

## Part 2615 Physician Assistants

### ***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).

Physician assistants may provide any medical service which is delegated by the supervising physician when the service is within the physician assistant's 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 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), whose practice or prescriptive authority is not limited as a result of voluntary surrender or legal/regulatory order, and who has been approved by the Board to supervise physician assistants. 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.
- 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. **ARC-PA** means the Accreditation Review Commission on Education for the Physician Assistant.

- I. **Predecessor or Successor Agency** refers to the agency responsible for accreditation of educational programs for physician assistants that preceded ARC-PA or the agency responsible for accreditation of educational programs for physician assistants that succeeded ARC-PA.
- J. **Primary Care** means specialty practice that is limited to, or defined as, Family Practice, General Internal Medicine, Mental Health, Women’s Health, and/or General Pediatrics.

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 ARC-PA 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 fingerprints for state and national criminal history background checks.
- 11. No basis or grounds exist for the denial of licensure as provided in Part 2615, Rule 1.14.

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 | Requirement of Protocol - Prescribing/Dispensing*

Physician assistants shall practice according to a 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 they have reported their supervisor and practice information to the Board via the Medical Enforcement and Licensure System (MELS) online gateway or successor system.

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. As stated herein, it is understood Physician Assistants may not dispense medications.

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 1.5.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 the training requirements set forth in Part 2615, Rule 1.5.B.1. 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 1.6 / Supervision*

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 a 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.

Before any physician assistant shall practice in a location greater than 75 miles, the physician assistant must present to the Board a duly executed protocol and obtain approval to practice. Excluded from this requirement are physician assistants who practice within a licensed hospital, state health department facility, federally qualified community health clinic, or volunteer clinic. Protocols will be forwarded to the Board's Physician Assistant Advisory Committee for their review and recommendation prior to disapproval. The facts and matters to be considered by the Committee when reviewing 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, compatibility of practice, and liability.

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 PA, 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.

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

#### *Rule 1.7 | 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 1.8 | 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 1.9 | Continuing Education*

Each licensed physician assistant must show proof of completing not less than 100 hours of continuing medical education (CME) over a two-year cycle, 50 hours of which must be Category 1, as defined by the Accreditation Council for Continuing Medical Education (ACCME), American Academy of Physician Assistants (AAPA), American Medical Association (AMA), or American Osteopathic Association (AOA), as a condition precedent to renewing his or her license. Physician assistants who are certified by the NCCPA may meet this requirement by providing evidence of current NCCPA certification. For the purposes of this regulation, the two-year period begins July 1, 2022, and every two years thereafter.

All physician assistants authorized to prescribe controlled substances must show proof of completing 100 hours of CME each cycle, 50 hours of which must be Category 1, as defined by the ACCME, AAPA, AMA, or AOA, and 5 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 1.10 | 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 may not advertise in any manner which implies that the physician assistant is an independent practitioner. In accordance with Miss. Code Ann., §41-121-1 et. seq., and in an effort maintain transparency in healthcare, physician assistants practicing in an off-site or satellite office, wherein a supervisory physician is not physically located, are required to post in their office waiting room, in a conspicuous location, the name, credentials and office contact information of their supervisory physician.

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 1.11 | 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 1.12 | 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 and 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 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 and 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 1.13 | 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 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 1.14 | 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 grounds set forth in the Mississippi Disabled Physician Law. 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 in statute, 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).*

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; as amended July 10, 2014; as amended March 15, 2017; as amended February 18, 2019; as amended August 27, 2021; and as amended October 23, 2022.