

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 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 or whose practice or prescriptive authority is not limited as a result of voluntary surrender or legal/regulatory order.
- B. “Free Standing Clinic” means a clinic or other facility wherein patients are treated by a nurse practitioner, which is more than seventy-five (75) miles away from the primary office of the collaborative/consultative physician. Excluded from this definition are all licensed hospitals, state health department facilities, federally qualified community health clinics and volunteer clinics.
- C. “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.
- D. “Collaborating/Consulting Physician” means a physician who, pursuant to a duly executed protocol has agreed to collaborate/consult with a nurse practitioner.
- E. “Nurse Practitioner” 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.
- F. “Advanced Practice Registered Nurse” includes all nurse practitioners, certified nurse midwives and certified registered nurse anesthetists.
- G.

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

Rule 1.3 Board Review. Physicians who wish to collaborate/consult with a nurse practitioner who plans or anticipates practicing in a free standing clinic, must first (a) appear personally or by telephone before the Mississippi State Board of Medical Licensure and/or the Joint Committee of the Board of Medical Licensure and the Board of Nursing if the Board of Medical Licensure determines that the collaborative/consultative relationship may not be approved absent action from the Joint Committee, (b) present and discuss the protocol, and (c) obtain approval from the Board to act as a collaborating/consulting physician. The facts and matters to be considered by the Board shall include, but are not limited to, how the collaborating/consulting physician and nurse practitioner plan to implement the protocol, the method and manner of collaboration, consultation, and referral.

The requirement for Board appearance and approval set forth in the preceding paragraph also applies to any physician collaborating/consulting with a nurse practitioner who later moves to a free standing clinic under an existing protocol.

Where a nurse practitioner is practicing in a free standing clinic pursuant to an existing protocol as of the effective date of this regulation, the requirements of personal appearance or telephone interview and Board approval set forth in the paragraph above shall not be required until the next succeeding renewal date for said certificate as required by the Mississippi State Board of Nursing.

Where two or more physicians anticipate executing a protocol to collaborate/consult with a nurse practitioner practicing in a free standing clinic, it shall not be necessary that all of the physicians personally appear before the Mississippi State Board of Medical Licensure as required in the preceding paragraph. In this situation, the physician who will bear the primary responsibility for the collaboration/consultation with the nurse practitioner shall make the required personal appearance or telephone interview.

Each collaborative/consultative relationship shall include and implement a formal quality improvement 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 collaborative physician of a random sample of charts that represent 10% or 20 charts, whichever is less, of patients seen by the nurse practitioner every month. Charts should represent the variety of patient types seen by the nurse practitioner. Patients that the nurse practitioner and collaborating physician have consulted on during the month will count as one chart review.
- B. The nurse practitioner shall maintain a log of charts reviewed which include the identifier for the patient's charts, reviewers' names, and dates of review.
- C. Each nurse practitioner shall meet face to face with a collaborating physician once per quarter for the purpose of quality assurance and this meeting should be documented.

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

Rule 1.4 Collaborative/Consultative Relationships. Physicians with collaborative relationships with APRN must ensure backup physician coverage when the primary collaborative physician is unavailable. The backup physician must be on APRN protocol. In the event of death, disability (physical/mental), or relocation, which would result in the APRN not having a collaborative physician, the APRN has the duty to immediately notify the Mississippi Board of Nursing as jointly agreed by the Mississippi Board of Nursing and the Mississippi Board of Medical Licensure. The Nursing Board will then immediately notify the Mississippi State Board of Medical Licensure.

In order that patients may continue to be treated without interruption of care, the APRN may 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

Mississippi State Board of Medical Licensure or its designee, will serve as the APRN's collaborative physician with the agreement of the Mississippi Board of Nursing. The Mississippi State Board of Medical Licensure and the Mississippi State Board of Nursing will assist the APRN in their attempt to secure a collaborative physician. 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 Executive Committee of the Mississippi Board of Nursing and the Executive Committee of the Mississippi State Board of Medical Licensure. During this additional 90-day extension, the above described collaborative agreement will continue. The APRN will not be allowed to practice until the previously described collaborative arrangement with the Mississippi State Board of Medical Licensure is agreed upon.

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

Rule 1.5 Violation of Rules. 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 1.6 Effective Date of Regulation. The above rules pertaining to collaborating/consulting physicians shall become effective September 21, 1991.

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

Amended May 19, 2005. Amended March 13, 2009. Amended November 19, 2009. Amended July 14, 2011. Amended April 4, 2016.

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(II) 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)*.