Title 30: Professions and Occupations

Part 2840: ADVANCED PRACTICE

Part 2840, Chapter 1: Advanced Practice Registered Nurses (APRNs)include Certified Nurse Midwives, Certified Registered Nurse Anesthetists, Certified Nurse Practitioners

Rule 1.1 Definitions of terms for Part 2840, Chapter 1.

A. Administer: "Administer" shall have the same meaning as set forth in Miss. Code Ann. Section 41-29-105, unless the context otherwise requires.
B. Advanced Practice Registered Nurse (APRN): Any person currently licensed to practice as a registered nurse in Mississippi or currently licensed to practice as registered nurse under the Nurse Licensure Compact with a multistate licensure privilege to practice in Mississippi, as well as holds a current State Certification as a certified nurse midwife (CNM), certified registered nurse anesthetist (CRNA) or certified registered nurse practitioner (CNP). Certified registered nurse practitioners (CNPs) include acute, adult, pediatric, geriatric, family, psych-mental health, neonatal, and women's health.
C. Board: The Mississippi Board of Nursing.
D. Collaborating Physician: A physician or dentist who has an unrestricted license to practice in the state of Mississippi and has a compatible practice or practice site as the APRN.
E. Contact Hour: Minimum of fifty (50) minutes of continuing education instruction.
    1) One (1) academic semester credit hour is equivalent to (15) contact hours.
    2) One (1) academic quarter credit hour is equivalent to ten (10) contact hours.
F. Continuing Education: A planned instructional experience provided by an accredited healthcare educational institution or a nationally accredited provider of healthcare continuing education that is designed to improve the knowledge, skill, and ability levels of healthcare professionals.
G. Controlled Substance: "Controlled Substance" shall have the same meaning as set forth in Miss. Code Ann. Section 41-29-105, unless the context otherwise requires.
H. DEA: United States Drug Enforcement Administration rules and regulations contained in Title 21 CFR, Part 1301 regarding the APRN's practice of prescribing controlled substances.
I. Electronic prescribing/ E-prescribing: The electronic entry of a prescription by a practitioner, the secure electronic transmission of the prescription to a pharmacy, the receipt of an electronic message by the pharmacy and E-prescription renewal requests sent electronically by the pharmacy to the practitioner. Electronic transmissions may be computer to computer or computer to facsimile in accordance with DEA guidelines.
J. Good Faith: The genuine interaction of a person or persons engaged in an agreement to deal honestly with one another.
K. Mississippi Prescription Monitoring Program (MPMP): The electronic system used to monitor the dispensing of controlled substances including Schedules II, III, IV and V, as required by Miss. Code Ann. § 73-21-127.
L. Quality Assurance/Quality Improvement (QA/QI) Plan: A formal quality assurance/ quality improvement plan to be utilized by the advanced practice registered nurse, as required by Miss. Code Ann. § 73-15-20.
M. Formal Collaborative Agreement: An agreement between the APRN and the collaborating

physician which designates specific practice sites.

N. Practice Site: The designated physical location in Mississippi which is the usual practice location as reported to the Board where the Board can conduct a site visit to evaluate the delivery of care by a licensee and compliance with laws and regulations regarding delivery of care by a licensee. This shall not include the patient's home.
O. Prescribe: To designate or order by means of either a written, electronic, faxed, or oral prescription, the delivery of a controlled substance or legend drug to an ultimate user.
P. Prescription/ Legend Drug: A drug required under federal law to be labeled with the following statement prior to being dispensed or delivered; Rx Only or Caution: Federal law prohibits dispensing without prescription," or a drug which is required by any applicable federal or state law or regulation to be dispensed on prescription only or is restricted to use only by those authorized to prescribe.
Q. Sample: A pre-packaged not-for-sale medication delivered to the provider by an authorized agent of the manufacturer for purposes of providing a patient with only enough medication to determine effectiveness in treating a diagnosed condition.
R. State Certification: The privilege to practice, as defined by MS Code Ann. §73-15-5, issued to APRNs to practice in Mississippi to the full scope of education, training, and certification.
S. State Certification Period: The period of time for which a State Certification may be valid. The State Certification Period is two (2) calendar years beginning January 01st of each odd-numbered year and expiring December 31st of each even-numbered year.
T. Ultimate User: “Ultimate User” shall have the same meaning as set forth in Miss. Code Ann. Section 41-29-105, unless the context otherwise requires.

Source: Miss. Code Ann. § 73-15-17 (1972, as amended).

Rule 1.2 Certification, Renewal, Reinstatement, and Changes in Status.

A. Initial State Certification. Prior to Board certification allowing the RN to practice as an APRN, the RN must:
    1) Be currently licensed as a RN in Mississippi or currently licensed to practice as registered nurse under the Nurse Licensure Compact with a multistate licensure privilege to practice in Mississippi.
    2) Comply with criminal background checks and fingerprinting requirements in accordance with Miss. Code Ann. Section 73-15-19 (1).
    3) Submit completed Board application via the online license management system.
    4) Pay required nonrefundable application fee upon submission of application to the Board.
    5) Submit official transcript of graduation from:
        (a) An accredited master’s degree or higher program with a major in nursing, nurse anesthesia, or nurse midwifery.
        (b) An accredited educational program for APRNs if applicant graduated from an APRN program and was nationally certified as an APRN prior to December 31, 1993.

6) Submit official evidence of graduation from a master's degree or higher accredited program in one of the four recognized advanced practice roles in which clinical experience has occurred. APRN applicants graduating from an APRN program after December 31, 1998, will be required to submit official evidence of graduation from a graduate program with a concentration in the applicant's respective advanced practice nursing specialty.
7) Submit current national certification as an APRN in a designated area of practice by a national certification organization recognized by the Board.
    (a) The Board retains the right to refuse to recognize a national accreditation organization.
    (b) The Board shall state sufficient grounds for refusing to recognize a national accreditation organization.
8) An individual can obtain a State Certification without having a formal collaborative agreement; however, in order to begin practice, the formal collaborative agreement must be submitted to the Board.

B. Renewal of State Certification. The APRN must:
1) Be currently licensed as a RN in Mississippi or currently licensed to practice as registered nurse under the Nurse Licensure Compact with a multistate licensure privilege to practice in Mississippi.
2) Submit renewal application via the online license management system.
3) Pay required nonrefundable application fee upon submission of application to the Board.
4) Submit updated formal collaborative agreement(s).
5) Maintain documentation of current national certification as an APRN in a designated area of practice by a national certification organization recognized by the Board. In the case of a lapse in national certification, the APRN must notify the Mississippi Board of Nursing. The APRN must stop practicing immediately until such time as the national certification is renewed.
6) Maintain documentation of DEA Registration (**if applicable**). In case of lapse in DEA Registration, the APRN must notify the Board immediately. The APRN must stop prescribing controlled substances until such time as the DEA Registration is renewed and notifies the Board of DEA Registration renewal.
7) An individual can obtain a State Certification without having a formal collaborative agreement; however, in order to begin practice, the formal collaborative agreement must be submitted to the Board.
8) Engage in continuing education activities that are designed to improve the knowledge, skill, and ability levels of the APRN. Achievement, maintenance, and renewal of a national certification in a designated area of practice by a national certification organization recognized by the Board shall satisfy this requirement.
9) Complete a minimum of five (5) contact hours of continuing education directly related to controlled substances per State Certification Period. This requirement applies to all APRNs, irrespective of controlled substance prescriptive authority.
    (a) The Board may conduct periodic audits to ensure compliance. Upon notification of audit by the Board, the APRN shall submit to the Board any certificates, transcripts, or other documentation evidencing compliance with these rules, within ten (10) business days of receiving such

notification.

(b) Failure to comply with this rule may subject the APRN to disciplinary action or other administrative sanction.

(c) APRNs graduating from an accredited master's degree or higher APRN program within the last (2) years are exempt from this requirement for the first renewal of State Certification only.

C. Reinstatement of lapsed State Certification. In order to reinstate a lapsed State Certification, the APRN applicant must:

1) Be currently licensed as a RN in Mississippi or currently licensed to practice as registered nurse under the Nurse Licensure Compact with a multistate licensure privilege to practice in Mississippi.
2) Comply with criminal background checks and fingerprinting in accordance with Miss. Code Ann. Section 73-15-19 (1); and
3) Submit reinstatement application via the online license management system.
4) Pay required nonrefundable application fee upon submission of application to the Board.
5) An individual can obtain a State Certification without having a formal collaborative agreement; however, in order to begin practice, the formal collaborative agreement must be submitted to the Board; and
6) Submit documentation of current national certification as an APRN in a designated area of practice by a national certification organization recognized by the Board; and
7) Submit documentation evidencing completion of a minimum of forty (40) contact hours of continuing education related to the advanced clinical practice of the APRN within the past two (2) years.
    (a) At least five (5) contact hours must be directly related to controlled substances. This requirement applies to all APRN reinstatement applicants, irrespective of controlled substance prescriptive authority.
8) Submit documentation of DEA Registration **(if applicable)**.
9) In case of lapse in DEA Registration, the APRN must notify the Board. The APRN must stop prescribing controlled substances until such time as the DEA Registration is renewed and notifies the Board of DEA Registration renewal.
10) Enroll in and utilize the Mississippi Prescription Monitoring Program (PMP).

D. Changes in status.

1) Relationship with collaborating physician/dentist: The APRN shall notify the Board immediately regarding changes in the collaborative relationship with a licensed physician/dentist.
    (a) In the event the collaborative physician/dentist is unable to continue his or her role as collaborative physician/dentist, the APRN may be allowed to continue to practice for a 90-day grace period while the APRN attempts to secure a primary collaborative physician. The Mississippi State Board of Medical Licensure or its designee will serve as the APRN's collaborative physician/dentist with the agreement of the Mississippi Board of Nursing.
    (b) If a collaborative physician/dentist 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 practice agreement will continue.

2) Practice site: Changes or additions regarding practice sites shall be submitted with a fee to the Board by the APRN on forms supplied by the Board. The APRN may not practice at a site prior to approval by the Board.
3) Formal collaborative agreement guidelines: Revisions of formal collaborative agreement(s) shall be submitted with a fee to the Board prior to implementation.

E. Fees are nonrefundable.

Source: Miss. Code Ann. § 73-15-17 (1972, as amended).

Rule 1.3 Monitored Practice Hours. (TEMPORARY SUSPENSION OF RULE)

A. The APRN may not practice at a site without a qualifying provider physically on the premises until the APRN has satisfied the monitored practice hours requirement.
    1) Monitored practice hour means an hour practiced as an APRN with a qualifying provider physically on premises.
        (a) A qualifying provider includes:
            1. Licensed physician,
            2. Licensed dentist, and/or
            3. APRN who has a minimum of three (3) years active practice experience and similar educational preparation.
        (b) The qualifying provider must be of compatible practice with the APRN.
    2) Persons with less than one (1) year (2,000 hours) of experience working as an RN prior to completion of an accredited APRN education program must complete two-thousand (2,000) monitored practice hours.
    3) Persons with one (1) year (2,000 hours) or greater experience working as an RN prior to completion of an accredited APRN education program must complete one-thousand (1,000) monitored practice hours.
    4) Clinical hours earned during an accredited APRN educational program may be applied to the monitored practice hour requirement, provided that national certification is obtained in the specialty area within two (2) years of the date of program completion.
B. The APRN shall submit official evidence of completion of monitored practice hours to the Board within thirty (30) days of completion.
C. APRN's who have a minimum of three (3) years active practice experience in another jurisdiction may be deemed to have satisfied this requirement.

Source: Miss. Code Ann. § 73-15-17 (1972, as amended).

Rule 1.4 Practice Requirements.

A. The APRN shall practice according to standards and guidelines of the national certification organization for which he or she is certified.
B. The APRN shall practice according to the rules and regulations as established by the Mississippi Board of Nursing.
C. The APRN shall practice in a collaborative relationship with a Mississippi licensed physician whose practice is compatible with that of the APRN. The APRN must be able to communicate reliably with a collaborating physician while practicing. CRNAs may also collaborate with licensed dentists.
    1) The APRN shall submit required formal collaborative agreement(s) to the Board prior to beginning practice.
D. Each APRN shall participate in a formal quality assurance/quality improvement (QA/QI) program which shall be maintained on site and shall be available for inspection by representatives of the Board.
    1) The QA/QI program must be sufficient to provide a valid evaluation of the practice and be a valid basis for change, if any.
    2) QA/QI shall encompass Board-approved components according to specific areas of practice which may be found at www.msbn.ms.gov.
    3) The Advanced Practice committee will maintain review of these components and update as necessary.
E. APRNs must hold a Board-approved National Certification to designate one's self as holding a subspecialty. This does not prevent an APRN without a subspecialty designation from practicing in a specialty or subspecialty area.
F. APRNs shall enroll in and utilize the Mississippi Prescription Monitoring Program (MPMP).

Source: Miss. Code Ann. § 73-15-17 (1972, as amended).

Rule 1.5 Prescribing Controlled Substances and Medications by APRNs:

A. Scope.
    These regulations apply to all individuals authorized to practice as an APRN in the State of Mississippi. Pursuant to these regulations, authorized APRNs may prescribe Schedules II, III, IV, or V. Application for this privilege requires an additional fee. Additionally, an application must be submitted to the Drug Enforcement Administration (DEA).
B. Prescription Guidelines - All Medications.
    1) No APRN shall prescribe any medication without a good faith agreement subsequent to examination and medical indication thereof.
        (a) Every written prescription delivered to a patient or delivered to any other person on behalf of a patient, must be signed on the date of issuance by the APRN. Electronic prescription transmissions are allowed using standards established and approved by the United States Department of Health and Human Services - Agency for Healthcare Research and

Quality (HHS- AHRQ). This does not prohibit the transmission of electronic prescriptions and telefaxed (but not emailed) prescriptions to the pharmacy of the patient's choice. Electronic transcription that complies with federal DEA language is allowed. All prescriptions shall contain a designation indicating whether it shall be dispensed as written or whether substitution is permissible.

(b) Every written prescription issued by an APRN should clearly state whether or not each medication should be refilled, and if so, the number of authorized refills and/or the duration of therapy.

(c) Written prescriptions issued by an APRN, bearing more than one noncontrolled medication, shall clearly indicate the intended refill instructions for each medication.

(d) Any unused lines on a multi-line prescription blank shall be clearly voided by the issuing APRN.

(e) An APRN shall not permit any prescription to be signed by any other person in the place of or on behalf of the APRN.

(f) An APRN shall not pre-sign blank prescription pads or order forms under any circumstances.

2) Drug Maintenance, Labeling and Distribution Requirements.

(a) An APRN may receive and distribute not-for-sale prepackaged devices or samples for which the APRN has prescriptive authority.

(b) The patient's record shall reflect the lot number, expiration date, and instructions for use of any not-for-sale prepackaged device or sample.

(c) An APRN may delegate a licensed nurse to provide for the patient the not- for-sale prepackaged device or sample.

(d) An APRN shall not sell or trade any not-for-sale prepackaged device or sample.

(e) An APRN shall not distribute out-of-date not-for-sale prepackaged devices or samples. Out-of-date prepackaged devices and samples shall be promptly removed and properly disposed.

(f) The drug storage area shall be locked and maintained in a sanitary environment.

(g) An APRN shall not accept the return of any drugs.

(h) All drug products shall be maintained, stored, and distributed in such a manner as to maintain the integrity of the product.

3) Maintenance of Patient Records.

(a) An APRN, who prescribes any device or medication, including controlled substances, shall maintain a complete record of the patient's examination, evaluation, and treatment plan.

1. Documentation of the patient shall include the diagnosis and reason for any prescriptions. Further, the APRN shall document the name, dose, strength, quantity, and the date prescribed of any prescription.
2. The patient record required by these regulations shall be maintained at the practice site of the APRN.
3. The patient record required by these regulations shall be

maintained by the APRN for a minimum period of two (2) years.

(b) The Board has the authority to conduct random audits of patient records at APRN practice sites. These records shall be made available for inspection by representatives of the Board pursuant to authority granted in Miss. Code Ann. Section 41-29-125.

4) APRNs shall enroll in and utilize the Mississippi Prescription Monitoring Program (MPMP).

C. Registration for Controlled Substances Prescriptive Authority.

1) Every APRN authorized to practice in Mississippi who prescribes any controlled substance within Mississippi or who proposes to engage in the prescribing of any controlled substance within Mississippi must be registered with and act in abidance with the U.S. Drug Enforcement Administration in compliance with Title 21 CFR Part 1301 Food and Drugs.

2) An APRN shall submit to the Board evidence of personal and/or facility DEA Registration for approval.

3) Pursuant to authority granted in Miss. Code Ann. Section 41-29-125, the Mississippi Board of Nursing hereby adopts, in addition to required regulations with the Board, the registration with the U.S. Drug Enforcement Administration. In the event, however, the APRN has had limitations or other restrictions placed upon his or her state certification wherein he or she is prohibited from handling controlled substances in any or all schedules, said APRN 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 Mississippi Board of Nursing.

4) Persons registered to prescribe controlled substances may order, 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 regulations and in conformity with provisions of the Mississippi Uniform Controlled Substances Law, Miss. Code Ann. Section 41- 29-101 et seq.

5) APRNs may only write prescriptions for or order the use of or administration of any schedule of controlled substances in accordance with the regulations set prior forth. However, in the absence of an individual DEA registration, the following shall be permissible for the nurse operating under the facility DEA registration:

(a) Certified nurse midwives may determine the need for, order, and administer controlled substances in the practice of nurse midwifery within a licensed health care facility.

(b) Certified nurse anesthetists may determine the need for, order, and administer controlled substances in the practice of nurse anesthesia within a licensed health care facility.

(c) Certified nurse practitioners may determine the need for, order, and administer controlled substances in the practice of nurse practitioner within a licensed health care facility.

D. Prescription Regulation - Controlled Substances.

1) It is the ultimate responsibility of the APRN who is authorized to prescribe controlled substances to determine the type, dosage form, frequency of application and number of refills of controlled substances prescribed to a patient.

(a) The APRN shall not delegate this responsibility.
(b) APRNs with controlled substance prescriptive authority may receive samples of controlled substances; however, these must be maintained in a double locked cabinet with an accurate log.

2) All prescriptions for controlled substances must be prescribed in strict compliance with Miss. Code Ann. Sections 41-29-101 through 41-29-311 as amended and Title 21 of U.S. Code of Federal Regulations, Part 1306.

3) Mississippi Prescription Monitoring Program (MPMP) Requirements.
   (a) Utilization Required.
      1. The APRN shall utilize the MPMP for an initial prescription for a controlled substance.
      2. The APRN shall utilize the MPMP at each patient encounter in which an opioid and/or benzodiazepine prescription is prescribed.
   (b) Time Frame of MPMP Report.
      1. The APRN utilizing the MPMP upon initial patient encounter shall utilize a patient prescription history of at least the previous six (6) months.
      2. In all other instances in which utilization of the MPMP is required, the APRN shall utilize a patient prescription history of at least the previous three (3) months.
   (c) Exceptions.
      1. The APRN may elect to forego utilization of the MPMP for a prescription of Testosterone, Atropine/Diphenoxylate, Pregabalin, Gabapentin, or Pseudoephedrine.
      2. The APRN may elect to forego utilization of the MPMP while practicing in the inpatient or emergency room setting; however, this exception does not apply to prescribing a controlled substance upon discharge.
   (d) The APRN may have a properly registered designee run the MPMP report for the APRN's review.

4) The APRN shall maintain documentation evidencing utilization of the MPMP in the patient's record. A copy of the MPMP report itself and/or reflection of MPMP utilization in notes may satisfy this requirement. Benzodiazepines.
   (a) The APRN shall utilize the MPMP at each patient encounter in which an opioid and/or benzodiazepine prescription is ordered.
   (b) The APRN shall limit the prescribing of benzodiazepines to a one (1) month supply with no more than two (2) refills, or a ninety (90) day supply with no refills.
   (c) The APRN shall perform point of service drug testing prior to the initial prescription of benzodiazepines for treatment of chronic medical and/or psychiatric conditions and at least every ninety (90) days thereafter.
      1. Point of service drug tests shall, at a minimum, test for opioids, benzodiazepines, amphetamines, cocaine, and cannabis.
      2. Point of service drug testing is not required in the inpatient

and hospice settings.

(d) The APRN should avoid, whenever possible, the prescribing of opioids, benzodiazepines, and/or Carisoprodol concomitantly.

5) Opioids.

(a) The APRN shall utilize the MPMP at each patient encounter in which an opioid and/or benzodiazepine prescription is ordered.

(b) The APRN should continue opioid therapy only if the patient experiences clinically meaningful improvement in pain and function that outweighs risks to patient safety.

(c) The APRN should avoid, whenever possible, the prescribing of opioids, benzodiazepines and/or Carisoprodol concomitantly.

(d) Treatment of chronic non-cancerous and/or non-terminal pain.

1. The APRN should follow the Center for Disease Control's (CDC) Guideline for Prescribing Opioids for Chronic Pain.
2. The APRN shall perform point of service drug testing prior to each prescription of Schedule II opioids for treatment of chronic non- cancerous and/or non-terminal pain.
    a. Point of service drug tests shall, at a minimum, test for opioids, benzodiazepines, amphetamines, cocaine, and cannabis.
    b. Point of service drug testing is not required in the inpatient and hospice settings.

(e) Treatment of acute non-cancerous and/or non-terminal pain.

1. The APRN should prescribe immediate-release opioids instead of extended-release/ long-acting opioids when treating acute non- cancerous and/or non-terminal pain.
2. The APRN shall not prescribe greater than a ten (10) day supply of opioids for acute non-cancerous and/or non-terminal pain, along with an additional ten (10) day supply of opioids, if deemed clinically necessary. The APRN shall conform with Title 21 CFR Section 1306.12 *refilling prescriptions; issuance of multiple prescriptions* and shall document justification for an additional supply of medication beyond the initial ten (10) day supply.
3. The APRN shall prescribe the lowest effective dose of immediate- release opioids and shall prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids.

(f) The APRN shall not prescribe Methadone to treat chronic pain, acute non- cancerous pain, and/or non-terminal pain.

E. Use of Diet Medication.

1) The APRN shall not prescribe any Schedule II controlled substance for the exclusive treatment of obesity, weight control, or weight loss.

2) An APRN shall not utilize controlled substances or legend drugs for purposes of weight loss unless it has an FDA approved indication for this purpose and then only in accordance with all of the following enumerated conditions.

3) Controlled substance anorectics should be used with caution in the treatment of

obesity or weight loss. An APRN may prescribe said medications for the purpose of weight loss in the treatment of obesity only as an adjunct to a regimen of weight reduction based on caloric restriction, provided, that all of the following conditions are met:

(a) Before initiating treatment utilizing a controlled substance, the APRN determines through review of his or her own records of prior treatment, or through review of the records of prior treatment which a treating physician or weight-loss program has provided to the APRN, that the patient has made a substantial good-faith effort to lose weight in a treatment program utilizing a regimen of weight reduction based on caloric restriction, nutritional counseling, behavior modification, and exercise, without the utilization of controlled substances, and that said treatment has been ineffective.

(b) Before initiating treatment utilizing a controlled substance, the APRN obtains a thorough history, performs a thorough physical examination of the patient, and rules out the existence of any recognized contraindications to the use of the controlled substance to be utilized. "Recognized contraindication" means any contraindication to the use of a drug which is listed in the United States Food and Drug Administration (hereinafter, "FDA") approved labeling for the drug.

(c) The APRN shall not utilize any controlled substance when he or she knows or has reason to believe that a recognized contraindication to its use exists.

(d) The APRN shall not utilize any controlled substance for diet medication in the treatment of a patient whom he/she knows or should know is pregnant.

(e) The APRN shall not initiate and shall discontinue controlled substances which are classified as amphetamine or amphetamine-like anorectics and/or central nervous system stimulants, hereinafter referred to as "stimulant," immediately upon ascertaining or having reason to believe:

1. That the patient has failed to lose weight while under treatment with sad stimulant over a period of thirty (30) days, which determination shall be made by weighting the patient at least every thirtieth (30^{th}) day, except that a patient who has never before received treatment for obesity utilizing a stimulant, and who fails to lose weight during his or her first such treatment attempt may be treated with a different controlled substance for an additional thirty (30) days, or

2. That the patient has developed tolerance (a decreasing contribution of the drug toward further weight loss) to the anorectic effects of said stimulant being utilized, or

3. That the patient has a history of or shows a propensity for alcohol or drug abuse, or

4. That the patient has consumed or disposed of any controlled substance other than in strict compliance with the treating

APRN's directions.

(f) The APRN shall not issue a prescription for a stimulant for any greater than a thirty (30) day supply and is to be prescribed for short-term use only as defined by current standards of care.

(g) As to all other legend drugs or controlled substances which are not considered stimulants, but which have received FDA-approved indication for long term use for weight loss, the APRN shall prescribe said medications in strict compliance with the FDA-approved labeling. In addition to the requirements enumerated in (e) (i) - (iv) above, each prescription shall be issued for no more than a total of three (3) months' supply (including refills) and further, before subsequent new prescriptions can be issued, the patient shall receive a thorough reevaluation of the effectiveness of the medication, including a physical examination to document any potential harmful side effects.

F. Freedom of Choice.
   1) An APRN shall not be influenced in the prescribing of drugs and devices by a direct or indirect financial interest in a pharmaceutical firm, pharmacy, or other supplier. Whether the firm is a manufacturer, distributor, wholesaler, or re- packager of the product involved is immaterial.
   2) An APRN may own or operate a pharmacy if there is no resulting exploitation of patients. Patients are entitled to the same freedom of choice in selecting who will fill their prescription needs as they are in the choice of an APRN.
   3) If a patient requests a written prescription in lieu of an oral prescription or electronic submission, this request shall be honored.

G. Violation of Regulations.
   1) The prescribing of any controlled substance in violation of the above rules and regulations shall constitute a violation of Miss. Code Ann. Section 73-15- 29(1)(f), (k) and (l) and shall be grounds for disciplinary action.
   2) The prescribing, administering, or distributing of any legend drug or other medication in violation of the above rules and regulations shall constitute a violation of Miss. Code Ann. Section 73-15-29(1) (f), (k) and (l), and shall be grounds for disciplinary action.

Source: Miss. Code Ann. § 73-15-17 (1972, as amended).

Rule 1.6 Emergency Practice.

A. For purposes of Rule 1.6, emergency shall mean the threat of loss of life, limb, or vision.
B. Advanced practice registered nurses may assume and perform specific functions and procedures in the event of an emergency which are beyond basic professional nursing preparation, provided that:
   1) The licensee acts in collaboration with or in the absence of an advanced practice clinician;

2) The licensee has the education, training, competency, and skills required to perform the function and procedure;
    (a) The education, training, competency, and skills must align with current national standards for emergency nursing practice;
    (b) The education, training, competency, and skills must be supported by official documentation;
3) The licensee practices in accordance with the appropriate education, training, policy, and procedure established by the employing organization's curriculum, which must align with current national standards for emergency nursing practice;
4) The function or procedure is not otherwise prohibited by law.

Source: Miss. Code Ann. § 73-15-17 (1972, as amended).

Part 2840, Chapter 2: *Cannabis Certification*

Rule 1.1 Scope for Part 2840, Chapter 2.

The rules contained in this *Part 2840, Chapter 2* are promulgated by the Mississippi Board of Nursing [the "Board"] to implement the Mississippi Medical Cannabis Act, Miss. Code Ann. §§ ____-___-___, et seq., [the "Act"]. These rules shall apply to all licenses who are registered as certifying practitioners; or who are applying, or re-applying, to register as certifying practitioners. Nothing in these rules shall be construed to require any licensee to issue any written certification pursuant to the Act.

Source: Miss. Code Ann. § 73-15-17 (1972, as amended)

Rule 1.2 Definitions for Part 2840, Chapter 2.

For purposes of Part 2840, Chapter 2, the following terms have the meanings indicated:

A. "Bona-fide practitioner-patient relationship" means:
    1) A certifying practitioner and patient have a treatment or consulting relationship, during the course of which the certifying practitioner, within his or her scope of practice, has completed an in-person assessment of the patient's medical history and current mental health and medical condition and has documented their certification in the patient's medical records;
    2) The certifying practitioner has consulted in person with the patient with respect to the patient's debilitating medical condition; and
    3) The certifying practitioner is available to or offers to provide follow-up care and treatment to the patient.
B. "Cannabis" means all parts of the plant of the genus cannabis, the flower, the seeds thereof, the resin extracted from any part of the plant and every compound, manufacture, salt, derivative, mixture or preparation of the plant, its seeds or its resin,

including whole plant extracts. Such term shall not mean cannabis-derived drug products approved by the federal Food and Drug Administration under Section 505 of the Federal Food, Drug, and Cosmetic Act.

C. “Certifying practitioner” means any certified nurse practitioner who is licensed to prescribe under the licensing requirements set forth in the Administrative Code and the laws of this state, who maintains a current and unrestricted Mississippi nursing license, has satisfied all continuing education requirements, and who has registered with both the Mississippi Board of Nursing and the Mississippi State Department of Health to certify patients as qualifying patients. For purposes of this Chapter, the term “practitioner” shall mean a “certifying practitioner.” For registered qualifying patients who are minors, “certifying practitioner” shall mean only a physician (Medical Doctor [MD] or Doctor of Osteopathic Medicine [DO]) who meets all other requirements for registration.

D. “Chronic pain” means a pain state in which the cause of the pain cannot be removed or otherwise treated, and which in the generally accepted course of medical practice, no relief or cure of the cause of the pain is possible, or none has been found after reasonable efforts by the certifying practitioner.

E. “Debilitating medical condition” means:

1) Cancer, Parkinson’s disease, Huntington’s disease, muscular dystrophy, glaucoma, spastic quadriplegia, positive status for human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS), hepatitis, amyotrophic lateral sclerosis (ALS), Crohn’s disease, ulcerative colitis, sickle-cell anemia, Alzheimer’s disease, agitation of dementia, post-traumatic stress disorder (PTSD), autism, pain refractory to appropriate opioid management, diabetic/peripheral neuropathy, spinal cord disease or severe injury, or the treatment of these conditions;

2) A chronic, terminal or debilitating disease or medical diagnosis, or its treatment, that produces one or more of the following: cachexia or wasting syndrome, chronic pain, severe or intractable nausea, seizures, or severe and persistent muscle spasms, including, but not limited to, those characteristics of multiple sclerosis; or

3) Any other serious medical condition or its treatment added by the Mississippi Department of Health, as provided for in the Act.

F. "Medical use" includes the acquisition, administration, cultivation, processing, delivery, harvest, possession, preparation, transfer, transportation, or use of medical cannabis or equipment relating to the administration of medical cannabis to treat or alleviate a registered qualifying patient's debilitating medical condition or symptoms associated with the patient's debilitating medical condition. The term "medical use" does not include:

1) The cultivation of cannabis unless the cultivation is done by a cannabis cultivation facility; or

2) the extraction of resin from cannabis by mechanical or chemical extraction unless the extraction is done by a cannabis processing facility.

G. “Qualifying Condition” means any condition as described in this chapter in R.1.2 (E).
H. “Qualifying Patient” means a person who has been diagnosed by a certifying practitioner as having a debilitating medical condition and has been issued a written certification, or who is eligible to receive such certification, under the Act.
I. “Scope of Practice” means the defined parameters of various duties, services or activities that may be provided or performed by a certifying practitioner under state law and the rules and regulations adopted by the Board.
J. “Written Certification” means a form approved by the Mississippi State Department of Health, signed and dated by a certifying practitioner, certifying that a person has a debilitating medical condition, and that includes the following:
    1) The date of issue and the effective date of the recommendation;
    2) The patient's name, date of birth and address;
    3) The practitioner's name, address, and federal Drug Enforcement Agency [DEA] number; and
    4) The practitioner's signature.

Source: Miss. Code Ann. § 73-15-17 (1972, as amended).

Rule 1.3 Registration and Certification.

A. Registration. Certifying practitioners must register with the Board within 30 days of receiving the unique identifier as assigned by the Mississippi Department of Health.
B. General Certification. Certifying practitioners must be authorized and registered with both the Board and the Mississippi State Department of Health to certify patients to obtain cannabis for medical use.
    1) A practitioner shall not issue a written certification unless:
        a) bona fide certifying practitioner-patient relationship exists;
        b) the certifying practitioner has diagnosed the patient as having a qualifying condition after an in-person evaluation, including any necessary and appropriate diagnostic testing; and
        c) the certifying practitioner believes, in his or her professional opinion, that the patient would likely receive medical or palliative benefit from the medical use of cannabis to treat or alleviate the patient's qualifying condition or symptoms associated with that condition.
    2) A certifying practitioner shall conduct the evaluation, diagnosis, and certification processes in a manner consistent with all professional and medical standards of care, and document all information related to those processes in the patient’s records.
    3) The diagnosis of a qualifying condition must be documented in a written certification that shall:
        a) Affirm that it is made in the course of a bona fide practitioner-patient relationship;
        b) Remain current for twelve (12) months, unless the certifying practitioner specifies a shorter period of time;

c) Be issued only after an in-person assessment of the patient by the certifying practitioner;

d) Only be issued on behalf of a minor when the minor's parent or guardian, as defined in the Act, provides signed consent; and

e) Be limited to the allowable amount of cannabis in a thirty-day period.

C. Treatment Plan. Prior to certifying a patient, certifying practitioners must document a written treatment plan that includes:

1) Review of other measures attempted to ease the suffering caused by the qualifying condition that do not involve the recommendation of cannabis.
2) Advice about other options for managing the qualifying condition.
3) Determination that the patient may benefit from cannabis.
4) Stated goals that include the reduction of, and optimally the elimination of, controlled substances used to treat the qualifying condition.
5) Advice about the potential risks of the medical use of cannabis, to include:
    a) The risk of cannabis use disorder;
    b) Exacerbation of psychotic disorders and adverse cognitive effects for children and young adults;
    c) Adverse events, including falls or fractures;
    d) Use of cannabis during pregnancy or breast feeding;
    e) The need to safeguard all cannabis and cannabis-infused products from children and pets; and
    f) Notification to the patient that the cannabis is for the patient's use only and the cannabis should not be donated or otherwise supplied to another individual (i.e., diverted).
6) Additional diagnostic evaluations or other planned treatments.
7) A specific duration for the cannabis authorization for a period no longer than twelve (12) months.
8) Patients with a history of substance use disorder or a co-occurring mental health disorder may require specialized assessment and treatment. The certifying practitioner should seek consultation with, or refer the patient to, a pain management, psychiatric, addiction, or mental health specialist as needed.
9) After a certifying practitioner has issued a written certification for a patient, the Act requires the patient to make a follow-up visit with the practitioner not less than six (6) months after the date of issuance of the certification, for the practitioner to evaluate and determine the effectiveness of the patient's medical use of medical cannabis to treat or alleviate the patient's qualifying condition or symptoms associated with that condition. Should the patient fail to attend a follow-up visit as required, the certifying practitioner may not re-certify said patient until an in-person follow-up visit is conducted.

D. Pediatric and Young Adult Certifications. Only physicians (Medical Doctors [MD] or Doctors of Osteopathic Medicine [DO]) may issue written certifications to registered qualifying patients who are minors (younger than eighteen (18) years of age).

Source: Miss. Code Ann. § 73-15-17 (1972, as amended).

Rule 1.4 Patient Record.

A. A practitioner who evaluates a patient for certification must maintain a complete medical record.

1) The record must contain a record of his or her examination, evaluation and treatment of the patient.

2) The record required by this rule must be maintained in the patient's medical records, and said records must be available for inspection by the representatives of the Mississippi State Board of Nursing.

3) Records shall be maintained for a minimum period of seven (7) years from the date of completion or the last certification occurred.

Source: Miss. Code Ann. § 73-15-17 (1972, as amended).

Rule 1.5 Continuing Education (CE).

A. Practitioners applying to register with the Board as a certifying practitioner must complete continuing education hours.

1) Practitioners applying to register with the Board as a certifying practitioner for the first time must complete a minimum of eight (8) hours of CE in the area of medical cannabis before initial registration shall be approved as approved by the Mississippi Department of Health.

2) After the first year of registration, certifying practitioners shall complete at least five (5) hours of CE in the area of medical cannabis before a reapplication shall be approved.

B. All CE hours in the area of medical cannabis must be earned in courses approved by the Mississippi State Department of Health. CE hours obtained under this rule are in addition to the standard number of CE hours required in Pt. 2840.

Source: Miss. Code Ann. § 73-15-17 (1972, as amended).

Rule 1.6 Advertising.

Refer to Title 15: Mississippi State Department of Health Part 22: Medical Marijuana Advertising and Marketing Chapter 1, Subchapters 1-5 Regulations for Advertisement and Marketing.

Source: Miss. Code Ann. § 73-15-17 (1972, as amended).

Rule 1.7 Freedom of Choice and Conflicts of Interest.

Patients are entitled to the same freedom of choice in selecting where to obtain their cannabis as they are in the choice of a certifying practitioner. The following conduct by any certifying practitioner is a direct violation of the Mississippi Medical Cannabis Act and is prohibited: (a) purposefully referring patients to a specific medical cannabis establishment or to a registered designated caregiver, (b) advertising in a medical cannabis establishment, or (c) issuing written certifications while holding a financial interest in a medical cannabis establishment.

Source: Miss. Code Ann. § 73-15-17 (1972, as amended).

Rule 1.8 Mississippi Prescription Monitoring Program (MPMP) and Urine Drug Screening.

A. Certifying Practitioners who certify patients for cannabis must review the MPMP at each patient encounter involving certification, re-certification, or follow-up related to medical cannabis.
    1) MPMP data reviewed shall include all information since the previous review.
    2) The certifying practitioner shall note in the patient's chart that the MPMP was reviewed and provide appropriate information regarding the findings of said review.
B. Urine Drug Screening (UDS) and Other Diagnostic Tests.
    1) As part of the in-person evaluation of a patient for initial certification or for re-certification each year, certifying practitioners shall conduct urine drug screening (UDS) and other diagnostic tests necessary for full evaluation of the patient's eligibility for medical cannabis.
    2) In the absence of urine, other testing methods may be used.
    3) Tests must include, at a minimum, assays for opioids, benzodiazepines, amphetamines, cocaine, and cannabis. Inconsistent UDS should be utilized as a tool to determine compliance with treatment.

Source: Miss. Code Ann. § 73-15-17 (1972, as amended).

Rule 1.9 Concomitant Prescribing of Controlled Substances and Cannabis Certification.

A. Concomitant Prescribing.
    1) The concomitant prescribing of controlled substances after certification for cannabis is generally discouraged and should be done with caution. There is a lack of data currently on the interactions between controlled substances and cannabis.
    2) When considering certification or re-certification for cannabis, certifying practitioners should focus on improving their patient's quality of life while simultaneously assessing for contraindications to the concurrent use

of controlled substances and cannabis, with the goal of greatly reducing or completely eliminating other mood-altering substances when possible.

Source: Miss. Code Ann. §73-15-17 (1972, as amended).

Rule 1.10 Violations.

Violation of any of the rules or requirements in this Part 2840, Chapter 2, or of any provision of the Mississippi Medical Cannabis Act, constitutes unprofessional conduct in violation of Miss. Code Ann. § 73-15-29 (l) and may subject a licensee to discipline. Discipline under this Chapter and other provisions of the Administrative Code shall be in addition to any other civil, criminal, or administrative penalties available under state law.

Source: Miss. Code Ann. § 73-15-17 (1972, as amended).

Effective October 15, 2022

Part 2840 Chapter 3: Clinical Nurse Specialists

Rule 2.1 Use of Title. In order to use the title Clinical Nurse Specialist, the RN must:

A. Be currently licensed to practice as a RN in Mississippi or be currently licensed to practice under the Nurse Licensure Compact with a multistate licensure privilege to practice in Mississippi, and
B. Hold a master's degree or higher degree in a nursing clinical specialty area and a current Board-approved national certification.

Source: Miss. Code Ann. § 73-15-17 (1972, as amended).