

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 Mike Lucius	TELEPHONE NUMBER (601)987-0248	
ADDRESS 1867 Crane Ridge Drive, Suite 200-B		CITY Jackson	STATE MS	ZIP 39216
EMAIL mboard@msbml.ms.gov	SUBMIT DATE 5/13/19	Name or number of rule(s): Part 2635 Chapter 5: Practice of Telemedicine, Rule 5.7		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Rule 5.7 is being modified to clarify the rules regarding the use of telemedicine in the consultation process with mid-level providers in a hospital setting.

Specific legal authority authorizing the promulgation of rule: 73-43-11

List all rules repealed, amended, or suspended by the proposed rule: Part 2634: Practice of Telemedicine, Rule 5.7

**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) <input checked="" type="checkbox"/> _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference <b>Proposed final effective date:</b> <input checked="" type="checkbox"/> _____ 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: Mike Lucius, Deputy Director

Signature of person authorized to file rules: 

<b>OFFICIAL FILING STAMP</b> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<b>DO NOT WRITE BELOW THIS LINE</b> <b>OFFICIAL FILING STAMP</b>  Accepted for filing by 	<b>OFFICIAL FILING STAMP</b> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

***Part 2635 Chapter 5: Practice of Telemedicine***

***Rule 5.7 | Consultative Physician Limited***

A duly licensed physician may remotely consult with a duly licensed and qualified Advanced Practice Registered Nurse (“APRN”) or Physician’s Assistant (“PA”), who is in a hospital setting, using telemedicine. The physician providing Emergency Telemedicine must be either board certified or board eligible in emergency medicine, provided that the Board may waive this requirement under extra ordinary circumstances.

For the purposes of Emergency Telemedicine services, licensees will only be authorized to provide the aforementioned services to those emergency departments of licensed hospitals who have an average daily census of fifty (50) or fewer acute care/medical surgical occupied beds as defined by their Medicare Cost Report. Exceptions may be considered by the Board for physicians affiliated with facilities maintaining greater than fifty (50) beds, but not more than one-hundred (100) beds.

Satellite Centers who receive telemedicine services/assistance from a Primary Center must have a transfer agreement with a facility that offers a higher level of care, in order to send any patients who require transfer for a higher level of care.

*Source: Miss. Code Ann., §73-25-34 (1972)*

*Part 2635 Chapter 5: Practice of Telemedicine*

*Rule 5.7 | Collaborative/Consultative Physician Limited*

A duly licensed physician may remotely consult with a duly licensed and qualified Advanced Practice Registered Nurse (“APRN”) or Physician’s Assistant (“PA”), who is in a hospital setting, using telemedicine. The physician providing Emergency Telemedicine must be either board certified or board eligible in emergency medicine, provided that the Board may waive this requirement under extra ordinary circumstances.

~~No physician practicing Teleemergency medicine shall be authorized to function in a collaborative/consultative role as outlined in Part 2630, Chapter 1 unless his or her practice location is a Level One Hospital Trauma Center that is able to provide continuous twenty four hour coverage and has an existing air ambulance system in place. Coverage will be authorized only~~ For the purposes of Emergency Telemedicine services, licensees will only be authorized to provide the aforementioned services to those emergency departments of licensed hospitals who have an average daily census of thirty (30) fifty (50) or fewer acute care/medical surgical occupied beds as defined by their Medicare Cost Report. Exceptions may be considered by the Board for physicians affiliated with facilities maintaining greater than fifty (50) beds, but not more than one-hundred (100) beds.

Satellite Centers who receive telemedicine services/assistance from a Primary Center must have a transfer agreement with a facility that offers a higher level of care, in order to send any patients who require transfer for a higher level of care.

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