Mississippi Secretary of State

125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE	PROCEDURES	NOTICE FILING
ADMINISTRATIVE	PROCEDURES	INCLUDE FILLING

AGENCY NAME Mississippi State Board of Medical Licensure		CONTACT PERSON Jonathan Dalton		TELEPHONE NUMBER 601-987-0248		
ADDRESS 1867 Crane Ridge Drive, Suite 200-B		CITY Jackson		STATE MS	ZIP 39216	
I .	OATE 11/29/21	Name or number of rule(s): Part 2615: Physician Assistants, Rule 1.7 Supervising Physician Limited				
Short explanation of rule/amendment/re	peal and reason(s) for proposing rule/amendr	nent/repeal:	Revision of th	ne face-to-face	
quarterly review requirements to allow for	or video conferen	cing as an option.				
Specific legal authority authorizing the pr	omulgation of rul	e: <u>Miss. Code Ann.,</u> §73-43-1	1			
List all rules repealed, amended, or suspe	ended by the prop	osed rule: Rule 1.7 Supervisi	ng Physician L	imited		
ORAL PROCEEDING:						
An oral proceeding is scheduled for th	nis rule on Date:	Time: Place:	Đị.			
Presently, an oral proceeding is not so						
If an oral proceeding is not scheduled, an oral proce ten (10) or more persons. The written request show notice of proposed rule adoption and should include agent or attorney, the name, address, email address comment period, written submissions including argu- ECONOMIC IMPACT STATEMENT:	ald be submitted to the e the name, address, e s, and telephone num	e agency contact person at the above email address, and telephone numb ber of the party or parties you repre	ve address within er of the person(esent. At any tim	twenty (20) day s) making the re e within the twe	s after the filing of this quest; and, if you are an enty-five (25) day public	
Economic impact statement not requi	red for this rule.	Concise summary of e	economic imp	act statemen	it attached.	
TEMPORARY RULES Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing	Action propo New r _X Amen Repea		Date Prop Action tak Ad Ad	FINAL ACTION ON RULES Date Proposed Rule Filed: Action taken: Adopted with no changes in text Adopted with changes Adopted by reference Withdrawn		
Other (specify):	Proposed fin X 30 da	Proposed final effective date: X 30 days after filing Other (specify): Other (specify): Other (specify):				
Printed name and Title of person aut Signature of person authorized to file		ules: Jonathan Dalton	, Director of	Investigatio	ns	
OFFICIAL FILING STAMP	DO NOT	WRITE BELOW THIS LINE FICIAL FILING STAMP		OFFICIAL FILING STAMP		
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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: Physician Assistants

Rule 1.7 | Supervising Physician Limited

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.

New graduate physician assistants and all physician assistants whose Mississippi license is their initial license 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 reduced.

The physician assistant's practice shall be confined to the primary office or clinic of the supervising physician, or any hospital(s), clinic(s) or other health care facilities within 75 miles of where the primary office is located, wherein the supervising physician holds medical staff privileges or that otherwise serves as an extension of the physician and physician assistant(s) practice. Exceptions to this requirement may be granted, on an individual basis, provided the location(s) of practice are set forth in the protocol.

Physician Assistants practicing in primary care shall have no mileage restrictions placed on the relationship between the supervisory physician and the physician assistant if the following conditions are met:

- 1. The protocol is between a primary care physician and a primary care physician assistant.
- 2. The physician is in a compatible practice (e.g., same specialty, treat the same patient population) with the physician assistant.
- 3. The physician and physician assistant utilize electronic medical records (EMR) in their practice, has direct access to the EMR utilized by the PA₂ and also utilize EMR in the formal quality improvement program.
- 4. The physician practices within the State of Mississippi for a minimum of twenty (20) hours per week or eighty (80) hours per month (does not include telemedicine).

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.

Each primary supervisory relationship shall include and implement a formal quality improvement program which must be maintained on site and must be available for inspection by representatives of the Mississippi State Board of Medical Licensure. The quality assurance/quality improvement program shall consist of:

A. Review by a supervisory physician of a random sample of charts that represent 10% or 20 charts, whichever is less, of patients seen by the physician assistant every

- month. Charts should represent the variety of patient types seen by the physician assistant. Patients that the physician assistant and a supervising physician have consulted on during the month will count as one chart review.
- B. The physician assistant shall maintain a log of charts reviewed which include the identifier for the patient's charts, reviewers' names, and dates of review.
- C. Each physician assistant shall meet face to face, either in person or via video conferencing, with a supervisory physician once per quarter for the purpose of quality assurance, and this meeting must be documented.

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- 6. The physician is in a compatible practice (e.g., same specialty, treat the same patient population) with the physician assistant.
- 7. The physician and physician assistant utilize electronic medical records (EMR) in their practice, has direct access to the EMR utilized by the PA₂ and also utilize EMR in the formal quality improvement program.
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