

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 Jonathan Dalton	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 9/30/25	Name or number of rule(s): 30 Miss. Admin. Code, Pt. 2630, Ch. 1 <i>Collaboration with Nurse Practitioners and Supervision of Certified Registered Nurse Anesthetists</i>		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Proposed revision of the section of the rules related to collaboration with nurse practitioners. The Board is adding new regulations about the collaboration with, and supervision of, certified registered nurse anesthetists and making other minor language revisions to the chapter.

Specific legal authority authorizing the promulgation of the rule: Miss. Code Ann., §73-43-11

List all rules repealed, amended, or suspended by the proposed rule: Pt. 2630, Ch. 1, R 1.2, 1.9, and 1.10

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.

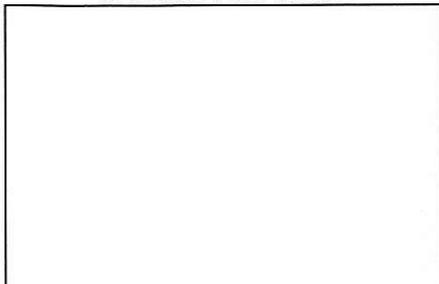
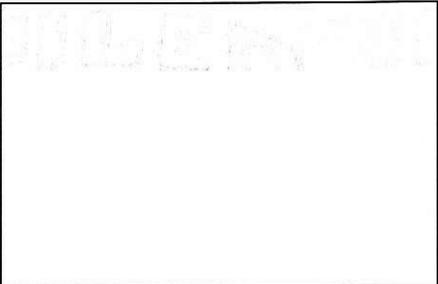
ECONOMIC IMPACT STATEMENT:

- 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: <input checked="" type="checkbox"/> 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: Jonathan Dalton, Director of Investigations

Signature of person authorized to file rules: *Jonathan Dalton*

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		
Accepted for filing by _____	Accepted for filing by <u><i>28288 JBL</i></u>	Accepted for filing by _____

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

Part 2630 Chapter 1: Collaboration with Nurse Practitioners and Supervision of Certified Registered Nurse Anesthetists

Rule 1.1 | Scope

These rules apply to all individuals licensed to practice medicine or osteopathic medicine in the state of Mississippi.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

Rule 1.2 | Definitions

For the purpose of Part 2630, Chapter 1 only, the following terms have the meanings indicated:

- A. ***Physician*** means any person licensed to practice medicine or osteopathic medicine in the state of Mississippi who holds an unrestricted license, whose practice or prescriptive authority is not limited as a result of voluntary surrender or legal/regulatory order, and who 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 or chart review). Waivers to the in-state practice requirement may be granted by the Board, by and through the Executive Committee, in cases demonstrating good cause. In circumstances demonstrating good cause and need for expedited consideration, a temporary waiver may be granted by the Executive Director until the request may be heard before the Executive Committee.
- B. ***Primary Care Physician*** means a physician whose practice is limited to, or defined as, Family Practice, General Internal Medicine, Mental Health, Women’s Health, and/or General Pediatrics.
- C. ***Extended Mileage Collaboration*** means a collaborative relationship wherein patients are treated by a nurse practitioner who is located more than seventy-five (75) miles away from the collaborative physician. Excluded from this definition are all licensed hospitals, state health department facilities, federally qualified community health clinics, volunteer clinics, and collaboration with CRNAs.
- D. ***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 as his/her primary practice location.
- E. ***Collaborating/Consulting Physician*** means a physician who, pursuant to a duly executed protocol, has agreed to collaborate/consult with a nurse practitioner.
- F. ***APRN*** means any person licensed to practice nursing in the state of Mississippi and certified by the Mississippi Board of Nursing to practice in an expanded role as a nurse practitioner or Certified Registered Nurse Anesthetist (CRNA).

- G. **Federal Facility** means any medical facility that conducts patient care on federal property and is operated directly by the federal government (e.g., the Veteran’s Administration hospitals and clinic system).
- H. **Protocol** or **Collaborative Agreement** is a contractual document which sets forth the expectations, practice permissions and boundaries of the relationship between the physician and the APRN.
- I. **Anesthesiologist** is a physician who has completed an ACGME or AOA-approved residency program to practice in the specialty of anesthesia and whose practice regularly involves anesthetizing patients for surgical and other procedures requiring anesthesia.
- J. **Supervising Physician** is the physician required for medical evaluation, diagnosis, and treatment, and who has oversight for all care provided on-site.
- K. **Immediately Available** means the physician is in physical proximity that allows the physician to re-establish direct contact with the patient to meet medical needs and any urgent or emergent clinical problems, as further defined and explained in the American Society of Anesthesiologists (ASA) *Statement on Definition of “Immediately Available” When Medically Directing*.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

Rule 1.3 | Duty to Report Collaborative Relationships

Physicians who wish to collaborate must add the APRN to his/her file via the Medical Enforcement and Licensure System (MELS) Online Licensure Gateway, or its successor, prior to the commencement of patient care under the agreed protocol and must submit all required information regarding the collaboration to the Board. Physicians who collaborate with an APRN who either will be on-site with the physician or within seventy-five (75) miles are not required to submit the formal documentation (i.e., the protocol) to the Board for approval.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

Rule 1.4 | Extended Mileage Collaboration and Board Review

Physicians who plan to collaborate with APRNs in locations beyond seventy-five (75) miles from the physician, known as Extended Mileage Collaboration, must submit the protocol for approval prior to the commencement of patient care under the protocol. Primary Care Extended Mileage is discussed in Rule 1.5. If a primary care provider does not meet the requirements of Rule 1.5, a protocol must be submitted.

The facts and matters to be considered by the Board regarding any collaborative relationship shall include, but are not limited to, how the collaborating physician and APRN plan to implement the

protocol, compatibility of practice (e.g., specialty compatibility or day-to-day practice differences), the method and manner of collaboration, the availability of backup coverage, consultation, and referral.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

Rule 1.5 | Primary Care Extended Mileage

Primary care physicians, as defined in Rule 1.2, shall have no mileage restrictions placed on the collaborative agreement between the physician and the nurse practitioner if the following conditions are met:

1. The collaborative agreement is between a primary care physician and a primary care nurse practitioner.
2. The physician is in a compatible practice (e.g., same specialty, treat the same patient population) with the nurse practitioner.
3. The physician utilizes electronic medical records (EMR) in their practice, has direct access to the EMR utilized by the APRN, and also utilizes 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).

All other requirements stated herein regarding collaborative agreements/relationships with nurse practitioners shall apply.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

Rule 1.6 | Backup and Emergency Coverage

Physicians with collaborative relationships with an APRN must ensure backup physician coverage when the primary collaborative physician is unavailable, which includes being outside the approved distance for Extended Mileage. The backup physician must be a signatory to the protocol. In the event securing backup coverage is not possible, the primary collaborator and the APRN may agree, via terms written in the protocol, that no patients will be seen when the primary collaborator is unavailable.

In the event of death, unexpected disability (physical/mental), or unexpected relocation, which would result in the APRN not having a collaborative physician, the Nursing Board can notify the Mississippi State Board of Medical Licensure. In order that patients may continue to be treated without interruption of care, the APRN may, subject to the approval of the Nursing Board and Medical Board, be allowed to continue to practice for a 90-day grace period while the APRN attempts to secure a collaborative physician without such practice being considered the practice of medicine. The Executive Director of Mississippi State Board of Medical Licensure, or a designee, will serve as the APRN's collaborative physician, with the agreement of the Mississippi Board of

Nursing. If a collaborative physician has not been secured at the end of the 90-day grace period, an additional 90-day extension may be granted by mutual agreement of the Mississippi Board of Nursing and the Mississippi State Board of Medical Licensure.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

Rule 1.7 | Billing for Collaborative Oversight

Physicians who collaborate with APRNs, who choose to charge or bill the APRNs for the physician's time related to collaboration, should negotiate at rates considering fair market value.¹

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

Rule 1.8 | Quality Improvement

Each collaborative relationship shall include and implement a formal quality improvement (QI) program which shall be maintained on site and shall 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 collaborative physician of a random sample of charts, as chosen by the collaborative physician or EMR algorithm, that represent 10% or 20 charts, whichever is less, of patients seen by the APRN every month. Charts should represent the variety of patient types seen by the APRN. Patients that the APRN and collaborating physician have consulted on during the month will count as one chart review.
- B. The physician shall ensure maintenance of a log of charts reviewed which include the identifier for the patients' charts, reviewers' names, dates of review, conditions treated, and any comments made by the physician regarding care provided. This log may be kept in paper or electronic format, but it must demonstrate that the collaborative physician has reviewed the charts and provided appropriate feedback for the APRN.
- C. A collaborative physician shall meet face to face, either in person or via video conferencing, with each collaborative APRN once per quarter for the purpose of quality assurance, and this meeting shall be documented in the same manner as chart review. The physician denoted as the primary collaborator within MELS, or, in the absence of a noted primary, the physician performing most of the chart review, is ultimately responsible for all QI requirements.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

¹ For the purposes of this regulation, "Reasonable Rates" are as obtained from data maintained by the Medical Group Management Association (MGMA) or a similar resource.

Rule 1.9 | CRNA Supervision and Anesthesia Care

Medical, anesthetic, and surgical complications may arise unexpectedly and require immediate medical diagnosis and treatment. When an anesthesiologist is not directly part of the care team, the physician proceduralist (surgeon, obstetrician, gastroenterologist, or cardiologist, for example) may be the only physician on site. In such cases, the physician, as the most highly trained medical professional, shall direct patient care, including nurse anesthesia care.

Whenever a non-anesthesiologist physician will be the only on-site physician available, as in some small hospitals, freestanding surgery centers, and offices, the supervising physician shall consider and be versed in certain basic tenets of safe anesthesia practice when serving in this role. An appropriate risk-benefit analysis shall be conducted in conjunction with the CRNA and must include the most appropriate choice of anesthetic technique and agent for each patient based on their American Society of Anesthesiologists (ASA) Physical Status.

The supervising physician shall maintain Advanced Cardiac Life Support (ACLS) certification.

The supervising physician shall meet the following qualifications:

1. The supervising physician must be immediately available during the conduction of the entire intraoperative anesthetic and acute postoperative period.
2. A collaborating physician anesthesiologist shall be available for consult with the supervising physician and CRNA throughout all three phases of the anesthetic period for procedures which would:
 - a. reasonably, predictably, or routinely require more than simple assisted ventilation techniques in a spontaneously ventilating patient OR
 - b. require general anesthesia.
3. The collaborative physician anesthesiologist shall be continuously available by telephone when not on-site.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

Rule 1.10 | Informed Consent for Physician-Led Anesthesia

The anesthesiologist and/or supervising physician must inform the patient of the risks, benefits, alternatives, and expected outcomes regarding all three phases of the anesthesia care plan, including all aspects of preoperative, intraoperative, and postoperative care.

The consent shall:

1. Be signed by the patient or legal guardian of record
2. Be documented in the patient's medical record
3. Name all responsible physician(s) of record during all aspects of the anesthesia care
4. Identify any off-site physician anesthesiologist supervising remotely

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

Rule 1.11 | Violation of Rules

Any violation of the rules as enumerated above shall constitute unprofessional conduct in violation of Miss. Code Ann., § 73-25-29(8).

Source: Miss. Code Ann., §73-43-11 (1972, as amended)

Rule 1.12 | Federal Facilities

Physicians who work within a federal facility that operates under federal law or mandate, and which has established APRNs to be independent providers, are not required to collaborate as described within these rules. As such, physicians in these facilities are not required or otherwise expected to sign off on charts or other documentation for patients whom the physician has not been formally consulted on. Further, any physician signatures on records for patients seen by APRNs in those settings described herein will not be construed as collaborative or supervisory approval of any care provided by said APRNs.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

Effective Date of Regulation. The above rules pertaining to collaborating/consulting physicians shall become effective September 21, 1991.

Amended May 19, 2005; Amended March 13, 2009; Amended November 19, 2009; Amended July 14, 2011; Amended May 4, 2016; Amended July 19, 2018; Amended August 27, 2021.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

Part 2630 Chapter 1: Collaboration with Nurse Practitioners and Supervision of Certified Registered Nurse Anesthetists

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Source: Miss. Code Ann. §73-43-11 (1972, as amended).

Rule 1.911 | Violation of Rules

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Source: Miss. Code Ann., §73-43-11 (1972, as amended)

Rule 1.1012 | Federal Facilities

Physicians who work within a federal facility that operates under federal law or mandate, and which has established APRNs to be independent providers, are not required to collaborate as described within these rules. As such, physicians in these facilities are not required or otherwise expected to sign off on charts or other documentation for patients whom the physician has not been formally consulted on. Further, any physician signatures on records for patients seen by APRNs in those settings described herein will not be construed as collaborative or supervisory approval of any care provided by said APRNs.

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