IN THE CHANCERY COURT OF HINDS COUNTY, MISSISSIPPI
FIRST JUDICIAL DISTRICT

MISSISSIPPI ASSOCIATION OF NURSE ANESTHETISTS, Inc. — **PLAINTIFF**

V.

NO. G2013-565 T/1

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE — **DEFENDANT**

COMPLAINT FOR PRELIMINARY AND PERMANENT INJUNCTION AND AN IMMEDIATE TEMPORARY RESTRAINING ORDER

Comes now Plaintiff, MISSISSIPPI ASSOCIATION OF NURSE ANESTHETISTS, Inc., (hereinafter "MANA") and files this Complaint for Preliminary and Permanent Injunction and an Immediate Temporary Restraining Order, and shows to the Court the following:

NATURE OF PROCEEDING

Plaintiff seeks a preliminary and permanent injunction and an immediate temporary restraining order against the Defendant, the Mississippi State Board of Medical Licensure (hereinafter, "BOML") regarding recently promulgated regulations, the scope of which is beyond the authority of the BOML's authority to enact, and the contents of which are arbitrary and capricious.

JURISDICTION AND VENUE

This court has jurisdiction of this subject matter and of the parties as both parties are domiciled in or statutory creations of the State of Mississippi. The Mississippi Association of Nurse Anesthetists, Inc., is a Mississippi non-profit corporation whose principal place of business is in Brandon, Mississippi. The Defendant, the Mississippi State Board of Medical Licensure, is a statutory creation of the State of Mississippi, governing the practice of physicians in Mississippi, whose principal place of business is in Jackson, Mississippi. Thus, venue is also proper in the First Judicial District of Hinds County per Section 73-43-17 of the Mississippi Code Annotated.

PARTIES

Plaintiff, the Mississippi Association of Nurse Anesthetists, Inc. is a non-profit Mississippi corporation which is based in Brandon, Mississippi. The Association files this Complaint on behalf of its members, all of whom are Certified Registered Nurse Anesthetists, properly licensed in the State of Mississippi pursuant to the Mississippi Nurse Practice Act, Section 73-15-1 et seq. of the Mississippi Code Annotated, and the authority of the Mississippi State Board of Nursing in accordance with Section 73-15-1 et seq., of the Mississippi Code Annotated.

Defendant, the Mississippi State Board of Medical Licensure is a board statutorily created by the State of Mississippi and empowered to govern physicians, physician assistants, radiologists, radiologist assistants and acupuncturists. *See* MCA. §73-43-1 et seq. (1980). The Board's principal place of business is located in Hinds County, Mississippi, at 1867 Crane Ridge Drive, Suite 200-B, Jackson, Mississippi, 39216. The Board may be served with process through the Attorney General of the State of Mississippi.

FACTS

MANA is an association of Certified Registered Nurse Anesthetists (CRNAs) in the state of Mississippi. The practices of CRNAs are governed by the Mississippi Board of Nursing.

BOML is empowered to govern the practices of physicians, physician assistants, radiologists, radiologist assistants and acupuncturists, but not CRNAs or other nurses. On March 26, 2013, BOML submitted an Administrative Procedures Notice Filing to the Mississippi Secretary of State concerning 30 Miss. Admin Code Pt. 2630, R 1 of the Mississippi State Board of Medical Licensure Administrative Code. A true and correct copy of the Notice is attached hereto as Exhibit "A". This filing followed a series of hearings held by the BOML. Statements were made by a representative or representatives of BOML during the hearing process that the new regulations were not intended to apply to CRNAs.

The stated purpose of this filing is to "address issues regarding the collaboration of a physician with a **nurse practitioner**." (emphasis added) *See* Page 1 of Exhibit "A". However, these new regulations apply also against CRNAs and all advanced practice nurses, and not just nurse practitioners.

The newly promulgated rule ("the Rule") impermissibly limits the scope of practice by CRNAs, by the subterfuge of prohibiting any anesthesiologist from collaborating with more than four CRNAs at any time. Any ongoing collaborative agreements that do not satisfy these requirements must be granted unspecified "waivers" from the BOML under the new rule, though no guidance is provided as to when, by whom or in what circumstances "waivers" are to be granted, or what showing is required to justify these "waivers."

The Rule as amended also creates a distance restriction between the collaborating physician's practice site and the Advanced Practice Registered Nurse's (APRN's) practice location. The physician and the APRN must be within forty (40) miles of each other's location.

The new Rule also requires that a collaborating physician be present in the building or within ten (10) minutes of the building when a CRNA or any APRN is working in or staffing an emergency room. The BOML does allow an exception for what it describes as "Board approved telemanagement arrangements."

The new Rule will go into effect on April 25, 2013 without any further action by the BOML unless this Court grants the Plaintiff's Complaint.

ARGUMENT

I. BASIS FOR PRELIMINARY AND PERMANENT INJUNCTION

A. The Board has exceeded its statutory authority.

The Board should be enjoined from enforcing the above-referenced regulations because

the Board's action has exceeded its statutory authority. The law, as amended in 2009, is clear that certain regulations governing the practice of nurses are to be promulgated only by the Mississippi State Board of Nursing. The Board of Medical Licensure has no authority to impose such regulations upon nurses, including CRNAs and other APRNs. *See* MCA § 75-15-20 (amended 2009).

The new regulations directly affect the practice of CRNAs and other APRNs who are required by law to perform their duties within a collaborative/consultative relationship with a physician or dentist. *See* MCA § 73-15-20(3). Collaborative practice restrictions imposed on a physician are designed to limit the scope of practice of CRNAs and other APRN's with whom a physician enters into collaborative relationships. This design and these new regulations directly contradict the regulations promulgated by the Board of Nursing, which do not impose any such practice restrictions on CRNAs or other APRN's. *See*, Title 30, Pt. 2840, Ch. 2 of the Mississippi Board of Nursing Administrative Code, attached hereto as Exhibit "B".

CRNAs are required to meet strict guidelines in order to practice in the state of Mississippi. As noted above, the Board of Nursing has the exclusive statutory authority to promulgate and enforce those requirements, and has put into place requirements that APRNs meet certain standards with respect to their education, training, and certification requirements, and to follow certain approved protocol or practice guidelines to ensure quality and safety of health care delivered. It is beyond dispute that the BON is in the best position to regulate the practices of CRNAs. Nevertheless, the BOML is attempting to determine where a CRNA can set up his or her practice and even the nature of that practice.

B. The Board's actions are arbitrary and capricious.

Despite the expressed intent of the BOML that these amendments to Title 30, Part 2630, Rule 1, of the BOML Administrative Code are not meant to be applicable to CRNAs, the plain language of the revised regulations will directly and adversely affect CRNA practice throughout the state of Mississippi. Correspondence from counsel for the BOML, dated April 11, 2013, attempts to defend this ruling by claiming that the request that "CRNAs be excluded from the Regulation, a legal impossibility when we consider that CRNAs are by definition considered APRN's, is unacceptable." *See* correspondence attached hereto as Exhibit "C". The BOML's actions have grouped all APRN's together without any proper basis for doing so and in direct contradiction to the BOML's stated intention to exempt CRNAs. Under the guise of improving patient care, the BOML has acted without a proper basis to address a problem that is non-existent. There has been no credible showing of any issues that would need to be addressed to improve the quality of care provided by CRNAs.

C. The new regulations are vague and ambiguous.

The new regulations were not originally intended to apply to CRNAs. The BOML's actions significantly impact CRNAs. In an attempt to placate the concerns of CRNAs, the BOML has noted the provisions for "waivers". However, the process by which one would obtain a waiver is not detailed. The requirements for a waiver are not delineated. On its face, it is apparent that waivers would be left to the whim of the BOML. Such a vague process cannot withstand judicial scrutiny. Those who were denied the waivers would have no basis for determining whether or not the denial was proper. This sort of willy nilly decision making is precisely what a system of laws rather than individuals is intended to prevent in the State of

Mississippi and throughout the history of American jurisprudence.

The vagueness of the new Rule is also apparent in the requirement that collaborating physicians be within ten (10) minutes of the APRN. Such a time requirement cannot be adequately determined in a manner that would ensure compliance, and there are no findings or substantial evidence in the record to justify such an arbitrary time requirement or to connect it in any way with quality or safety to the public.

D. Health care in Mississippi would be harmed by the new regulations.

The new regulations would cause irreparable harm because they would immediately and significantly adversely impact patient access to care, especially in the medically underserved areas. According to the Health Resources and Services Administration, Mississippi currently has 140 primary health care professional shortage area designations and Mississippi currently has 209 areas that are deemed to be medically underserved areas. *See* Exhibits "D" and "E". The patients in these areas would be the hardest hit by the BOML's unreasonable provisions.

The limitation on collaborative agreements whereby physicians can only supervise four CRNAs would negatively impact the practices of CRNAs throughout Mississippi because many CRNAs are in collaborative agreements with physicians who have such agreements with more than three other CRNAs. The BOML allows for there to be a secondary collaborating physician to additional CRNAs; however, the regulations still restrict patient access to healthcare. There can be no question that limiting the number of CRNAs that can collaborate with a single physician, in any manner, directly and adversely affects the provision of services in the areas outlined in Exhibits "D" and "E" when CRNAs could be providing needed services in the absence of an available physician to actually provide the services. The evidence will show that if this Rule is allowed to go into effect, Plaintiff will be substantially harmed by the Rules prohibition of CRNAs' services from certain facilities.

The BOML also limits health care in Mississippi by requiring a physician to be physically present in the building during the administration of services by a CRNA in an emergency room. The Plaintiff would show that the ability to provide emergency services will be stifled in those areas where there is a shortage of physicians.

This Rule further dilutes the provision of healthcare in Mississippi by limiting the distance between the location of a CRNAs' practice and the practice site of the collaborating physician. This limitation on the ability of a CRNA to locate his or her practice will negatively affect the ability of patients to receive the necessary care in many parts of our state. The Plaintiff would show to the Court evidence of the practical effects of such limitations in our State.

The BOML has acted under the guise of protecting patients but there has not been a scintilla of evidence that imposing such restrictions would serve to protect patients or improve the quality of healthcare. CRNAs and their patients, as well as other APRNs and their patients would suffer irreparable harm if the newly adopted Rule goes into effect on April 25, 2013.

II. BASIS FOR IMMEDIATE TEMPORARY RESTRAINING ORDER

The purpose of a temporary restraining order or injunction is to preserve the status quo pending a final decision on the merits of the case. *Johnson v. Anderson*, 89 So.3d 604 (Miss. Ct. App. 2011). Further, courts hold that when the requested relief is reasonably necessary to preserve the possibility of complete and meaningful relief at the conclusion of the litigation, as in

the present case, the Court should grant such injunctive relief. *Id*; *see also Secretary of State v. Gunn*, 75 So.3d 1015 (Miss. 2011).

A. The probability that the Plaintiff will succeed on the merits.

For the reasons stated herein, the Plaintiff will likely prevail on the merits of this matter. As previously discussed, the BOML has exceeded its statutory authority in creating these new overreaching regulations which substantially limit CRNAs' practices. Further, the BOML has also acted arbitrarily in creating these vague and ambiguous regulations, which fail to address any existing issue involving CRNAs and reach beyond the scope of their statutory authority. Therefore, the Plaintiff will likely succeed on the merits of this case.

B. Plaintiff will suffer irreparable harmed if the relief is not granted.

The harm that would befall Plaintiffs in the absence of an immediate temporary restraining order far exceeds the minor inconvenience to the Defendants caused by the relief sought here. Because there is no adequate remedy at law available to the Plaintiff, it will suffer irreparable harm if the Court does not keep the status quo until a trial on the merits can be heard. The new regulations would immediately and significantly adversely impact patient access to care, especially in the medically underserved areas, which would cause irreparable harm to the Plaintiff. This Court must intervene to prevent such harm from occurring as a result of the new regulations going into effect on April 25, 2013.

C. The threatened harm to the Plaintiff outweighs the minimal harm that granting the relief will cause the Defendant.

If this Court should grant an immediate temporary restraining order, the Defendant will not be harmed. Delaying the effectiveness of the new regulations will only present minimal inconvenience to the Defendant. However, if an immediate temporary restraining order is not granted the threatened harm to the Plaintiff will be devastating.

D. The issuance of the Immediate Temporary Restraining Order serves the public interest.

The public interest and the ends of justice would be much better served by enjoining the Defendant from enforcing the said new regulations, which exceed the scope of the BOML's authority. The new regulations not only impact the Plaintiff, but also the health care community and the patients it serves. The new regulations would immediately and significantly adversely impact patient access to care, especially in the medically underserved areas. In the premises, entry of a temporary restraining order is consistent with the public interest, in that the public policy is in favor of full judicial relief to aggrieved parties would be best served by maintenance of the status quo through a trial on the merits of this matter.

There is no adequate remedy at law to prevent the damage the Plaintiff will sustain if the Defendant is not restrained from enforcing the new regulations. Accordingly, and in light of the foregoing, Plaintiff respectfully requests an immediate temporary restraining order be granted to prevent these new regulations from going into effect and maintaining the status quo through a trial on the merits of this matter. Immediate and irreparable injury, loss or damage will be suffered by Plaintiffs unless this Court acts now to prevent it.

For all the reasons stated herein this Court should grant Plaintiff's Complaint for an immediate Temporary Restraining Order, to enjoin the April 25, 2013 effective date of the new rules, and Preliminary and Permanent Injunction after proper hearing to enjoin the enforcement of the new rules at any time.

WHEREFORE, PREMISES CONSIDERED, Plaintiff, the Mississippi Association of Nurse Anesthetists, Inc., respectfully requests the following relief:

1. Grant an immediate temporary restraining order and a preliminary injunction enjoining the enforcement of the Rule as slated to go into effect on April 25, 2013 until such time as there can be a full hearing on this matter.

2. Grant a permanent injunction barring the enforcement of the newly adopted Rule as unenforceable.

3. Grant any other general and equitable relief the Court deems appropriate.

This the 12th day of April, 2013.

Respectfully submitted,
MISSISSIPPI ASSOCIATION OF
NURSE ANESTHETISTS, INC.,
Plaintiffs
BY: _____
Jeffrey B. Rimes (MSB # 10017)
One of their Attorneys

OF COUNSEL:

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EXHIBIT A

SOS APA Form 001

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME		CONTACT PERSON	TELEPHONE NUMBER	
Board of Medical Licensure		Rhonda Freeman	(601) 987-3079	
ADDRESS		CITY	STATE	ZIP
1867 Crane Ridge Drive, Suite 200-B		Jackson	MS	39216
EMAIL	SUBMIT DATE	Name or number of rule(s):		
rhonda@msbml.ms.gov	03/26/13	30 Miss. Admin Code Pt. 2630, R. I		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This rule has been rewritten to address issues regarding the collaboration of a physician with a nurse practitioner.

Specific legal authority authorizing the promulgation of rule: 73-43-11

List all rules repealed, amended, or suspended by the proposed rule: N/A

ORAL PROCEEDING:

☒ An oral proceeding is scheduled for this rule on Date: 3-20-2013 Time: 3:00 p.m. Place: Board Office

☐ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

☐ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing	**Action proposed:**	**Date Proposed Rule Filed:** 02/15/2013
_____ Renewal of effectiveness	_____ New rule(s)	**Action taken:**
To be in effect in _____ days	_____ Amendment to existing rule(s)	_____ Adopted with no changes in text
Effective date:	_____ Repeal of existing rule(s)	_X_ Adopted with changes
_____ Immediately upon filing	_____ Adoption by reference	_____ Adopted by reference
_____ Other (specify): _____	**Proposed final effective date:**	_____ Withdrawn
	_____ 30 days after filing	_____ Repeal adopted as proposed
	_____ Other (specify): _____	**Effective date:**
		_X_ 30 days after filing
		_____ Other (specify): _____

Printed name and Title of person authorized to file rules: Rhonda Freeman

Signature of person authorized to file rules: Rhonda Freeman

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		MAR 2[illegible] MISSISSIPPI SECRETARY OF STATE
Accepted for filing by	**Accepted for filing by**	**Accepted for filing by**

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

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. Because discipline may be imposed for failure to meet the standard of practice in connection with collaborative agreement with any advanced practice registered nurse (APRN), the Board of Medical Licensure has determined that it is reasonable, necessary and in the public interest to adopt the following rules detailing what it considers to be the standard of practice. These rules are to inform and educate physicians in collaborative relationships as to what the Board of Medical Licensure considers to be the responsibilities of such physicians. These rules intend to be practical and flexible enough to address a variety of situations and specialties. The Board of Medical Licensure does not intend to restrict patient access to essential healthcare 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. "Advanced Practice Registered Nurse (APRN)" is a person who is licensed or holds the privilege to practice under Miss. Code Ann. Section 73-15-5, and who is nationally certified as an advanced practice registered nurse or in a specialized nursing practice which includes certified nurse midwives (CNM), certified nurse anesthetists (CRNA), clinical nurse specialists (CNS) and certified nurse practitioners (CNP).

B. "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.

C. "Primary Collaborating Physician" means a physician who, pursuant to a duly executed protocol, has agreed to adhere to the responsibilities implied by the collaborative agreement with an APRN as outlined in 73-43-11. This responsibility includes, but is not limited to, adherence to the Quality Assurance Program set out in these rules.

D. "Secondary Collaborating Physician" ("Back-up Physician") is a physician who, pursuant to a duly executed collaborative agreement, agrees to perform the duties of the primary collaborating physician, including adherence to these rules, when the primary collaborating physician is unavailable. The classification secondary physician may also be applied when the physician is collaborating with a nurse practitioner who is working 20 hours or less a week for a clinic but has a full-time primary physician in collaboration at another site. When the secondary collaborating physician is acting as the primary all of the following rules apply.

E. "Collaborative Agreement" means a written agreement between a physician, either primary or secondary as defined above, and an APRN. The collaborative agreement must be individualized to the specific collaborative practice.
F. "Acute Care Facility" means a hospital facility in which patients with acute medical conditions (e.g. cardiac, pulmonary, stroke, acute psychiatric hospitals, etc.) are being cared for by APRNs.
G. "Board" means the Mississippi State Board of Medical Licensure.

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

Rule 1.3 Requirements for Collaborating Physicians. Primary and secondary collaborating physicians must:

A. hold a current unrestricted license in the state of Mississippi and actively provide direct patient care at least eight (8) hours weekly;
B. notify the Board within seven (7) working days of entering into or termination of any collaborative agreement;
C. insure that the primary collaborative physician(s) name(s) is/are displayed for public view at the APRN's practice site; and
D. enter into a collaborative agreement with the APRN, which is written, signed and dated by both the APRN and physician, and which must:
    1. remain in the practice site of the collaborating physician should there be a site visit by the Board;
    2. define the scope of practice, including mutually agreed upon collaborative agreements and guidelines for the healthcare provided;
    3. agree upon medication formulary to be used by APRN and physician in practice. The collaborative physician has the right to use the Mississippi Prescription Monitoring Program to review the APRN's controlled substance prescribing practices;
    4. describe the individual and shared responsibilities of the APRN and physician;
    5. be reviewed and updated annually by the physician and the APRN; and
    6. set out a procedure for handling patient emergencies, unexpected outcomes or other urgent practice situations.

A physician shall not enter into a collaborative agreement with an APRN whose training and practice is not compatible with that of the physician (it is recognized and accepted practice that surgeons, obstetricians and dentists have collaborative arrangements with CRNAs). It is recognized that CRNAs commonly work in the anesthesia care team model where one anesthesiologist may be collaborating with up to four CRNAs concurrently. In the model, a group of anesthesiologists may collaborate with a group of CRNAs. In this instance, it is acceptable to list multiple collaborators on the CRNA's protocol. If the usual practice is for one anesthesiologist to collaborate with more than four CRNAs concurrently, then a waiver must be requested and approved by the Board. Any other arrangement must adhere to the standard rules of collaboration that exists for an APRN. Unless otherwise waved, this rule applies to hospital settings and surgical suites only. This same model shall also apply to emergency medicine group practices.

The collaborative agreement shall not include medications the physician does not use in his or her current practice and about which the physician is not knowledgeable and competent.

Before entering into a collaborative agreement, a physician should consider the following when determining the degree of autonomy the agreement provides:

A. the physician's personal knowledge and ability to provide the time to the collaborative agreement;
B. the type of practice;
C. the scope of practice of the APRN;
D. the educational training and experience of the APRN;
E. the geographic location of the physician's practice and the practice of the APRN and their ability to consult in a manner that assures patient safety; and
F. the technology available to the physician and APRN to allow effective communication and consultation.

Physicians are prohibited from entering into a collaborative agreement with an APRN whose practice location is greater than forty (40) miles from the physician's practice site, unless a waiver is expressly granted by the Board for that particular collaborative agreement. However, a collaborative physician (primary or secondary) must be within 40 miles from the actively practicing APRN. Collaborative agreements which have previously been granted as waivers at the time of adoption of these rules will continue to be exempt from this requirement.

Anytime a collaborating physician is working with an APRN who is working in and/or staffing an emergency room the collaborative physician (primary or secondary) must be physically present in the building or no more than ten (10) minutes from the facility. An exception to this policy would be Board approved telemanagement arrangements.

Anytime a collaborating physician is working with an APRN who is working in and/or providing care in an acute care facility, there must be evidence reflected in the patient's chart that a collaborative physician has seen and examined the patient within twelve (12) hours of the APRN initially seeing the patient on admission.

Physicians are prohibited from entering into primary collaborative agreements with more than four (4) APRN's at any one time unless a waiver is expressly granted by the Board for that particular collaborative agreement. However, a physician may be in collaboration as the secondary physician on four (4) additional collaborative agreements and no QA, as defined under Rule 1.4, will be required for these additional APRNs. A secondary physician status may be given to a physician who is collaborating with up to two (2) APRNs who are working less than 20 hours per week at another clinic not in the same practice as the APRN's primary place of work. A QA review will be required quarterly.

The Board will consider the factors listed above, as well as any other factors that the Board deems relevant, in determining whether to grant a waiver. Such waivers may be granted to medical practices with multiple physicians including, but not limited to, the following settings:

A. emergency rooms;
B. intensive care units;

C. labor epidural services on obstetrical suites
D. State Department of Health;
E. State Department of Mental Health;
F. federally funded health systems (e.g. FQHCs, VAMCs); and
G. community mental health centers.

Physicians shall complete a questionnaire pertaining to APRNs upon initial licensure and during each annual renewal process.

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

Rule 1.4 Quality Assurance Program. Physicians entering into collaborative agreements shall implement a quality assurance program which shall include:

A. Review by the primary collaborating physician of a random sample of charts that represent 10% or 20 charts, whichever is less, of patients seen by the APRN every month. Charts should represent the variety of patient types seen by the nurse practitioner. Each patient encounter that the nurse practitioner and collaborating physician have consulted on during the month will count as one chart review.
B. Review of the controlled medications prescribed by the APRN revealed in the chart review. The physician may also make review through the Board of Pharmacy Prescription Monitoring Program.
C. The primary collaborating physician shall meet face to face with the APRN once per quarter for the purpose of quality assurance and this meeting should be documented.
D. Secondary physicians for APRNs who work less than 20 hours per week at a clinic shall meet face to face with the APRN once per quarter for the purpose of quality assurance and this meeting should be documented.
E. The collaborating physician must insure that the APRN maintains a log of charts reviewed, including:
    1. the identifier for the patients' charts;
    2. reviewers' names; and
    3. dates of review.

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

Rule 1.5 Disability of Primary Collaborating Physician. In the event of death, disability (physical/mental) or unanticipated relocation of a primary collaborating physician, the secondary collaborating physician shall act as the primary collaborating physician. In the event the APRN has no secondary collaborating physician, the APRN must notify the Mississippi Board of Nursing, which will then immediately notify the Board. In such cases, the APRN may continue to practice for a 90-day grace period while the APRN attempts to secure a primary collaborating physician without such practice being considered the practice of medicine. The Board or its designee, will serve as the APRN's primary collaborating physician with the approval of the Mississippi Board of Nursing. The Board and the Mississippi State Board of Nursing will assist the APRN in their attempt to secure a primary collaborating physician. If a primary collaborating 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 Board

of Nursing and the Executive Committee of the Board. 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 Board is agreed upon. The Quality Assurance process that was in place will be continued by the Board of Medical Licensure during the extension.

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

Rule 1.6 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 1.7 Effective Date of Regulation. The above rules pertaining to collaborating physicians shall become effective September 21, 1991.

Amended May 19, 2005. Amended March 13, 2009. Amended November 19, 2009. Amended March 21, 2013.

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

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. Because discipline may be imposed for failure to meet the standard of practice in connection with collaborative agreement with any advanced practice registered nurse (APRN), the Board of Medical Licensure has determined that it is reasonable, necessary and in the public interest to adopt the following rules detailing what it considers to be the standard of practice. These rules are to inform and educate physicians in collaborative relationships as to what the Board of Medical Licensure considers to be the responsibilities of such physicians. These rules intend to be practical and flexible enough to address a variety of situations and specialties. The Board of Medical Licensure does not intend to restrict patient access to essential healthcare in the state of Mississippi.

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B. "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.

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D. "Secondary Collaborating Physician" ("Back-up Physician") is a physician who, pursuant to a duly executed collaborative agreement, agrees to perform the duties of the primary collaborating physician, including adherence to these rules, when the primary collaborating physician is unavailable. The classification secondary physician may also be applied when the physician is collaborating with a nurse practitioner who is working 20 hours or less a week for a clinic but has a full-time primary physician in collaboration at another site. When the secondary collaborating physician is acting as the primary all of the following rules apply.

E. "Collaborative Agreement" means a written agreement between a physician, either primary or secondary as defined above, and an APRN. The collaborative agreement must be individualized to the specific collaborative practice.
F. "Acute Care Facility" means a hospital facility in which patients with acute medical conditions (e.g. cardiac, pulmonary, stroke, acute psychiatric hospitals, etc.) are being cared for by APRNs.
G. "Board" means the Mississippi State Board of Medical Licensure.

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

Rule 1.3 Requirements for Collaborating Physicians. Primary and secondary collaborating physicians must:

A. hold a current unrestricted license in the state of Mississippi and actively provide direct patient care at least eight (8) hours weekly;
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C. insure that the primary collaborative physician(s) name(s) is/are displayed for public view at the APRN's practice site; and
D. enter into a collaborative agreement with the APRN, which is written, signed and dated by both the APRN and physician, and which must:
    1. remain in the practice site of the collaborating physician should there be a site visit by the Board;
    2. define the scope of practice, including mutually agreed upon collaborative agreements and guidelines for the healthcare provided;
    3. agree upon medication formulary to be used by APRN and physician in practice. The collaborative physician has the right to use the Mississippi Prescription Monitoring Program to review the APRN's controlled substance prescribing practices;
    4. describe the individual and shared responsibilities of the APRN and physician;
    5. be reviewed and updated annually by the physician and the APRN; and
    6. set out a procedure for handling patient emergencies, unexpected outcomes or other urgent practice situations.

A physician shall not enter into a collaborative agreement with an APRN whose training and practice is not compatible with that of the physician (it is recognized and accepted practice that surgeons, obstetricians and dentists have collaborative arrangements with CRNAs). It is recognized that CRNAs commonly work in the anesthesia care team model where one anesthesiologist may be collaborating with up to four CRNAs concurrently. In the model, a group of anesthesiologists may collaborate with a group of CRNAs. In this instance, it is acceptable to list multiple collaborators on the CRNA's protocol. If the usual practice is for one anesthesiologist to collaborate with more than four CRNAs concurrently, then a waiver must be requested and approved by the Board. Any other arrangement must adhere to the standard rules of collaboration that exists for an APRN. Unless otherwise waved, this rule applies to hospital settings and surgical suites only. This same model shall also apply to emergency medicine group practices.

The collaborative agreement shall not include medications the physician does not use in his or her current practice and about which the physician is not knowledgeable and competent.

Before entering into a collaborative agreement, a physician should consider the following when determining the degree of autonomy the agreement provides:

A. the physician's personal knowledge and ability to provide the time to the collaborative agreement;
B. the type of practice;
C. the scope of practice of the APRN;
D. the educational training and experience of the APRN;
E. the geographic location of the physician's practice and the practice of the APRN and their ability to consult in a manner that assures patient safety; and
F. the technology available to the physician and APRN to allow effective communication and consultation.

Physicians are prohibited from entering into a collaborative agreement with an APRN whose practice location is greater than forty (40) miles from the physician's practice site, unless a waiver is expressly granted by the Board for that particular collaborative agreement. However, a collaborative physician (primary or secondary) must be within 40 miles from the actively practicing APRN. Collaborative agreements which have previously been granted as waivers at the time of adoption of these rules will continue to be exempt from this requirement.

Anytime a collaborating physician is working with an APRN who is working in and/or staffing an emergency room the collaborative physician (primary or secondary) must be physically present in the building or no more than ~~five (5)~~ ten (10) minutes from the facility. An exception to this policy would be Board approved telemanagement arrangements.

Anytime a collaborating physician is working with an APRN who is working in and/or providing care in an acute care facility, there must be evidence reflected in the patient's chart that a collaborative physician has seen and examined the patient within twelve (12) hours of the APRN initially seeing the patient on admission.

Physicians are prohibited from entering into primary collaborative agreements with more than four (4) APRN's at any one time unless a waiver is expressly granted by the Board for that particular collaborative agreement. However, a physician may be in collaboration as the secondary physician on four (4) additional collaborative agreements and no QA, as defined under Rule 1.4, will be required for these additional APRNs. A secondary physician status may be given to a physician who is collaborating with up to two (2) APRNs who are working less than 20 hours per week at another clinic not in the same practice as the APRN's primary place of work. A QA review will be required quarterly. ~~Collaborative agreements which have previously been granted such waivers at the time of adoption of these rules will continue to be exempt from this requirement.~~

The Board will consider the factors listed above, as well as any other factors that the Board deems relevant, in determining whether to grant a waiver. Such waivers may be granted to medical practices with multiple physicians including, but not limited to, the following settings:

A. emergency rooms;
B. intensive care units;
C. labor epidural services on obstetrical suites
D. State Department of Health;
E. State Department of Mental Health;
F. federally funded health systems (e.g. FQHCs, VAMCs); and
G. community mental health centers.

Physicians shall complete a questionnaire pertaining to APRNs upon initial licensure and during each annual renewal process.

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

Rule 1.4 Quality Assurance Program. Physicians entering into collaborative agreements shall implement a quality assurance program which shall include:

A. Review by the primary collaborating physician of a random sample of charts that represent 10% or 20 charts, whichever is less, of patients seen by the APRN every month. Charts should represent the variety of patient types seen by the nurse practitioner. Each patient encounter that the nurse practitioner and collaborating physician have consulted on during the month will count as one chart review.
B. Review of the controlled medications prescribed by the APRN revealed in the chart review. The physician may also make review through the Board of Pharmacy Prescription Monitoring Program.
C. The primary collaborating physician shall meet face to face with the APRN once per quarter for the purpose of quality assurance and this meeting should be documented.
D. Secondary physicians for APRNs who work less than 20 hours per week at a clinic shall meet face to face with the APRN once per quarter for the purpose of quality assurance and this meeting should be documented.
E. The collaborating physician must insure that the APRN maintains a log of charts reviewed, including:
    1. the identifier for the patients' charts;
    2. reviewers' names; and
    3. dates of review.

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

Rule 1.5 Disability of Primary Collaborating Physician. In the event of death, disability (physical/mental) or unanticipated relocation of a primary collaborating physician, the secondary collaborating physician shall act as the primary collaborating physician. In the event the APRN has no secondary collaborating physician, the APRN must notify the Mississippi Board of Nursing, which will then immediately notify the Board. In such cases, the APRN may continue to practice for a 90-day grace period while the APRN attempts to secure a primary collaborating physician without such practice being considered the practice of medicine. The Board or its designee, will serve as the APRN's primary collaborating physician with the approval of the Mississippi Board of Nursing. The Board and the Mississippi State Board of Nursing will assist the APRN in their attempt to secure a primary collaborating physician. If a primary

collaborating 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 Board of Nursing and the Executive Committee of the Board. 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 Board is agreed upon. The Quality Assurance process that was in place will be continued by the Board of Medical Licensure during the extension.

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

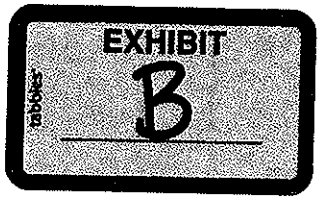
Rule 1.6 Violation of Rules. Any violation of the rules as enumerated above shall constitute unprofessional conduct in violation of Mississippi Code, Section 73-25-29(8).

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

Rule 1.7 Effective Date of Regulation. The above rules pertaining to collaborating physicians shall become effective September 21, 1991.

Amended May 19, 2005. Amended March 13, 2009. Amended November 19, 2009. Amended March 21, 2013.

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



Title 30: Professions and Occupations

Part 2840 Advanced Practice

Part 2840 Chapter 1: Clinical Nurse Specialists

Rule 1.1 Use of Title. In order to use the title Clinical Nurse Specialist, the RN must:

A. Be currently licensed as a RN in Mississippi or hold a temporary permit to practice as a RN in Mississippi, and

B. Hold a master's degree or higher degree in a nursing clinical specialty area.

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

Part 2840 Chapter 2: Advanced Practice Registered Nurses (APRNs) include Certified Nurse Midwives, Certified Registered Nurse Anesthetists, Certified Nurse Practitioners

Rule 2.1 Certification, Renewal, Reinstatement, Discipline.

A. Initial 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 hold a temporary permit to practice as a RN in Mississippi;

2) Comply with criminal background checks and fingerprinting requirements in accordance with Miss. Code Ann. Section 73-15-19 (1);

3) Submit required applications and fees; and

* 4) Submit official transcript of graduation from:

(a) an accredited master's degree or higher program with a major in nursing; or

(b) a master's degree or higher nurse anesthesia or midwifery program accredited by a board-approved accrediting body;

(c) Submit evidence of graduation from 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.

**5) Submit official evidence of graduation from a master's degree or higher 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.

The APRN program must be accredited by a national accreditation organization approved by the board; and

6) Hold current national certification as an APRN in a designated area of practice by a national certification organization recognized by the board;

7) Submit required practice documentation for approval by the board prior to beginning practice..

8) An individual can obtain an APRN license without having a practice agreement; however, in order to begin practice, the collaborative agreement must be submitted for approval and approved by the board.

* APRN applicants who graduated from an APRN program and were nationally certified as an APRN prior to December 31, 1993, may submit evidence of graduation from an accredited educational program for registered nurses APRNs.

** 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.

B. New graduate certification.

Graduates of an APRN program may be issued temporary certification to practice for a maximum of 120 days from the date of completion of an APRN program. Graduates of APRN programs must have monitored practice with either a licensed physician or a certified APRN while practicing with a temporary permit for 720 hours. Prior to practicing as an APRN, the new graduate must:

1) Be currently licensed as a RN in Mississippi or hold a temporary permit to practice as a RN in Mississippi; and
2) Comply with criminal background checks and fingerprinting requirements in accordance with Miss. Code Ann. Section 73-15-19(1);
3) Submit required applications and fees; and
*4) Submit official evidence of graduation from:
   (a) an accredited master's degree or higher program with a major in nursing; or
   (b) a master's degree or higher nurse anesthesia or midwifery program accredited by a board-approved national accrediting body;
   (c) Submit evidence of graduation from 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.
**5) Submit official transcript of graduation from a master's degree or higher 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.
6) Submit evidence of registration to take the national certification examination within 90 days of completion of an APRN program; and
7) Submit evidence that certification examination results will be sent directly to the board from the national certifying body; and
8) Submit required practice documentation for approval by the board (approval must be granted prior to practicing as an APRN).
9) Complete a board-approved educational program prior to making application and after completion of 720 hours monitored practice, if the APRN applicant is applying for controlled substance prescriptive authority.

10) An individual can obtain an APRN license without having a practice agreement; however, in order to begin practice, the collaborative agreement must be submitted for approval and approved by the board.

* APRN applicants who graduated from an APRN program prior to December 31, 1993, may submit evidence of graduation from an accredited educational program for registered nurses.

** APRN applicants graduating from an APRN program after December 31, 1998, will be required to submit official evidence of graduation from a graduate program or higher with a concentration in the applicant's respective advanced practice nursing specialty.

C. Renewal of state certification.

APRNs shall renew certification in conjunction with renewal of the RN license online only and shall submit the following:

1) Renewal application and fee; and
2) Documentation of review of protocol/practice guidelines; and
3) Documentation of at least forty (40) contact hours (four [4] continuing education units), or equivalency, related to the advanced clinical practice of the APRN which have been obtained within the previous two (2) year period. Two of the forty (40) contact hours must be directly related to the prescribing of controlled substances and approved by the board; and
4) 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 certification, the APRN must stop practicing immediately until such time as certification is renewed.
5) An individual can obtain an APRN license without having a practice agreement; however, in order to begin practice, the collaborative agreement must be submitted for approval and approved by the board.

D. Reinstatement of lapsed state certification.

APRNs may reinstate a lapsed state certification online only and must:

1) Submit documentation of a current, active Mississippi RN license; and
2). Comply with criminal background checks and fingerprinting in accordance with Miss. Code Ann. Section 73-15-19 (1); and
3) Submit the APRN reinstatement application and fee; and
4) Submit a protocol/practice guidelines for approval by the board (approval must be granted prior to practicing as an APRN); and
5) 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
6) Submit documentation of at least forty (40) contact hours (four [4] continuing education units), or equivalency, related to the advanced clinical practice of the APRN which have been obtained within the previous two (2) year period.
7) An individual can obtain an APRN license without having a practice agreement; however, in order to begin practice, the collaborative agreement must be submitted for approval and approved by the board.

E. Changes in status.

1) Relationship with collaborating physician/dentist.

The APRN shall notify the board immediately regarding changes in the collaborative/consultative relationship with a licensed physician or dentist. In the event the collaborative physician is unable to continue his/her role as collaborative physician, 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 with the agreement of the Mississippi Board of Nursing. The Mississippi State Board of Medical Licensure and the Mississippi Board of Nursing will assist the APRN in his/her 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.

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) Protocol or practice guidelines.
Revisions of protocols or practice guidelines shall be submitted with a fee to the board prior to implementation. The APRN may not implement revisions prior to board approval.

F. Fees are nonrefundable.

G. Disciplinary action.
Any APRN who is in violation of the *Mississippi Nursing Practice Law and/or Rules and Regulations* shall be subject to disciplinary action by the board. Such action is of public record and shall be reported by the board to the appropriate national credentialing organization.

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

Rule 2.2 Advisory Committee.
There may be an advisory committee with representatives from each role including CNMs, CRNAs, CNPs and CNSs. The purpose of this committee shall include functioning in an advisory capacity on matters related to advanced practice nursing.

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

Rule 2.3 Practice Requirements.
The APRN shall practice:

A. According to standards and guidelines of the national certification organization for which he/she are certified; and

B. In a collaborative/consultative 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/consulting physician while practicing. CRNAs may also collaborate/consult with licensed dentists; and

C. According to a board-approved protocol or practice guidelines:

1) APRNs practicing as nurse anesthetists must practice according to board-approved practice guidelines which address the following: Preanesthesia preparation and evaluation; anesthesia induction, maintenance, and emergence; postanesthesia care; perianesthetic and clinical support functions. There must be an agreement between CRNA, the collaborating/consulting physician/dentist, and the institution in which anesthesia services are being provided which outlines clinical privileges or guidelines for practice.

2) APRNs practicing in other specialty areas must practice according to a board-approved protocol which has been mutually agreed upon by the APRN and a Mississippi licensed physician whose practice or prescriptive authority is not limited as a result of voluntary surrender or legal/regulatory order.

3) Each collaborative/consultative relationship shall include and implement a formal quality assurance/quality improvement program which shall be maintained on site and shall be available for inspection by representatives of the Mississippi Board of Nursing and Mississippi State Board of Medical Licensure. The quality assurance/quality improvement program criteria shall consist of:

(a) Review by collaborative physician of a sample of charts that represent 10% or 20 charts, whichever is less, of patients seen by the advanced practice registered nurse every month. Charts should represent the variety of patient types seen by the advanced practice registered nurse. Patients that the advanced practice registered nurse and collaborating physician have consulted on during the month will count as one chart review.

(b) The advanced practice registered nurse shall maintain a log of charts reviewed which includes the identifier for the patients' charts, reviewers' names, and dates of review.

(c) Each advanced practice registered nurse shall meet face to face with a collaborating physician once per quarter for the purpose of quality assurance.

4) APRNs may not write prescriptions for, dispense or order the use of or administration of any schedule of controlled substances except as follows or as outlined in Section 2.4.

5) APRNs may not write prescriptions for, dispense or order the use of or administration of any schedule of controlled substances except as follows:

(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 as set forth in the board-approved protocol.

(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 as set forth in board-approved practice guidelines.

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

Rule 2.4 Prescribing. Prescribing Controlled Substances and Medications by certified APRNs:

A. Scope.

These regulations apply to all individuals authorized to practice as a APRN in the State of Mississippi. Pursuant to these regulations, authorized certified APRNs may prescribe Schedules II, III, IV, or V. Application for this privilege requires an additional fee.

B. Definitions.

1) The words "administer", "controlled substances", and "ultimate user", shall have the same meaning as set forth in Miss. Code Ann. Section 41-29-105, unless the context otherwise requires.
2) The word "board" shall mean the Mississippi Board of Nursing.
3) The word "prescribe" shall mean to designate or order by means of either a written or oral prescription, the delivery of a controlled substance or legend drug to an ultimate user.
4) The word "distribute" shall mean to deliver a not-for-sale prepackaged device, medication or manufacturer's starter pack, other than by administration or prescription, to a patient for whom the certified APRN has prescribed such device or medication in accordance with the certified APRN's Board of Nursing approved protocol.
5) The words "prescription drug" or "legend drug" shall mean 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.
6) The words "electronic prescribing" or E-prescribing" shall mean 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.

C. Registration for Controlled Substances Certificate Prescriptive Authority.

1) Every certified 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 the U.S. Drug Enforcement Administration in compliance with Title 21 CFR Part 1301 Food and Drugs.
2) 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 as required in Sub-paragraph 2.4 c.(1) above. In the event, however, certified APRN has had limitations or other restrictions placed upon his/her license wherein he/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.

3) 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 regulations and in conformity with provisions of the Mississippi Uniform Controlled Substances Law, Miss. Code Ann. Section 41-29-101 et seq.

D. Maintenance of Patient Records.

1) Patient Record. A certified APRN who prescribes a controlled substance shall maintain a complete record of his/her examination, evaluation and treatment of the patient which must include documentation of the diagnosis and reason for prescribing controlled substances; the name, dose, strength, quantity of the controlled substance and the date that the controlled substance was prescribed. The record required by this subsection shall be maintained in the patient's medical records, provided that such medical records are maintained at the practice site of the APRN and are available for inspection by the representatives of the Mississippi Board of Nursing pursuant to authority granted in Miss. Code Ann. Section 41-29-125 (Supp. 1986). The Mississippi Board of Nursing has the authority to conduct random audits of patient records at practice sites where those certified APRNs have protocols allowing for prescribing of controlled substances.

2) No certified APRN shall prescribe any controlled substance or other drug having addiction-forming or addiction-sustaining liability without a good faith agreement prior to examination and medical indication thereof.

3) A certified APRN shall not sell or trade any medication which he/she receives as prepackaged samples or starter packs, whether or not said samples are controlled substances, legend drugs or other medication.

4) The Patient Record required by these regulations shall be maintained in the office of the certified APRN for a period of seven (7) years from the date that the record is completed or the controlled substances, legend drugs or other medications are prescribed and shall be made available for inspection by representatives of the Mississippi Board of Nursing pursuant to authority granted in Miss. Code Ann. Section 41-29-125 (Supp. 1986). Records for other APRNs (CRNAs) shall be maintained in accordance with the institution's policy.

E. Use of Diet Medication.

1) As to the prescription of controlled substance anorectics in Schedules III, IV or V, use of said medications in the treatment of obesity or weight loss should be done with caution. A certified 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 Schedule III, IV or V controlled substance, the certified APRN determines through review of his/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 certified 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 Schedule III, IV or V controlled substance, the certified 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 certified APRN shall not utilize any Schedule III, IV or V controlled substance when he/she knows or has reason to believe that a recognized contraindication to its use exists.

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

(e) As to those controlled substances in Schedules III, IV or V which are classified as amphetamine or amphetamine-like anorectics and/or central nervous system stimulants, hereinafter referred to as "stimulant", the certified APRN shall not initiate or shall discontinue utilizing said controlled substance stimulant immediately upon ascertaining or having reason to believe:

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

(ii) 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

(iii) That the patient has a history of or shows a propensity for alcohol or drug abuse, or

(iv) That the patient has consumed or disposed of any controlled substance other than in strict compliance with the treating certified APRN's directions.

In addition to the above, the certified APRN shall not issue a prescription for a stimulant for any greater than a thirty-day supply and is to be prescribed for short-term use only as defined by current standards of care

(f) As to all other legend drugs or controlled substances in Schedules III, IV or V which are not considered stimulants but which have received FDA-

approved indication for long term use for weight loss, the certified 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 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.

2) A certified APRN shall not utilize Schedules III, IV or V controlled substance or legend drug for purposes of weight loss unless it has an FDA approved indication for this purpose and then only in accordance with all of the above enumerated conditions. The purpose of this rule is to prohibit the use of such drugs as diuretics and thyroid medications for the sole purpose of weight loss.

F. Drug Maintenance, Labeling and Distribution Requirements.

1) State certified 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. A certified APRN may receive and distribute prepackaged medications or samples for which the certified APRN has prescriptive authority.

2) A state certified APRN or delegated licensed nurse must distribute the not-for-sale prepackaged medication. For the purpose of this regulation "distribute" shall mean hand the prepackaged medication to the patient or the patient's authorized agent.

3) All drug products which are maintained/stored in the office of a certified APRN, shall be maintained/stored in the manufacturer's or repackager's original package. The label of any container in which drugs are maintained must bear the drug name, strength, the manufacturer's control lot number and the expiration date. Drugs which are pre-counted and prepackaged for purposes of distributing shall be identifiable as to expiration date and manufacturer's control lot number. The packages in which drug products are maintained shall not be labeled in any false or misleading manner. The labeling requirements of this Section are in addition to, and not in lieu of, other labeling requirements of the laws of the State of Mississippi, Rules and Regulations of the Mississippi Board of Nursing, and laws of the United States or federal regulations.

4) A state certified APRN shall not distribute out-of-date prepackaged samples or store out-of-date prepackaged samples intermixed with the stock of current prepackaged samples. Out-of-date prepackaged samples shall be promptly removed from current stock and stored separately until proper disposal shall be made. When distributing a product in a manufacturer's original package or container, the labeling of which bears an expiration date, a manufacturer's control lot number or other information which may be of value to the patient, the APRN shall distribute the product with this information intact.

5) The drug storage area shall be maintained in a sanitary fashion.

6) A state certified APRN shall not accept the return for subsequent resale or exchange any drugs after such items have been taken from the premises where sold, distributed and from the control of the certified APRN.

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

G. Prescription Regulation - Controlled Substances.

1) It is the ultimate responsibility of the certified 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. This responsibility must never be delegated to any other personnel.

2) The following requirements apply to all prescriptions for controlled substances:

(a) All prescriptions for controlled substances must be written 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.

(b) On all prescriptions of controlled substances, Schedules II, III, IV or V wherein refills are permitted, certified APRNs shall indicate the appropriate refills, not to exceed five (5), or mark "none."

(c) Each certified APRN shall insure that the complete name and address of the patient to whom the certified APRN is prescribing the controlled substance appears on the prescription.

(d) A certified APRN shall not permit any prescription for controlled substances to be signed by any other person in the place of or on behalf of the APRN.

(e) A certified APRN shall not pre-sign blank prescription pads or order forms under any circumstances.

(f) A certified APRN shall not utilize blank prescription pads or order forms upon which the signature of the certified APRN or controlled substance prescribed has been mechanically or photostatically reproduced. This prohibition includes the telefaxing or emailing of any controlled substance prescription. Electronic transcription that complies with federal DEA language is allowed.

(g) No more than one (1) controlled substance shall be issued on a single prescription blank.

H. Prescription Guidelines - All Medications.

1) In addition to any other requirements set forth in these regulations pertaining to the issuance of prescriptions of controlled substances, the following additional requirements apply to all prescriptions of controlled substances, whether or not said prescriptions are for controlled substances, legend drugs or any other medication:

(a) Every written prescription delivered to a patient, or delivered to any other person on behalf of a patient, must be manually signed on the date of issuance by certified 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, however, the transmission of electronic prescriptions and telefaxed (but not emailed) prescriptions for noncontrolled drugs to the pharmacy of the patient's choice. . Electronic transcription that complies with federal DEA language is allowed.

(b) All prescriptions shall be on forms containing two lines for the certified APRN's signature. There shall be a signature line in the lower right hand corner of the prescription form beneath which shall be clearly imprinted the words "substitution permissible." There shall be a signature line in the lower left corner of the prescription form beneath which shall be clearly imprinted the words "dispense as written." The certified APRN signature on either signature line shall validate the prescription and designate approval or disapproval of product selection.

(c) If the certified APRN uses a prescription form which does not contain two signature lines required above, he/she shall write in his/her own handwriting the words "dispense as written" thereupon to prevent product selection.

(d) Every written prescription issued by certified APRN for a legend drug should clearly state whether or not the prescription should be refilled, and if so, the number of authorized refills and/or the duration of therapy. Certified APRNs should avoid issuing prescriptions refillable on "prn" basis. If a certified APRN chooses to issue a prescription refillable "prn", the life of the prescription or time limitation must clearly be set forth on the prescription. In no case shall a prescription which is refillable on a "prn" basis be refilled after the expiration of one (1) year. Regardless of whether a prescription is refillable on a "prn" basis or the prescription expressly states the number of authorized refills, the use of said medication should be re-evaluated on at least an annual basis. Upon the expiration of one (1) year, a prescription becomes invalid, regardless of the number of refills indicated or "prn" designation. Thereafter, a new prescription, if indicated, must be issued.

(e) Every written prescription issued by certified APRN, bearing more than one noncontrolled medication, shall clearly indicate the intended refill instructions for each medication. Lack of clearly indicated refill instructions prohibit the refilling of the medications. All unused lines on a multi-line prescription blank shall be clearly voided by the issuing certified APRN.

(f) A prescription shall no longer be valid after the occurrence of any one of the following events:

(i) Thirty (30) days after the death of the issuing certified APRN;

(ii) Thirty (30) days after the issuing certified APRN has moved or otherwise changed the location of his/her practice so as to terminate the certified APRN/patient relationship. Termination of the certified APRN/patient relationship results when a patient is no longer able to seek personal consultation or treatment from the issuing certified APRN;

(iii) Insofar as controlled substances are concerned, immediately after loss of DEA Controlled Substances Privilege by the issuing certified APRN; or

(iv) Immediately after revocation, suspension or surrender of the certified APRN's authorization to practice.

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

(h) A certified APRN shall not pre-sign blank prescription pads or order forms under any circumstances.

(i) A certified APRN shall not utilize blank prescription pads or order forms upon which the signature of the certified APRN or medication prescribed have been mechanically or photostatically reproduced. This prohibition includes the telefaxing or emailing of any prescription.

I. Freedom of Choice.

1) A certified APRN shall not be influenced in the prescribing of drugs, devices or appliances 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. Reputable firms rely on quality and efficacy to sell their products under competitive circumstances and do not appeal to certified APRNs to have financial involvements with the firm in order to influence their prescribing, administering or distributing.

2) A certified APRN may own or operate a pharmacy if there is no resulting exploitation of patients. A certified APRN shall not give a patient prescriptions in code or enter into agreements with pharmacies or other suppliers regarding the filling of prescriptions by code. Patients are entitled to the same freedom of choice in selecting who will fill their prescription needs as they are in the choice of a certified APRN. The prescription is a written direction for a therapeutic or corrective agent. A patient is entitled to a copy of the certified APRN's prescription for drugs or other devices as required by the principles of medical ethics. The patient has a right to have the prescription filled wherever the patient wishes. Where medication is to be distributed or a prescription, excluding refills, called in to a pharmacist for medication, a certified APRN shall inform each patient of that patient's right to a written prescription and the right to have the prescription filled wherever the patient wishes.

3) Patients have an ethically and legally recognized right to prompt access to the information contained in their individual medical records. The prescription is an essential part of the patient's medical record. If a patient requests a written prescription in lieu of an oral prescription, this request shall be honored. Certified APRNs shall not discourage patients from requesting a written prescription or urge, suggest or direct in any manner that a patient fill a prescription at an establishment which has a direct telephone line or which has entered into a business or other preferential arrangement with the certified APRN with respect to the filling of the certified APRN's prescriptions.

J. Other Drugs Having Addiction-Forming Liability.

All certified APRN shall maintain patient records in the same format as that required by Section 2.4d. when administering or distributing the drug Nalbuphine Hydrochloride (Nubain) or its generic equivalent.

K. 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.

L. Effective Date of Regulations.
The above rules and regulations pertaining to prescribing, administering and distributing of medication became effective July 1, 2002.

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

Part 2840 Chapter 3: Expanded Role for the Licensed Practical Nurse in IV Therapy

Rule 3.1 Certification, Renewal, Reinstatement, Discipline.

A. Initial certification.
Prior to board certification allowing the LPN to practice in the expanded role, the LPN must:
1) Be currently licensed as a LPN in Mississippi or hold a temporary permit to practice as a LPN in Mississippi, or a graduate of a state approved practical nursing program that included an IV integrated curriculum after the year 2008;
2) Submit a completed board application and pay the required nonrefundable fee to the board;
3) Submit an official transcript of graduation from a board-approved state practical nursing program with an integrated IV curriculum, or submit official written evidence of completion of a board-approved IV therapy curriculum program.
4) Licensed LPNs that have not graduated from an IV therapy integrated nursing program, must have one (1) year of clinical experience as a LPN within the past three (3) years if the approved IV certification educational program is completed after graduation from an approved practical nursing program.
5) Graduates of state approved practical nursing programs that included an IV integrated curriculum after the year 2008 must submit an application for the IV therapy expanded role within one (1) year of completion of the educational program. If the application is not received in the board's office within one year of completion of the licensed practical nurse educational program the applicant must complete a board-approved IV therapy certification educational program.

B. Renewal of certification.
Expanded role LPNs shall renew IV certification in conjunction with renewal of the LPN license and shall submit the following:
1) Renewal application and fee; and
2) Documentation of completion of a minimum of ten (10) contact hours of continuing education and/or in service education in IV therapy within the previous two (2) year period.

EXHIBIT C

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April 8, 2013

VIA EMAIL andy@tru-law.com
ORIGINAL BY MAIL

R. Andrew Taggart, Jr.
Taggart, Rimes & Usry, PLLC
P.O. Box 3024
Madison, MS 39130-3025

RE: Mississippi State Board of Medical Licensure
Part 2630 Chapter 1 – Collaboration/Consultation with Nurse Practitioners

Dear Andy:

This letter is to follow-up our telephone conversation earlier this morning. In summary, you expressed an intent to seek injunctive relief against the Board in the event the Board fails to address a number of issues or concerns of the Association of Certified Registered Nurse Anesthetists. I interpret your call to be limited to nurse anesthetists and no other category of advanced practice nursing.

Following our conversation I spoke with Ellen O'Neal, Attorney General Counsel assigned to the Medical Board. I have also spoken with Board President, Randy Easterling, M.D. I was unaware that you had already spoken with Dr. Easterling. Nonetheless, our message is the same. If there are any particular issues or specific changes to the regulation which the Association wishes to address, please present your concerns or objections in writing. Following the public hearing, the Board made several adjustments to the proposed regulations. The Board is certainly willing to consider any further dialogue with the Association in an effort to answer questions which it may have and possibly entertain further adjustment to the proposed regulations. However, without specific objections, dialogue and adjustments are impossible.

Should you have any questions, please do not hesitate to call me.

Sincerely,

BIGGS, INGRAM, SOLOP &
CARLSON, PLLC

Stan

Stan T. Ingram

STI:mb
Cc: H. Vann Craig, M.D.
Board Members
Ellen O'Neal

EXHIBIT D

Find Shortage Areas: HPSA by State & County

Shortage Designation Home
Find Shortage Areas
HPSA & MUA/P by Address
HPSA Eligible for the Medicare Physician Bonus Payment
MUA/P by State & County

Criteria:

State: Mississippi
County: All Counties
ID: All
Date of Last Update: All Dates
HPSA Score (lower limit): 0
Discipline: Primary Medical Care
Metro: All
Status: Designated
Type: All

Results: 140 records found.
(Satellite sites of Comprehensive Health Centers automatically assume the HPSA score of the affiliated grantee. They are not listed separately.)

HPSA Name	ID	Type	FTE	# Short	Score
001 - Adams County					
Low Income - Adams	1289992876	Population Group	0	5	22
Adams		Single County			
003 - Alcorn County					
Low Income - Alcorn County	1289992899	Population Group	3	3	19
Alcorn		Single County			
005 - Amite County					
Amite County	128005	Single County	1	3	19
Amite County Medical	1289992865	Comprehensive Health Center	1	0	5
007 - Attala County					
Low Income - Attala County	1289992897	Population Group	2	2	17
Attala		Single County			
009 - Benton County					
Benton	128009	Single County	2	1	16
North Benton County Health	1289992869	Comprehensive Health Center	1	0	9
Hickory Flat Clinic Association, Inc.	1289992888	Rural Health Clinic		0	0
011 - Bolivar County					
Delta Health Center, Inc.	1289992849	Comprehensive Health Center	1	0	8
013 - Calhoun County					
Calhoun	128013	Single County	4	1	13
015 - Carroll County					
Valden	1289992882	Geographical Area	0	2	14
C.T. 9502.00		Census Tract			
017 - Chickasaw County					
Chickasaw County	128017	Single County	5	0	13
019 - Choctaw County					
Low Income - Choctaw	1289992895	Population Group	0	2	18
Choctaw		Single County			
021 - Claiborne County					
Claiborne	128021	Single County	2	1	16
Claiborne County Family Health Center	1289992852	Comprehensive Health Center	1	0	19
023 - Clarke County					
Clarke	128023	Single County	4	2	18
Outreach Health Services	1289992853	Comprehensive Health Center	1	0	15
025 - Clay County					
Clay County	128025	Single County	6	1	12
027 - Coahoma County					
Aaron E. Henry Community Health Center	1289992866	Comprehensive Health Center	1	0	9
Low Income - Coahoma County	128999289A	Population Group	3	2	18
Coahoma		Single County			
029 - Copiah County					
Copiah County	128029	Single County	8	1	13
031 - Covington County					
Covington County	128031	Single County	4	2	17
033 - DeSoto County No HPSAs in this county.					
035 - Forrest County					
Southeast MS Rural Health Initiative	1289992847	Comprehensive Health Center		0	10
Low Income - Forrest County	128999289B	Population Group	7	6	18
Forrest		Single County			
037 - Franklin County					
Low Income - Franklin County	1289992894	Population Group	0	1	20
Franklin		Single County			
039 - George County					
Low Income - George County	128999289D	Population Group	3		12
George		Single County			
041 - Greene County					
Greene County	128041	Single County	2	1	16

Greene Area Medical Extenders, Inc.	1289992854	Comprehensive Health Center	1	0	19
043 - Grenada County					
Low Income - Grenada County	1289992896	Population Group	2	1	17
Grenada		Single County			
045 - Hancock County					
Hancock County	128045	Single County	8	4	13
047 - Harrison County					
Low Income - Harrison County	1289992802	Population Group	8	15	17
Harrison		Single County			
Coastal Family Health, Inc.	1289992861	Comprehensive Health Center	1	0	15
049 - Hinds County					
Central Mississippi Civic Improvement	1289992846	Comprehensive Health Center		0	14
Central Mississippi Health Services	1289992885	Comprehensive Health Center		0	9
Low Income - Hinds County	1289992891	Population Group	22	14	14
Hinds		Single County			
051 - Holmes County					
Holmes County	128051	Single County	3	3	20
Dr. Arenia C. Mallory Community Health Center	1289992868	Comprehensive Health Center	1	0	12
053 - Humphreys County					
Humphreys County	128053	Single County	3	1	17
055 - Issaquena County					
Issaquena/Sharkey	1289992820	Geographical Area	2	1	18
Issaquena		Single County			
057 - Itawamba County					
Low Income-Itawamba	1289992851	Population Group	1	2	17
Itawamba		Single County			
Mantachie Rural Health Care, Inc.	1289992864	Comprehensive Health Center	1	0	6
059 - Jackson County					
Low Income - Jackson County	1289992884	Population Group	6	10	16
Jackson		Single County			
061 - Jasper County					
Jasper County	128061	Single County	1	4	20
063 - Jefferson County					
Jefferson County	128063	Single County	3	0	15
Jefferson Comprehensive	1289992870	Comprehensive Health Center	1	0	12
065 - Jefferson Davis County					
Jefferson Davis	128065	Single County	4	0	16
067 - Jones County					
Low Income-Jones	1289992822	Population Group	4	7	18
Jones		Single County			
Family Health Center, Inc.	1289992858	Comprehensive Health Center	1	0	11
069 - Kemper County					
Kemper County	128069	Single County	2	1	18
071 - Lafayette County					
Low Income - Lafayette County	1289992874	Population Group	2	4	18
Lafayette		Single County			
073 - Lamar County					
Lamar County	128073	Single County	5	10	18
075 - Lauderdale County					
Low Income - Lauderdale County	1289992823	Population Group	8	3	17
Lauderdale		Single County			
Greater Meridian Health Clinic	1289992860	Comprehensive Health Center	1	0	11
077 - Lawrence County					
Lawrence	128077	Single County	3	1	16
079 - Leake County					
Leake County	128079	Single County	5	2	15
081 - Lee County					
Low Income - Lee County	1289992877	Population Group	5	4	15
Lee		Single County			
083 - Leflore County					
Leflore County	128083	Single County	10	1	14
Emergency Medical Services Clinic	1289992887	Rural Health Clinic		0	0
085 - Lincoln County					
Low Income - Lincoln County	1289992878	Population Group	4	1	15
Lincoln		Single County			
087 - Lowndes CountyNo HPSAs in this county.					
089 - Madison County					
G. A. Carmichael Family Health Center	1289992859	Comprehensive Health Center	1	0	8
091 - Marion County					
Marion County	128091	Single County	5	4	18
093 - Marshall County					
Marshall County	128093	Single County	1	11	20
Northeast Mississippi	1289992863	Comprehensive Health Center	1	0	10
095 - Monroe County					
Monroe County	128095	Single County	11	1	10
Access Family Health Services	1289992875	Comprehensive Health Center		0	6
Chestnut Medical Clinic	1289992880	Rural Health Clinic		0	8
Pioneer Family Medical	1289992881	Rural Health Clinic		0	0
097 - Montgomery County					
Montgomery County	128097	Single County	2	1	17
099 - Neshoba County					
Neshoba County	128099	Single County	8	2	13
Choctaw Health Center	1289992892	Native American Tribal Population		0	5
Mississippi Band of Choctaw Indians	1289992893	Native American Tribal Population		0	18

Mississippi Band of Choctaw Indians	1289992895	Native American Tribal Population		0	10
101 - Newton County					
Newton County	128101	Single County	5	1	12
103 - Noxubee County					
Noxubee County	128103	Single County	2	2	20
105 - Oktibbeha County					
Low Income - Oktibbeha County	1289992857	Population Group	5	2	10
Oktibbeha		Single County			
107 - Panola County					
Panola County	128107	Single County	8	3	16
109 - Pearl River County					
Pearl River	128109	Single County	12	3	12
111 - Perry County					
Perry County	128111	Single County	2	2	19
113 - Pike County					
McComb and Magnolia	1289992883	Geographical Area	6	1	16
C.T. 9503.00		Census Tract			
C.T. 9505.00		Census Tract			
C.T. 9506.00		Census Tract			
C.T. 9507.00		Census Tract			
115 - Pontotoc County					
Low Income-Pontotoc County	1289992898	Population Group	1	3	16
Pontotoc		Single County			
117 - Prentiss County					
Prentiss County	128117	Single County	6	2	13
119 - Quitman County					
Quitman County	128119	Single County	2	1	19
121 - Rankin County					
Family Health Care Clinic	1289992873	Comprehensive Health Center	1	0	8
Low Income - Rankin County	128999289C	Population Group	10	4	11
Rankin		Single County			
123 - Scott County					
Scott County	128123	Single County	3	6	19
East Central Mississippi Health Care, Inc.	1289992848	Comprehensive Health Center	1	0	9
125 - Sharkey County					
Issaquena/Sharkey	1289992820	Geographical Area	2	1	18
Sharkey		Single County			
127 - Simpson County					
Low Income - Simpson	1289992843	Population Group	2	3	19
Simpson		Single County			
129 - Smith County					
Smith County	128129	Single County	2	4	20
131 - Stone County					
Low Income - Stone	1289992871	Population Group	1	1	17
Stone		Single County			
133 - Sunflower County					
Sunflower County	128133	Single County	4	5	21
135 - Tallahatchie County					
Tallahatchie County	128135	Single County	2	3	21
Tutwiler Clinic	1289992890	Rural Health Clinic		0	0
137 - Tate County					
Tate County	128137	Single County	6	2	12
139 - Tippah County					
Tippah County	128139	Single County	5	2	17
141 - Tishomingo County					
Tishomingo	128141	Single County	5	1	13
143 - Tunica County					
Tunica County	128143	Single County	2	1	19
145 - Union County					
Low Income - Union County	1289992879	Population Group	3	0	7
Union		Single County			
Family Clinic of New Albany	1289992889	Rural Health Clinic		0	0
147 - Walthall County					
Walthall County	128147	Single County	3	2	16
149 - Warren County					
Low Income - Warren County	1289992824	Population Group	4	2	16
Warren		Single County			
151 - Washington County					
Washington County	128151	Single County	13	5	17
153 - Wayne County					
Wayne County	128153	Single County	6	1	14
155 - Webster County					
Webster County	128155	Single County	2	2	18
157 - Wilkinson County					
Wilkinson County	128157	Single County	1	2	23
159 - Winston County					
Winston County	128159	Single County	4	3	19
161 - Yalobusha County					
Yalobusha County	128161	Single County	2	2	18
163 - Yazoo County					
Yazoo County	128163	Single County	1	8	22
Federal Correctional Institution - Yazoo City	1289992845	Correctional Facility	0	3	24

Data as of: 10/24/2012

NEW SEARCH | MODIFY SEARCH CRITERIA

EXHIBIT
Barber
E

Find Shortage Areas: MUA/P by State and County

Shortage Designation Home
Find Shortage Areas
HPSA & MUA/P by Address
HPSA by State & County
HPSA Eligible for the Medicare Physician Bonus Payment

Criteria:
State: Mississippi
County: ALL COUNTIES
ID #: All

Results: 128 records found.

Name	ID#	Type	Score	Designation Date	Update Date
Adams County					
Adams Service Area	01740	MUA	51.30	1978/11/01	
Alcorn County					
Alcorn Service Area	01741	MUA	44.30	1978/11/01	
Amite County					
Amite Service Area	01742	MUA	29.60	1978/11/01	
Attala County					
Attala Service Area	01743	MUA	40.50	1978/11/01	
Benton County					
Benton Service Area	01744	MUA	23.50	1978/11/01	
Bolivar County					
Bolivar Service Area	01745	MUA	34.00	1984/07/03	
Calhoun County					
Calhoun Service Area	01746	MUA	37.80	1978/11/01	
Carroll County					
Carroll Service Area	01747	MUA	43.70	1978/11/01	
Chickasaw County					
Chickasaw Service Area	01748	MUA	31.20	1978/11/01	
Choctaw County					
Choctaw Service Area	01749	MUA	44.90	1978/11/01	
Claiborne County					
Claiborne Service Area	01750	MUA	26.90	1978/11/01	
Clarke County					
Clarke Service Area	01751	MUA	42.70	1978/11/01	
Clay County					
Clay Service Area	01752	MUA	40.30	1978/11/01	
Coahoma County					
Coahoma Service Area	01753	MUA	29.90	1984/07/03	
Copiah County					
Copiah Service Area	01754	MUA	38.40	1978/11/01	
Covington County					
Covington Service Area	01755	MUA	48.80	1978/11/01	
DeSoto County					
Desoto Service Area	01756	MUA	47.40	1978/11/01	
Forrest County					
No MUAs in this county.					
Franklin County					
Franklin Service Area	01757	MUA	57.60	1978/11/01	
George County					
George Service Area	01758	MUA	53.00	1978/11/01	
Greene County					
Greene Service Area	01759	MUA	36.70	1978/11/01	
Grenada County					
Grenada Service Area	01760	MUA	41.10	1978/11/01	
Hancock County					
Hancock Service Area	01761	MUA	49.40	1978/11/01	
Harrison County					
Harrison Service Area	01825	MUA	52.98	1994/05/12	
CT 0001.00					
CT 0002.00					
CT 0003.00					
CT 0004.00					
CT 9900.00					
Harrison Service Area	01826	MUA	52.00	1994/05/12	
CT 0018.00					
CT 0023.00					
CT 0024.00					
CT 0026.00					
Harrison Service Area	01827	MUA	52.57	1994/05/12	
CT 0020.00					

CT 0030.00					
CT 0031.01					
CT 0031.02					
Harrison Service Area	01839	MUA	57.30	1984/11/14	1994/05/12
CT 0034.01					
Hinds County					
Hinds Service Area	01828	MUA	56.53	1994/05/12	
CT 0010.00					
CT 0011.00					
CT 0012.00					
CT 0020.00					
Hinds Service Area	01829	MUA	54.05	1994/05/12	
CT 0016.00					
CT 0027.00					
CT 0032.00					
CT 0114.00					
CT 0115.00					
Hinds Service Area	01830	MUA	55.50	1994/05/12	
CT 0105.00					
CT 0106.00					
Hinds Service Area	01831	MUA	55.95	1994/05/12	
CT 0112.00					
CT 0113.00					
Holmes County					
Holmes Service Area	01762	MUA	31.90	1978/11/01	
Humphreys County					
Humphreys Service Area	01763	MUA	32.30	1978/11/01	
Issaquena County					
Issaquena Service Area	01764	MUA	19.70	1978/11/01	
Itawamba County					
Itawamba Service Area	01765	MUA	48.60	1978/11/01	
Jackson County					
No MUAs in this county.					
Jasper County					
Jasper Service Area	01766	MUA	38.50	1978/11/01	
Jefferson County					
Jefferson Service Area	01767	MUA	37.10	1978/11/01	
Jefferson Davis County					
Jefferson Davis Service Area	01768	MUA	26.50	1978/11/01	
Jones County					
Jones Service Area	01769	MUA	45.00	1978/11/01	
Kemper County					
Kemper Service Area	01770	MUA	22.00	1978/11/01	
Lafayette County					
Lafayette Service Area	01771	MUA	53.60	1978/11/01	
Lamar County					
Lamar Service Area	01772	MUA	41.20	1978/11/01	
Lauderdale County					
Lauderdale Service Area	01773	MUA	53.70	1978/11/01	
Lawrence County					
Lawrence Service Area	01774	MUA	51.10	1978/11/01	
Leake County					
Leake Service Area	01775	MUA	36.20	1978/11/01	
Lee County					
Lee Service Area	01776	MUA	57.60	1978/11/01	
Leflore County					
Leflore Service Area	01777	MUA	29.60	1978/11/01	
Lincoln County					
Lincoln Service Area	01778	MUA	45.10	1978/11/01	
Lowndes County					
Lowndes Service Area	01779	MUA	46.80	1978/11/01	
Madison County					
Madison Service Area	01780	MUA	36.20	1978/11/01	
Marion County					
Marion Service Area	01781	MUA	40.10	1978/11/01	
Marshall County					
Marshall Service Area	01782	MUA	26.70	1978/11/01	
Monroe County					
Monroe Service Area	01783	MUA	44.80	1978/11/01	
Montgomery County					
Montgomery Service Area	01784	MUA	27.80	1978/11/01	
Neshoba County					
Neshoba Service Area	01785	MUA	38.30	1978/11/01	
Newton County					
Newton Service Area	01786	MUA	32.40	1978/11/01	
Noxubee County					
Noxubee Service Area	01787	MUA	26.50	1978/11/01	
Oktibbeha County					
Oktibbeha Service Area	01788	MUA	47.80	1978/11/01	
Panola County					
Panola Service Area	01789	MUA	31.00	1978/11/01	
Pearl River County					
Pearl River Service Area	01790	MUA	43.10	1978/11/01	
Perry County					

Perry Service Area	01800	MUA	44.10	1978/11/01	
Pike County					
Pike Service Area	01801	MUA	52.70	1978/11/01	
Pontotoc County					
Pontotoc Service Area	01802	MUA	44.50	1978/11/01	
Prentiss County					
Prentiss Service Area	01803	MUA	42.90	1978/11/01	
Quitman County					
Quitman Service Area	01804	MUA	32.20	1978/11/01	
Rankin County					
Rankin Service Area	01832	MUA	45.95	1994/05/12	
CT 0201.01					
CT 0209.00					
Rankin Service Area	01833	MUA	57.30	1994/05/12	
CT 0202.02					
CT 0202.04					
CT 0203.01					
CT 0203.02					
Rankin Service Area	01834	MUA	55.62	1994/05/12	
CT 0204.01					
CT 0204.02					
CT 0206.00					
CT 0208.02					
CT 0210.03					
Scott County					
Scott Service Area	01805	MUA	38.00	1978/11/01	
Sharkey County					
Sharkey Service Area	01806	MUA	30.60	1978/11/01	
Simpson County					
Simpson Service Area	01807	MUA	42.10	1978/11/01	
Smith County					
Smith Service Area	01808	MUA	44.50	1978/11/01	
Stone County					
Stone Service Area	01809	MUA	45.20	1978/11/01	
Sunflower County					
Sunflower Service Area	01810	MUA	32.10	1984/07/03	
Tallahatchie County					
Tallahatchie Service Area	01811	MUA	30.10	1978/11/01	
Tate County					
Tate Service Area	01812	MUA	35.50	1978/11/01	
Tippah County					
Tippah Service Area	01813	MUA	56.00	1978/11/01	
Tishomingo County					
Tishmingo Service Area	01835	MUA	58.27	1994/05/12	
MCD (91377) District 2					
MCD (92115) District 3					
MCD (92853) District 4					
Tunica County					
Tunica Service Area	01814	MUA	30.70	1978/11/01	
Union County					
Union Service Area	01815	MUA	43.70	1978/11/01	
Walthall County					
Walthall Service Area	01816	MUA	30.80	1978/11/01	
Warren County					
Warren Service Area	01817	MUA	50.10	1978/11/01	
Washington County					
Washington Service Area	01818	MUA	39.80	1984/07/03	
Wayne County					
Wayne Service Area	01819	MUA	35.70	1978/11/01	
Webster County					
Webster Service Area	01820	MUA	32.10	1978/11/01	
Wilkinson County					
Wilkinson Service Area	01821	MUA	32.40	1978/11/01	
Winston County					
Winston Service Area	01822	MUA	32.40	1978/11/01	
Yalobusha County					
Yalobusha Service Area	01823	MUA	25.80	1978/11/01	
Yazoo County					
Yazoo Service Area	01824	MUA	32.10	1978/11/01	

NEW SEARCH MODIFY SEARCH CRITERIA