

Title 30: Professions and Occupations

Part 2630 Collaboration

Part 2630 Chapter 1: Collaboration with Nurse Practitioners

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 purposes 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). Exceptions to the in-state practice requirement may be granted by the Board, by and through the Executive Committee, in cases demonstrating good cause. Additionally, temporary permission may be granted by the Executive Director until the request can 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, and volunteer clinics.
- 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. “Nurse Practitioner” or “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.

- 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.

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 his/her 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)*.

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 1.8 | *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, in person, 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).

Rule 1.9 | *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 1.10 | *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).

Part 2630 Chapter 2: The Supervision of Pharmacists

Rule 2.1 Preamble. To optimize the favorable professional working relationship that already exists between the state of Mississippi's physician and pharmacist communities, the following is directed.

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

Rule 2.2 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 2.3 Definitions. For the purpose of Part 2630, Chapter 2 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.
- B. "Supervising Physician" means a physician who, pursuant to a duly executed written guideline or protocol as hereinafter defined, has agreed to supervise a pharmacist and is the physician responsible for the overall management and supervision for the activities of the pharmacist as is directly related to patients receiving medications or disease management services under the protocol.
- C. "Pharmacist" means any person licensed to practice pharmacy in the state of Mississippi, who has met all requirements of Article XXXVI of the rules and regulations of the Mississippi State Board of Pharmacy to either (i) accept patients referred by a physician, (ii) initiate or modify drug therapy, or (iii) order lab work, all in accordance with written guidelines or protocols as hereinafter defined.
- D. "Written Guideline" or "Protocol" means an agreement in which a physician authorized to prescribe drugs delegates to a pharmacist authority to consult with a patient or to conduct specific prescribing functions in an institutional setting, or with individual patients, provided that a specific protocol agreement is signed on each patient and is filed with the Mississippi State Board of Pharmacy as required by Mississippi Code, Section 73-21-73(1) and is filed with this Board.

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

Rule 2.4 Board Review - Protocol Format.

- A. Before any physician shall execute a protocol to supervise a pharmacist in the care or consultation with a patient, or initiation and/or modification of prescription drug therapy, and/or ordering lab work, the supervising physician must jointly execute a written guideline or protocol with the pharmacist and thereafter file the same with the Mississippi State Board of Medical Licensure.

- B. No protocol agreement authorizing the care or consultation with a patient, or initiation and/or modification of prescription drug therapy shall be executed by a physician unless the protocol shall meet at a minimum the following requirements:
1. Identifies the physician who agrees to supervise the pharmacist and the scope of the physician's active practice.
 2. Describes the specific responsibilities authorized by the supervising physician.
 3. Describes the method the pharmacist shall use to document decisions or recommendations the pharmacist makes to the supervising physician.
 4. Describes the patient activities the supervising physician requires the pharmacist to monitor.
 5. Describes the types of reports the supervising physician requires the pharmacist to report and the schedule by which the pharmacist is to submit these reports.
 6. Includes a statement of the medication categories and the type of initiation and modification of drug therapy that the supervising physician authorizes the pharmacist to perform.
 7. Describes the procedures or plan that the pharmacist shall follow if the pharmacist exercises initiation and modification of drug therapy.
 8. Indicates the date the supervising physician's supervision ends. The duration of the protocol agreement shall not exceed one (1) year.
 9. Be dated and signed by the pharmacist(s) and the supervising physician. If more than one physician agrees to supervise the pharmacist(s), each physician and pharmacist(s) shall sign and date the protocol.
 10. Includes a statement that stipulates that the patient has been notified by the pharmacist(s) and the supervising physician that a protocol agreement exists.
 11. Includes a statement which certifies that the physician(s) has advised their respective malpractice liability carriers concerning the protocol and supervisory relationship, and that any potential liability that may ensue as a result of implementing the protocol agreement, shall be covered by the malpractice liability insurance policies or endorsements thereto.
- C. No protocol agreement authorizing the ordering of lab work by a pharmacist shall be executed by a physician unless the protocol shall meet at a minimum the following requirements:
1. Identifies the physician who agrees to supervise the pharmacist and the scope of the physician's active practice.
 2. Describes the specific responsibilities authorized by the supervising physician, including the type of lab tests the supervising physician authorizes the pharmacist to order.
 3. Describes the method the pharmacist shall use to document decisions or recommendations the pharmacist makes to the supervising physician.
 4. Describes the patient activities the supervising physician requires the pharmacist to monitor.
 5. Describes the types of reports the supervising physician requires the pharmacist to report and the schedule by which the pharmacist is to submit these reports.
 6. Describes the procedures or plan that the pharmacist shall follow if the pharmacist orders lab tests.

7. Describes the process which the physician employs to periodically monitor the pharmacist's interpretation of the lab tests.
8. Indicates the date the supervising physician's supervision ends. The duration of the protocol agreement shall not exceed one (1) year.
9. Be dated and signed by the pharmacist(s) and the supervising physician. If more than one physician agrees to supervise the pharmacist(s), each physician and pharmacist(s) shall sign and date the protocol.
10. Includes a statement that stipulates that the patient has been notified by the pharmacist(s) and the supervising physician that a protocol agreement exists.
11. Includes a statement which certifies that the physician(s) has advised their respective malpractice liability carriers concerning the protocol and supervisory relationship, and that any potential liability that may ensue as a result of implementing the protocol agreement, shall be covered by the malpractice liability insurance policies or endorsements thereto.

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

Rule 2.5 Supervising Physician Limited. No physician shall be authorized to supervise a pharmacist unless that physician holds an unrestricted license to practice in the state of Mississippi. Likewise, no physician shall be authorized to supervise a pharmacist unless that pharmacist holds an unrestricted license to practice in the state of Mississippi.

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

Rule 2.6 Termination or Changes in the Protocol. Any physician desirous of termination or amending the supervisory protocol with a pharmacist shall so notify in writing, the pharmacist, the Mississippi State Board of Pharmacy and the Mississippi State Board of Medical Licensure to the attention of the Executive Director. The notification shall include the name of the pharmacist, the desired change, and proposed effective date of change.

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

Rule 2.7 Violation of Rules/Disapproval of Supervision. Any violation of the rules as enumerated above shall constitute unprofessional conduct in violation of Mississippi Code, Section 73-25-29(8).

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

Rule 2.8 Effective Date of Rules. The above rules pertaining to supervising physicians shall become effective November 18, 1999.

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