensure.*

~~A. Pursuant to Section 73-43-11, Mississippi Code, all physician assistants who are employed as physician assistants by a Department of Veterans Affairs health care facility, a branch of the United States military, or the Federal Bureau of Prisons and who are practicing as physician assistants in a federal facility in Mississippi on July 1, 2000, and those physician assistants who trained in a Mississippi physician assistant program and have been continuously practicing as a physician assistant in Mississippi since 1976, shall be eligible for licensure if they submit an application for licensure to the Board by December 31, 2000, and meet the following additional requirements:~~

- ~~1. Satisfy the Board that he or she is at least twenty one (21) years of age and of good moral character.~~
- ~~2. Submit an application for license on a form supplied by the Board, completed in every detail with a recent photograph (wallet-size/passport type) attached. A Polaroid or informal snapshot will not be accepted.~~
- ~~3. Pay the appropriate fee as determined by the Board.~~
- ~~4. Present a certified copy of birth certificate.~~
- ~~5. Submit proof of legal change of name if applicable (notarized or certified copy of marriage or other legal proceeding).~~
- ~~6. Provide information on registration or licensure in all other states where the applicant is or has been registered or licensed as a physician assistant.~~
- ~~7. Provide favorable references from two (2) physicians licensed in the United States with whom the applicant has worked or trained.~~
- ~~8. No basis or grounds exist for the denial of licensure as provided in Part 2615, Rule 1.15.~~

~~Physician assistants licensed under this rule will be eligible for license renewal so long as they meet standard renewal requirements.~~

~~B. Before December 31, 2004, applicants for physician assistant licensure, except those licensed pursuant to the paragraph above, must be graduates of physician assistant educational programs accredited by the Commission on Accreditation of Allied Health Educational Programs or its predecessor or successor agency, have passed the certification examination administered by the National Commission on Certification of Physician Assistants (NCCPA), have current NCCPA certification, and possess a minimum of a baccalaureate degree, and meet the following additional requirements:~~

- ~~1. Satisfy the Board that he or she is at least twenty one (21) years of age and of good moral character.~~
- ~~2. Submit an application for license on a form supplied by the Board, completed in every detail with a recent photograph (wallet-size/passport type) attached. A Polaroid or informal snapshot will not be accepted.~~
- ~~3. Pay the appropriate fee as determined by the Board.~~
- ~~4. Present a certified copy of birth certificate.~~
- ~~5. Submit proof of legal change of name if applicable (notarized or certified copy of marriage or other legal proceeding).~~

- ~~6. Provide information on registration or licensure in all other states where the applicant is or has been registered or licensed as a physician assistant.~~
  - ~~7. Provide favorable references from two (2) physicians licensed in the United States with whom the applicant has worked or trained.~~
  - ~~8. No basis or grounds exist for the denial of licensure as provided in Rule 1.15. Physician assistants meeting these licensure requirements will be eligible for license renewal so long as they meet standard renewal requirements.~~
- C. ~~On or after December 31, 2004, applicants~~ Applicants for physician assistant licensure must meet the following requirements:
1. Satisfy the Board that he or she is at least twenty-one (21) years of age and of good moral character.
  2. Complete an application for license and submit same to the Board in the manner prescribed by the Board with a recent passport type photograph.
  3. Pay the appropriate fee as determined by the Board.
  4. Present a certified copy of birth certificate or valid passport.
  5. Submit proof of legal change of name if applicable (notarized or certified copy of marriage license or other legal proceeding).
  6. Possess a master's degree in a health-related or science field.
  7. Successfully complete an educational program for physician assistants accredited by CAAHEP or its predecessor or successor agency.
  8. Pass the certification examination administered by the NCCPA and have current NCCPA certification.
  9. Provide information on registration or licensure in all other states where the applicant is or has been registered or licensed as a physician assistant.
  - ~~10. Provide favorable references from two (2) physicians licensed in the United States with whom the applicant has worked or trained.~~
  - ~~11. Appear for a personal interview in the office of the Mississippi State Board of Medical Licensure and pass the Jurisprudence Examination as administered by the Board. Submit for a criminal background check.~~
  12. No basis or grounds exist for the denial of licensure as provided in Part 2615, Rule 1.156.

*Source: Miss. Code Ann. §73-26-5 (1972, as amended).*

*Rule 1.4 Temporary License.* The Board may grant a temporary license to an applicant who meets the qualifications for licensure except that the applicant has not yet taken the national certifying examination administered by the NCCPA or the applicant has taken the national certifying examination and is awaiting the results or the applicant has not obtained a minimum of a master's degree in a health-related or science field.

A temporary license issued upon the basis of the NCCPA not being taken or the applicant awaiting the results is valid:

- A. for one hundred eighty (180) days from the date of issuance;
- B. until the results of an applicant's examination are available; or
- C. until the Board makes a final decision on the applicant's request for licensure, whichever comes first.

The Board may extend a temporary license, upon a majority vote of the Board members, for a period not to exceed one hundred eighty (180) days. Under no circumstances may the Board grant more than one extension of a temporary license.

A temporary license may be issued to an applicant who has not obtained a master's degree so long as the applicant can show proof of enrollment in a master's program that will, when completed, meet the master's degree requirement. The temporary license will be valid no longer than one (1) year, and may not be renewed.

*Source: Miss. Code Ann. §73-26-5 (1972, as amended).*

Rule 1.5 Exemption from Licensure. Licensure is not required for:

- A. a physician assistant student enrolled in a physician assistant educational program accredited by the Accreditation Review Commission on Education for the Physician Assistant; or
- B. a physician assistant employed in the service of the federal government while performing duties incident to that employment unless licensure is required by the federal employer.

*Source: Miss. Code Ann. §73-26-5 (1972, as amended).*

Rule 1.56 Requirement of Protocol - Prescribing/Dispensing. Physician assistants shall practice according to a Board-approved protocol which has been mutually agreed upon by the physician assistant and the supervising physician. Each protocol shall be prepared taking into consideration the specialty of the supervising physician, and must outline diagnostic and therapeutic procedures and categories of pharmacologic agents which may be ordered, administered, dispensed and/or prescribed for patients with diagnoses identified by the physician assistant. Each protocol shall contain a detailed description of back-up coverage if the supervising physician is away from the primary office. Although licensed, no physician assistant shall practice until a duly executed protocol has been approved by the Board.

Except as hereinafter provided in below, physician assistants may not write prescriptions for or dispense controlled substances or any other drug having addiction-forming or addiction-sustaining liability. A physician assistant may, however, administer such medications pursuant to an order by the supervising physician if in the protocol.

Prescribing Controlled Substances and Medications by Physician Assistants

A. Scope

Pursuant to these rules, authorized physician assistants may prescribe controlled substances in Schedules II through V.

B. Application for Authority to Prescribe Controlled Substances

- 1. Physician assistant applicants applying for controlled substance prescriptive authority must complete a Board approved educational program prior to making application.
- 2. In order to obtain the authority to prescribe controlled substances in any schedule, the physician assistant shall submit an application approved by the Board.

C. Incorporation of Physician Rules Pertaining to Prescribing, Administering and Dispensing of Medication

For the purpose of directing the manner in which physician assistants may prescribe controlled substances, the Board incorporates Administrative Code Part 2640, Chapter 1 *Pertaining to Prescribing, Administering and Dispensing of Medication* as applied to physicians, including but not limited to all Definitions, Maintenance of Records and Inventories, Use of Diet Medication, Use of Controlled Substances for Chronic (Non-Terminal) Pain, and Prescription Guidelines. All physician assistants authorized to prescribe controlled substances shall fully comply with these rules.

D. Registration for Controlled Substances Certificate Prescriptive Authority

1. Every physician assistant authorized to practice in Mississippi who prescribes any controlled substance must be registered with the U. S. Drug Enforcement Administration in compliance with Title 21 CFR, Part 1301 Food and Drugs.
2. Pursuant to authority granted in Mississippi Code, Section 41-29-125, the Board hereby adopts, in lieu of a separate registration with the Board, the registration with the U.S. Drug Enforcement Administration as required in Part 2615, Rule 1.56.D.1, provided, however, where a physician assistant already possesses a controlled substances registration certificate for a practice location in another state or jurisdiction, the physician assistant ~~may not transfer or otherwise use the same registration until he or she meets~~ must meet the training requirements set forth in Part 2615, Rule 1.56.B.1 within one year from issuance of license. In the event, however, a physician assistant has had limitations or other restrictions placed upon his or her license wherein he or she is prohibited from handling controlled substances in any or all schedules, said physician assistant shall 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 Board.
3. The registration requirement set forth in these rules does not apply to the distribution and manufacture of controlled substances. Any physician assistant who engages in the manufacture or distribution of controlled substances or legend drugs shall register with the Mississippi State Board of Pharmacy pursuant to Mississippi Code, Section 73-21-105. 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 73-21-105(q).

E. Drug Maintenance, Labeling and Distribution Requirements

Persons registered to prescribe controlled substances may order, possess, prescribe, administer, distribute 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., ~~except physician assistants may not receive samples of controlled substances.~~ A physician assistant may receive and distribute pre-packaged medications or samples ~~of non-controlled substances~~ for which the physician assistant has prescriptive authority.

*Source: Miss. Code Ann. §73-26-5 (1972, as amended).*

*Rule 1.67 Supervision.* Before any physician shall supervise a physician assistant, the physician and physician assistant must ~~first~~ ~~(a)~~ present to the Board’s Executive Director a duly executed protocol, ~~(b) appear personally before the Board or its Executive Director,~~ and ~~(c)~~ obtain written

approval to act as a supervising physician. The facts and matters to be considered by the Board when approving or disapproving a protocol or supervision arrangement shall include, but are not limited to, how the supervising physician and physician assistant plan to implement the protocol, the method and manner of supervision, consultation, referral and liability.

If such medical, surgical, and/or psychiatric services provided by the physician assistant comes into question as to the physician assistant's education, training, level of supervision, and/or appropriateness of care rendered, the Board reserves the right to make the final decision. The review of such may be done in consultation with the Physician Assistant Advisory Committee.

Supervision shall be continuous, but shall not be construed to require the physical presence of the physician at the time and place that services are rendered. It is the obligation of each team of physician(s) and physician assistant(s) to ensure that the physician assistant's scope of practice is identified and appropriate to the physician assistant's skill, education and training, and that the relationship with, and access to, the supervising physician(s) is defined.

~~Where two or more physicians anticipate executing a protocol to supervise a physician assistant, it shall not be necessary that all of the physicians personally appear before the Board or Executive Director as required in Part 2615, Rule 1.6. In this situation, the physician who will bear the primary responsibility for the supervision of the physician assistant shall make the required personal appearance.~~

*Source: Miss. Code Ann. §73-26-5 (1972, as amended).*

*Rule 1.78 Supervising Physician Limited.* No physician shall be authorized to supervise a physician assistant unless that physician holds an unrestricted license to practice medicine in the state of Mississippi.

~~Supervision means overseeing activities of, and accepting responsibility for, all medical services rendered by the physician assistant. Except as described in the following paragraph, supervision must be continuous, but shall not be construed as necessarily requiring the physical presence of the supervising physician.~~

A physician collaborating with a physician assistant practicing in a federal jurisdiction is not required to meet the licensing requirements under this section, but must meet the licensing requirements of the federal agency.

New graduate physician assistants and all physician assistants newly practicing in Mississippi, ~~except those licensed under Part 2615, Rule 1.3,~~ require the on-site presence of a supervising physician for one hundred twenty (120) days or its equivalent of 960 hours. If physician assistant's clerkship was completed with their supervising physician, the 120 days or 960 hours may be waived.

~~The physician assistant's practice shall be confined to the primary office or clinic of the supervising physician or any hospital(s) or clinic or other health care facility within the same community 30 miles or 30 minutes of where the primary office is located, wherein the supervising physician holds medical staff privileges. Exceptions to this requirement may be granted on an individual basis, provided the location(s) of practice are set forth in the protocol.~~

~~The physician assistant's practice shall be confined to the primary office or clinic of the supervising physician or any hospital(s) or clinic or other health care facility within 30 miles or 30 minutes of where the primary office is located, wherein the supervising physician holds medical staff privileges. Exceptions to this requirement may be granted on an individual basis, provided the location(s) of practice are set forth in the protocol.~~

While delivering care, the physician assistant shall do so under the immediate supervision of his/her primary and/or backup supervising physician. Immediate supervision shall be defined as, but not limited to, practicing in the same office, clinic, surgery center, hospital, etc. while the primary and/or backup supervising physician is practicing at the same location at the same time. This does not, however, prevent the physician assistant from making rounds in a hospital and/or surgery center, etc. without the immediate supervision of the primary and/or backup supervising physician. The hospital, surgery center, etc., where the physician assistant is seeing patients, shall be within 15 minutes from the primary and/or backup supervising physician at all times while the physician assistant is delivering care. The physician assistant may continue to practice in the aforementioned clinical settings, if the primary and/or backup supervising physician has to leave the site of practice for short intervals. Examples would be, but not limited to, going to the local hospital to make rounds, meetings in the same community, going home to deal with personal issues, etc. The interval time away from the immediate supervision shall not exceed two hours. Exceptions to this aforementioned requirement for immediate supervision may be granted on an individual basis provided the location of practice and the specifics are set forth in the protocol.

Physician assistants may not deliver care to patients in an acute care facility without the primary and/or backup supervising physician seeing the same patient within 18 hours of the physician assistant-patient encounter.

Physician assistants may work in emergency rooms without immediate supervision granted that the physician assistants are practicing in an emergency room that has a Board approved telemedicine arrangement. However, even in a Board approved telemedicine arrangement, the primary and/or backup supervising physician must be within 10 minutes of the physician assistant while he or she is seeing patients in the emergency room.

It is recognized that physician assistants routinely work with primary and/or backup supervising physicians in emergency medicine groups. In the case of emergency medicine groups, it is acceptable to list multiple supervisors on the physician assistant's protocol. This portion of the rule applies to physician assistants and supervising physicians who work in emergency rooms. Any other arrangements must adhere to the standard rules of supervision that have been previously set forth.

*Source: Miss. Code Ann. §73-26-5 (1972, as amended).*

Rule 1.9 Disability of Primary Supervising Physicians. In the event of death, disability (physical and/or mental), or unanticipated (no advanced notice) relocation of a primary supervising physician, the secondary supervising physician shall act as a primary supervising physician. The physician assistant will notify the Board of the loss of primary physician.

The supervising physician must provide adequate means for communication with the physician assistant. Communication may occur through the use of technology which may include, but is not limited to, radio, telephone, fax, modem, or other telecommunication device.

The supervising physician shall, on at least a monthly basis, conduct a review of the records/charts of at least ten percent (10%) of the patients treated by the physician assistant, said records/charts selected on a random basis. During said review, the supervising physician shall note the medical and family histories taken, results of any and all examinations and tests, all diagnoses, orders given, medications prescribed, and treatments rendered. The review shall be evidenced by the supervising physician placing his or her signature or initials at the base of the clinic note, either electronically or by hand, and shall submit proof of said review to the Board upon request.

*Source: Miss. Code Ann. §73-26-5 (1972, as amended).*

~~*Rule 1.8 Number of Physician Assistants Supervised.* No physician shall supervise more than two (2) physician assistants at any one time. A physician supervising two (2) nurse practitioners may not supervise a physician assistant.~~

~~*Source: Miss. Code Ann. §73-26-5 (1972, as amended).*~~

~~*Rule 1.910 Termination.* The physician assistant and supervising physician shall notify the Board in writing immediately upon the physician assistant's termination; physician retirement; withdrawal from active practice; or any other change in employment, functions or activities. Failure to notify can result in disciplinary action.~~

~~*Source: Miss. Code Ann. §73-26-5 (1972, as amended).*~~

~~*Rule 1.101 Duty to Notify Board of Change of Address.* Any physician assistant who is licensed to practice as a physician assistant in this state and changes his or her practice location or mailing address, shall immediately notify the Board in writing of the change. Failure to notify within 30 days could result in disciplinary action.~~

The Board routinely sends information to licensed physician assistants. Whether it be by U.S. Mail or electronically, it is important that this information is received by the licensee. The licensure record of the licensee should include a physical practice location, mailing address, email address and telephone number where the Board can correspond with the licensee directly. The Board discourages the use of office personnel's mailing and email addresses as well as telephone numbers. Failure to provide the Board with direct contact information could result in disciplinary action.

*Source: Miss. Code Ann. §73-26-5 (1972, as amended).*

~~*Rule 1.11-2 Continuing Education.* Each licensed physician assistant must show proof of completing 50 hours of CME each year, 20 hours of which must be Category 1, as defined by the Accreditation Council for Continuing Medical Education (ACCME) or the American Osteopathic Association (AOA). Physician assistants who are certified by the NCCPA may meet this requirement by providing evidence of current NCCPA certification.~~

All physician assistants authorized to prescribe controlled substances must show proof of completing 50 hours of CME each year, 20 hours of which must be Category 1, as defined by the

ACCME or AOA, and 10 hours of which must be related to the prescribing of medications with an emphasis on controlled substances.

*Source: Miss. Code Ann. §73-26-5 (1972, as amended).*

*Rule 1.123 Identification.* The supervising physician shall be responsible to ensure that any physician assistant under his or her supervision does not advertise or otherwise hold himself or herself out in any manner which would tend to mislead the general public or patients.

Physician assistants shall at all times when on duty wear a name tag, placard or plate identifying themselves as physician assistants. Physician assistants shall keep their license available for inspection at their primary place of practice and shall, when engaged in their professional activities, identify themselves as a "physician assistant," "PA" or "PA-C."

Physician assistants may not advertise in any manner which implies that the physician assistant is an independent practitioner.

A person not licensed as a physician assistant by the Board who holds himself or herself out as a physician assistant is subject to the penalties applicable to the unlicensed practice of medicine.

*Source: Miss. Code Ann. §73-26-5 (1972, as amended).*

*Rule 1.134 Physician Liability.* Prior to the supervision of a physician assistant, the physician's and/or physician assistant's insurance carrier must forward to the Board a Certificate of Insurance.

*Source: Miss. Code Ann. §73-26-5 (1972, as amended).*

*Rule 1.145 Renewal Schedule.* The license of every person licensed to practice as a physician assistant in the state of Mississippi shall be renewed annually.

On or before May 1 of each year, the State Board of Medical Licensure shall ~~mail a notice of renewal of license to~~ notify every physician assistant to whom a license was issued or renewed during the current licensing year the process of licensure renewal. The notice shall provide instructions for obtaining and submitting applications for renewal. The applicant shall obtain and complete the application and submit it to the Board in the manner prescribed by the Board in the notice before June 30 along with documentation of completing each year 50 hours of CME ~~and~~ the renewal fee of an amount established by the Board. The payment of the annual license renewal fee shall be optional with all physician assistants over the age of seventy (70) years. Upon receipt of the application and fee, the Board shall verify the accuracy of the application and issue to applicant a certificate of renewal for the ensuing year, beginning July 1 and expiring June 30 of the succeeding calendar year.

A physician assistant practicing in Mississippi who allows his or her license to lapse by failing to renew the license as provided in ~~Part 2615, Rule 1.14~~ the paragraph above may be reinstated by the Board ~~on satisfactory explanation for such failure to renew, by~~ upon completion of a reinstatement form, ~~and upon~~ payment of the renewal fee for the current year, and shall be assessed a fine of Twenty-five Dollars (\$25.00) plus an additional fine of Five Dollars (\$5.00) for each month thereafter ~~that~~ the license renewal remains delinquent.

Any physician assistant not practicing in Mississippi who allows his or her license to lapse by failing to renew the license as provided in ~~Part 2615, Rule 1.14~~ the paragraph above may be reinstated by the Board ~~on satisfactory explanation for such failure to renew, by~~ upon completion of a reinstatement form, ~~and upon~~ payment of the arrearage for the previous five (5) years and the renewal fee for the current year.

Any physician assistant who allows his or her license to lapse shall be notified by the Board within thirty (30) days of such lapse.

Any person practicing as a physician assistant during the time his or her license has lapsed shall be considered an illegal practitioner and shall be subject to the same penalties as provided in Mississippi Code, Section 73-25-14.

*Source: Miss. Code Ann. §73-26-5 (1972, as amended).*

#### *Rule 1.156 Disciplinary Proceedings.*

##### A. Grounds for Disciplinary Action Against Physician Assistants

For the purpose of conducting disciplinary actions against individuals licensed to practice as physician assistants, the Board hereby incorporates those grounds for the non-issuance, suspension, revocation, or restriction of a license or the denial of reinstatement or renewal of a license, as set forth in Mississippi Code, Sections 73-25-29 and 73-25-83. As a basis for denial, suspension, revocation or other restriction, the Board may initiate disciplinary proceedings based upon any one or more of those grounds as set forth in Sections 73-25-29 and 73-25-83, and may make provision for the assessment of costs as provided therein.

##### B. Hearing Procedure and Appeals

2. No individual shall be denied a license or have his or her license suspended, revoked or restriction placed thereon, unless the individual licensed as a physician assistant has been given notice and opportunity to be heard. For the purpose of notice, disciplinary hearings and appeals, the Board hereby adopts and incorporates by reference all provisions of the "Rules of Procedure" now utilized by the Board for those individuals licensed to practice medicine, osteopathic medicine, and podiatric medicine in the state of Mississippi.

##### C. Reinstatement of License

1. A person whose license to practice as a physician assistant has been revoked, suspended, or otherwise restricted may petition the Mississippi State Board of Medical Licensure to reinstate his or her license after a period of one (1) year has elapsed from the date of the revocation or suspension. The procedure for the reinstatement of a license that is suspended for being out of compliance with an order for support, as defined in Section 93-11-153, shall be governed by Sections 93-11-157 or 93-11-163, as the case may be.

2. The petition shall be accompanied by two (2) or more verified recommendations from physicians ~~or osteopaths~~ licensed by the Board of Medical Licensure to which the petition is addressed and by two (2) or more recommendations from citizens each having personal knowledge of the activities of the petitioner since the disciplinary penalty was imposed and such facts as may be required by the Board of Medical Licensure.

The petition may be heard at the next regular meeting of the Board of Medical Licensure but not earlier than thirty (30) days after the petition was filed. No petition shall be considered while the petitioner is under sentence for any criminal offense, including any period during which he or she is under probation or parole. The hearing may be continued from time to time as the Board of Medical Licensure finds necessary.

3. In determining whether the disciplinary penalty should be set aside and the terms and conditions, if any, which should be imposed if the disciplinary penalty is set aside, the Board of Medical Licensure may investigate and consider all activities of the petitioner since the disciplinary action was taken against him or her, the offense for which he or she was disciplined, his or her activity during the time his or her certificate was in good standing, his or her general reputation for truth, professional ability and good character; and it may require the petitioner to pass an oral examination.

*Source: Miss. Code Ann. §73-26-5 (1972, as amended).*

*Rule 1.167 Impaired Physician Assistants.* For the purpose of the Mississippi Disabled Physician Law, Mississippi Code, Sections 73-25-51 to 73-25-67, any individual licensed to practice as a physician assistant, shall be subject to restriction, suspension, or revocation in the case of disability by reason of one or more of the following:

- A. mental illness
- B. physical illness, including but not limited to deterioration through the aging process, or loss of motor skills
- C. excessive use or abuse of drugs, including alcohol

If the Board has reasonable cause to believe that a physician assistant is unable to practice with reasonable skill and safety to patients because of one or more of the conditions described above, referral of the physician assistant shall be made, and action taken, if any, in the manner as provided in Sections 73-25-55 through 73-25-65, including referral to the Mississippi Professionals Health Program, sponsored by the Mississippi State Medical Association.

*Source: Miss. Code Ann. §73-26-5 (1972, as amended).*

*Rule 1.18 Participation in Disaster and Emergency Care, Volunteering.* A physician assistant licensed in this state or licensed or authorized to practice in any other U.S. jurisdiction or who is credentialed as a physician assistant by a federal employer who is responding to a need for medical care created by an emergency or a state or local disaster (not to be defined as an emergency situation that occurs in the place of one's employment) may render such care that they are able to provide without supervision, as it is defined in Rule 1.2.D.

Any physician who collaborates with a physician assistant providing medical care in response to such an emergency or state or local disaster shall not be required to meet the requirements set forth in Part 2615 Chapter 1 for a supervising physician.

As provided in Sections 73-25-37 and 73-25-38, any licensed physician assistant who voluntarily provides needed medical or health services to any person without the expectation of payment due

to the inability of such person to pay for said services shall be immune from liability for any civil action arising out of the provision of such medical or health services provided in good faith on a charitable basis. This section shall not extend immunity to acts of willful or gross negligence.

A physician assistant licensed in this state, or licensed or authorized to practice in any other U.S. jurisdiction, or who is credentialed by a federal employer or meets the licensure requirements of their requisite federal agency as a physician assistant may volunteer to render such care that they are able to provide at a children's summer camp or for a public or community event without a supervising physician as it is defined in Rule 1.2.D or with such collaborating physicians as may be available. Such care must be rendered without compensation or remuneration. It is the obligation of the physician assistant to assure adequate and appropriate professional liability coverage.

*Rule 1.179 Effective Date of Rules.* The above rules pertaining to the practice of physician assistants shall become effective September 1, 2000; as amended September 16, 2004; as amended May 19, 2005; as amended March 8, 2007; as amended May 17, 2007; as amended July 10, 2008; as amended May 18, 2012; and as amended July 10, 2014.

*Source: Miss. Code Ann. §73-26-5 (1972, as amended).*