Title 30: Professions and Occupations

Part 2840: ADVANCED PRACTICE

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

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

A. Board: The Mississippi Board of Nursing.
B. Advanced Practice Registered Nurse (APRN): Any person who holds certification and is currently licensed to practice in Mississippi or currently licensed to practice under the Nurse Licensure Compact with a multistate licensure privilege to practice in Mississippi as a certified nurse midwife (CNM), certified registered nurse anesthetist (CRNA) or certified registered nurse practitioner (CNP). Certified nurse practitioners include acute, adult, pediatric, geriatric, family, psych-mental health, neonatal, and women's health.
C. Collaborating Physician: A physician or dentist who has an unrestricted license to practice in the state of Mississippi and has a compatible practice or practice site as the APRN.
D. DEA: United States Drug Enforcement Administration rules and regulations contained in Title 21 CFR, Part 1301 regarding the certified APRN's practice of prescribing controlled substances.
E. Good Faith: The genuine interaction of a person or persons engaged in an agreement to deal honestly with one another.
F. Mississippi Prescription Monitoring Program (PMP): The electronic system used to monitor the dispensing of controlled substances including Schedules II, III, IV and V, as required by Miss. Code Ann. § 73-21-127.
G. Quality Assurance/Quality Improvement (QA/QI) Plan: A formal quality assurance/ quality improvement plan to be utilized by the advanced practice registered nurse, as required by Miss. Code Ann. § 73-15-20.
H. Formal Collaborative Agreement: An agreement between the APRN and the collaborating physician which designates specific practice sites.
I. Practice Site: The designated physical location in Mississippi which is the usual practice location as reported to the Board where the Board can conduct a site visit to evaluate the delivery of care by a licensee and compliance with laws and regulations regarding delivery of care by a licensee. This shall not include the patient's home.
J. State Certification: The privilege to practice, as defined by MS Code Ann. §73-15-5, issued to APRNs to practice in Mississippi to the full scope of education, training, and certification.

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

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

A. Initial Mississippi 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.
    2) Comply with criminal background checks and fingerprinting requirements in accordance with Miss. Code Ann. Section 73-15-19 (1).
    3) Submit completed Board application via the online license management system.
    4) Pay required nonrefundable application fee upon submission of application to the Board.
    5) Submit official transcript of graduation from:
        (a) An accredited master's degree or higher program with a major in nursing, nurse anesthesia, or nurse midwifery.
        (b) An accredited educational program for APRNs if applicant graduated from an APRN program and was nationally certified as an APRN prior to December 31, 1993.
    6) Submit official evidence of graduation from a master's degree or higher accredited program in one of the four recognized advanced practice roles in which clinical experience has occurred. APRN applicants graduating from an APRN program after December 31, 1998, will be required to submit official evidence of graduation from a graduate program with a concentration in the applicant's respective advanced practice nursing specialty.
    7) Submit to the Board proof of completion of monitored practice hours by a licensed physician, licensed dentist, and/or certified APRN who has had a minimum of three (3) years active practice experience.
        (a) Applicants with less than one (1) year (2,000 hours) of experience working as an RN prior to completion of an accredited APRN education program must complete two-thousand (2,000) hours of monitored clinical practice.
        (b) Applicants with one (1) year (2,000 hours) or greater experience working as an RN prior to completion of an accredited APRN education program must complete one-thousand (1,000) hours of monitored clinical practice.
        (c) Clinical hours earned during an accredited APRN educational program can be applied to the monitored clinical practice hour requirement, provided that national certification is obtained in the specialty area within two years of the date of program completion.
        (d) 30 Miss. Admin. Code Pt. 2840, R. 1.2 (A) (7) shall become effective January 01st, 2018.
    8) Submit current national certification as an APRN in a designated area of practice by a national certification organization recognized by the Board.
        (a) The Board retains the right to refuse to recognize a national accreditation organization.
        (b) The Board shall state sufficient grounds for refusing to recognize a national accreditation organization.
    9) Submit required formal collaborative agreement to the Board prior to beginning practice.

10) An individual can obtain an APRN privilege to practice without having a formal collaborative agreement; however, in order to begin practice, the formal collaborative agreement must be submitted to the Board.

B. Renewal of State Certification. The APRN must:
   1) Submit renewal application via the online license management system.
   2) Pay required nonrefundable application fee upon submission of application to the Board.
   3) Submit updated formal collaborative agreement.
   4) Maintain documentation of current national certification as an APRN in a designated area of practice by a national certification organization recognized by the Board. In the case of a lapse in certification, the APRN must notify the Mississippi Board of Nursing. The APRN must stop practicing immediately until such time as certification is renewed.
   5) Maintain documentation of DEA licensure **(if applicable)**. In case of lapse in DEA licensure the APRN must notify the Mississippi Board of Nursing immediately. The APRN must stop prescribing controlled substances until such time as the DEA licensure is renewed and notifies Mississippi Board of Nursing of DEA licensure renewal.
   6) An individual can obtain an APRN license without having a formal collaborative agreement; however, in order to begin practice, the formal collaborative agreement must be submitted to the Board.

C. 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 reinstatement application via the online license management system.
   4) Pay required nonrefundable application fee upon submission of application to the Board.
   5) An individual can obtain an APRN license without having a formal collaborative agreement; however, in order to begin practice, the formal collaborative agreement must be submitted to the Board; and
   6) Submit a formal collaborative agreement; and
   7) 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
   8) 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. Five (5) of the forty (40) contact hours must be directly related to controlled substances.
   9) Submit documentation of DEA licensure **(if applicable)**.
   10) In case of lapse in DEA licensure the APRN must notify the Mississippi Board of Nursing immediately. The APRN must stop prescribing controlled substances until such time as the DEA licensure is renewed and notifies Mississippi Board of Nursing of DEA licensure renewal.
   11) Participate in the Mississippi Prescription Monitoring Program (PMP).

D. Changes in status.
    1) Relationship with collaborating physician/dentist: The APRN shall notify the Board immediately regarding changes in the collaborative relationship with a licensed physician/dentist.
        (a) In the event the collaborative physician/dentist is unable to continue his/her role as collaborative physician/dentist, the APRN may be allowed to continue to practice for a 90-day grace period while the APRN attempts to secure a primary collaborative physician. The Mississippi State Board of Medical Licensure or its designee will serve as the APRN's collaborative physician/dentist with the agreement of the Mississippi Board of Nursing.
        (b) If a collaborative physician/dentist has not been secured at the end of the 90-day grace period, an additional 90-day extension may be granted by mutual agreement of the executive committee of the Mississippi Board of Nursing and the executive committee of the Mississippi State Board of Medical Licensure. During this additional 90-day extension, the above described practice agreement will continue.
    2) Practice site: Changes or additions regarding practice sites shall be submitted with a fee to the Board by the APRN on forms supplied by the Board. The APRN may not practice at a site prior to approval by the Board.
    3) Formal collaborative agreement guidelines: Revisions of formal collaborative agreement shall be submitted with a fee to the Board prior to implementation.
E. Fees are nonrefundable.

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

Rule 1.3 Practice Requirements.

A. The APRN shall practice according to standards and guidelines of the national certification organization for which he is certified.
B. The APRN shall practice according to the rules and regulations as established by the Mississippi Board of Nursing.
C. The APRN shall practice in a collaborative relationship with a Mississippi licensed physician whose practice is compatible with that of the APRN. The APRN must be able to communicate reliably with a collaborating physician while practicing. CRNAs may also collaborate with licensed dentists.
D. Each APRN shall participate in a formal quality assurance/quality improvement (QA/QI) program which shall be maintained on site and shall be available for inspection by representatives of the Board.
    1) The QA/QI program must be sufficient to provide a valid evaluation of the practice and be a valid basis for change, if any.
    2) QA/QI shall encompass Board-approved components according to specific areas of practice which may be found at www.msbn.ms.gov.

3) The Advanced Practice committee will maintain review of these components and update as necessary.

E. APRNs must hold a Board-approved National Certification to designate one's self as holding a subspecialty. This does not prevent an APRN without a subspecialty designation from practicing in a specialty or subspecialty area.

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

Rule 1.4 Prescribing. Prescribing Controlled Substances and Medications by certified APRNs:

A. Scope.
These regulations apply to all individuals authorized to practice as an APRN in the State of Mississippi. Pursuant to these regulations, authorized certified APRNs may prescribe Schedules II, III, IV, or V. Application for this privilege requires an additional fee. Additionally, an application must be submitted to the Drug Enforcement Administration (DEA).

B. Definitions of terms for Part 2840, Chapter 1, Rule 1.4.
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 “prescribe” shall mean to designate or order by means of either a written, electronic, faxed, or oral prescription, the delivery of a controlled substance or legend drug to an ultimate user.
3) The word "sample" shall mean a pre-packaged not-for-sale medication delivered to the provider by an authorized agent of the manufacturer for purposes of providing a patient with only enough medication to determine effectiveness in treating a diagnosed condition.
4) The word “distribute” shall mean to deliver a not-for-sale prepackaged device or sample to a patient.
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 in accordance with DEA guidelines.

C. Prescription Guidelines - All Medications.
1) No certified APRN shall prescribe any medication without a good faith agreement subsequent to examination and medical indication thereof.

(a) Every written prescription delivered to a patient, or delivered to any other person on behalf of a patient, must be signed on the date of issuance by the 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 the transmission of electronic prescriptions and telefaxed (but not emailed) prescriptions to the pharmacy of the patient's choice. Electronic transcription that complies with federal DEA language is allowed.
(b) All prescriptions shall contain a designation indicating whether it shall be dispensed as written or whether substitution is permissible.
(c) Every written prescription issued by a certified APRN should clearly state whether or not each medication should be refilled, and if so, the number of authorized refills and/or the duration of therapy.
(d) Written prescriptions issued by a certified APRN, bearing more than one noncontrolled medication, shall clearly indicate the intended refill instructions for each medication.
(e) Any unused lines on a multi-line prescription blank shall be clearly voided by the issuing certified APRN.
(f) 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.
(g) A certified APRN shall not pre-sign blank prescription pads or order forms under any circumstances.

2) Drug Maintenance, Labeling and Distribution Requirements.
(a) A certified APRN may receive and distribute not-for-sale prepackaged devices or samples for which the certified APRN has prescriptive authority.
(b) The patient's record shall reflect the lot number, expiration date, and instructions for use of any not-for-sale prepackaged device or sample.
(c) A certified APRN may delegate a licensed nurse to provide for the patient the not-for-sale prepackaged device or sample.
(d) A certified APRN shall not sell or trade any not-for-sale prepackaged device or sample.
(e) A certified APRN shall not distribute out-of-date not-for-sale prepackaged devices or samples. Out-of-date prepackaged devices and samples shall be promptly removed and properly disposed.
(f) The drug storage area shall be locked and maintained in a sanitary environment.
(g) A certified APRN shall not accept the return of any drugs.
(h) All drug products shall be maintained, stored, and distributed in such a manner as to maintain the integrity of the product.

3) Maintenance of Patient Records.
(a) Patient Record. A certified APRN, who prescribes any device or medication, including controlled substances, shall maintain a complete record of the patient's examination, evaluation, and treatment plan. Documentation of the patient shall include the diagnosis and reason for

any prescriptions. Further, the certified APRN shall document the name, dose, strength, quantity, and the date prescribed of any prescription. The record required by this subsection shall be maintained at the practice site of the APRN.

(b) The Patient Record required by these regulations shall be by the certified APRN for a period of two (2) years. These records 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.

(c) The Board has the authority to conduct random audits of patient records at APRN practice sites.

D. Registration for Controlled Substances Certificate Prescriptive Authority.

1) Prior to obtaining DEA Controlled Substances Certificate Prescriptive Authority, the APRN must submit evidence of completion of the monitored clinical practice hour requirement, in compliance with 30 Miss. Admin. Code Pt. 2840, R. 1.2 (A) (7).
2) 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 and act in abidance with the U.S. Drug Enforcement Administration in compliance with Title 21 CFR Part 1301 Food and Drugs.
3) Registration of personal or facility DEA Controlled Substance Certificate must be registered and approved by the Board.
4) Pursuant to authority granted in Miss. Code Ann. Section 41-29-125, the Mississippi Board of Nursing hereby adopts, in addition to required regulations with the Board, the registration with the U.S. Drug Enforcement Administration. In the event, however, the certified APRN has had limitations or other restrictions placed upon his/her state certification wherein he 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.
5) Persons registered to prescribe controlled substances may order, prescribe, administer, distribute, or conduct research with those substances to the extent authorized by their registration and in conformity with the other provisions of these regulations and in conformity with provisions of the Mississippi Uniform Controlled Substances Law, Miss. Code Ann. Section 41- 29-101 et seq.
6) APRNs may only write prescriptions for or order the use of or administration of any schedule of controlled substances in accordance with the regulations set prior forth. However, in the absence of an individual DEA registration, the following shall be permissible for the nurse operating under the facility DEA registration:
    (a) Certified nurse midwives may determine the need for, order, and administer controlled substances in the practice of nurse midwifery within a licensed health care facility.
    (b) Certified nurse anesthetists may determine the need for, order, and administer controlled substances in the practice of nurse anesthesia within a licensed health care facility.

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

E. 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.
   (a) The certified APRN shall not delegate this responsibility.
   (b) 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.
2) All prescriptions for controlled substances must be prescribed in strict compliance with Miss. Code Ann. Sections 41-29-101 through 41-29-311 as amended and Title 21 of U.S. Code of Federal Regulations, Part 1306.
3) APRNs are required to enroll in and utilize the Prescription Monitoring Program (PMP).

F. Use of Diet Medication.

1) A certified APRN shall not utilize Schedules II, III, IV or V controlled substances or legend drugs for purposes of weight loss unless it has an FDA approved indication for this purpose and then only in accordance with all of the following enumerated conditions.
2) As to the prescription of controlled substance anorectics in Schedules II, 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 II, III, IV or V controlled substance, the certified APRN determines through review of his 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 II, 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 II, III, IV or V controlled substance when he knows or has reason to believe that a recognized contraindication to its use exists.

(d) The certified APRN shall not utilize any Schedule II, 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 II, 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 (30^{th}) day, except that a patient who has never before received treatment for obesity utilizing a stimulant, and who fails to lose weight during his/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.

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

(g) As to all other legend drugs or controlled substances in Schedules II, 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 (3) months' supply (including refills) and further, before subsequent new prescriptions can be issued, the patient shall receive a thorough reevaluation of the effectiveness of the medication, including a physical examination to document any potential harmful side effects.

G. Freedom of Choice.

1) A certified APRN shall not be influenced in the prescribing of drugs and devices by a direct or indirect financial interest in a pharmaceutical firm, pharmacy, or other supplier. Whether the firm is a manufacturer, distributor, wholesaler, or re-packager of the product involved is immaterial.

2) A certified APRN may own or operate a pharmacy if there is no resulting exploitation of patients. Patients are entitled to the same freedom of choice in

selecting who will fill their prescription needs as they are in the choice of a certified APRN.

3) If a patient requests a written prescription in lieu of an oral prescription or electronic submission, this request shall be honored.

H. Violation of Regulations.

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

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

Part 2840 Chapter 2: Clinical Nurse Specialists

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

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

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

Part 2840 Chapter 3: Registered Nurse First Assistant (RNFA)

Rule 3.1 Functions of RNFA. The RN may function in the role of Registered Nurse First Assistant (RNFA) according to the position statement adopted by the Association of Perioperative Registered Nurses (AORN).

Rule 3.2 Use of Title. The title RNFA shall only be used by persons prepared and educated according to the AORN's requirements for RNFAs.

Rule 3.3 RNFA program requirements.

A. The RNFA program should be equivalent to one academic year of formal, post-basic nursing study; consist of curricula that address all of the modules in the Core Curriculum for the RN First Assistant; and award college credits and degrees or certificates of RNFA status upon satisfactory completion of all requirements.

B. The RNFA program should be associated with a school of nursing at universities or colleges that are accredited for higher education by an accrediting agency that is nationally recognized by the Secretary of the U.S. Department of Education.

Rule 3.4 Licensure Requirements. In order to function as a RNFA, the RN must:

A. Be currently licensed as a RN in Mississippi or be currently licensed to practice under the Nurse Licensure Compact with a multistate licensure privilege to practice in Mississippi, and
B. Submit official written evidence of additional preparation acquired through completion of an RNFA program that meets the "AORN standards for RN first assistant education programs" and is accepted by Competency and Credentialing Institute (CCI).

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

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

K. ~~The word "~~Board~~" shall mean~~: The Mississippi Board of Nursing.

L. Advanced Practice Registered Nurse (APRN): Any person who holds certification and is currently licensed to practice in Mississippi or currently licensed to practice under the Nurse Licensure Compact with a multistate licensure privilege to practice in Mississippi as a certified nurse midwife (CNM), certified registered nurse anesthetist (CRNA) or certified registered nurse practitioner (CNP). Certified nurse practitioners include acute, adult, pediatric, geriatric, family, psych-mental health, neonatal, and women's health.

M. Collaborating Physician: A physician or dentist who has an unrestricted license to practice in the state of Mississippi and has a compatible practice or practice site as the APRN.

N. DEA: United States Drug Enforcement Administration rules and regulations contained in Title 21 CFR, Part 1301 regarding the certified APRN's practice of prescribing controlled substances.

O. Good Faith: The genuine interaction of a person or persons engaged in an agreement to deal honestly with one another.

P. Mississippi Prescription Monitoring Program (PMP): The electronic system used to monitor the dispensing of controlled substances including Schedules II, III, IV and V, as required by Miss. Code Ann. § 73-21-127.

Q. Quality Assurance/Quality Improvement (QA/QI) Plan: A formal quality assurance/ quality improvement plan to be utilized by the advanced practice registered nurse, as required by Miss. Code Ann. § 73-15-20.

R. Formal Collaborative Agreement: An agreement between the APRN and the collaborating physician ~~or dentist who has an unrestricted practice in the state of Mississippi and compatible practice~~ which designates specific practice sites.

S. Practice Site: The designated physical location in Mississippi which is the usual practice location as reported to the Board where the Board can conduct a site visit to evaluate the delivery of care by a licensee and compliance with laws and regulations regarding delivery of care by a licensee. This shall not include the patient's home.

T. State Certification: The privilege to practice, as defined by MS Code Ann. §73-15-5, issued to APRNs to practice in Mississippi to the full scope of education, training, and certification.

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

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

F. Initial Mississippi 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;
   2) Comply with criminal background checks and fingerprinting requirements in accordance with Miss. Code Ann. Section 73-15-19 (1);
   3) Submit ~~required~~ completed Board application via the online license management system ~~and fees~~.
   4) Pay required nonrefundable application fee upon submission of application to the Board.
   5) Submit official transcript of graduation from:
      (a) An accredited master's degree or higher program with a major in nursing, nurse anesthesia, or nurse midwifery;
      (b) An accredited educational program for APRNs if applicant graduated from an APRN program and was nationally certified as an APRN prior to December 31, 1993.
   6) Submit official evidence of graduation from a master's degree or higher accredited program in one of the four recognized advanced practice roles in which clinical experience has occurred. APRN applicants graduating from an APRN program after December 31, 1998, will be required to submit official evidence of graduation from a graduate program with a concentration in the applicant's respective advanced practice nursing specialty.
   7) Submit to the Board proof of completion of monitored practice hours by a licensed physician, licensed dentist, and/or certified APRN who has had a minimum of three (3) years active practice experience.
      (a) Applicants with less than one (1) year (2,000 hours) of experience working as an RN prior to completion of an accredited APRN education program must complete two-thousand (2,000) hours of monitored clinical practice.
      (b) Applicants with one (1) year (2,000 hours) or greater experience working as an RN prior to completion of an accredited APRN education program must complete one-thousand (1,000) hours of monitored clinical practice.
      (c) Clinical hours earned during an accredited APRN educational program can be applied to the monitored clinical practice hour requirement, provided that national certification is obtained in the specialty area within two years of the date of program completion.
      (d) 30 Miss. Admin. Code R. 1.2 (A) (~~6~~7) shall become effective January 01st, 2018.
   8) Submit current national certification as an APRN in a designated area of practice by a national certification organization recognized by the Board;
      (a) The Board retains the right to refuse to recognize a national accreditation organization.
      (b) The Board shall state sufficient grounds for refusing to recognize a national accreditation organization.

9) Submit required formal collaborative agreement to the Board prior to beginning practice.
10) An individual can obtain an APRN privilege to practice without having a formal collaborative agreement; however, in order to begin practice, the formal collaborative agreement must be submitted to the Board.

G. Renewal of State Certification. The APRN must:
1) Submit renewal application via the online license management system ~~and fee~~.
2) Pay required nonrefundable application fee upon submission of application to the Board.
3) Submit updated formal collaborative agreement.
4) Maintain documentation of current national certification as an APRN in a designated area of practice by a national certification organization recognized by the Board. In the case of a lapse in certification, the APRN must notify the Mississippi Board of Nursing. The APRN must stop practicing immediately until such time as certification is renewed.
5) Maintain documentation of DEA licensure **(if applicable)**. In case of lapse in DEA licensure the APRN must notify the Mississippi Board of Nursing immediately. The APRN must stop prescribing controlled substances until such time as the DEA licensure is renewed and notifies Mississippi Board of Nursing of DEA licensure renewal.

~~6. Participate in the Mississippi Prescription Monitoring Program (PMP~~).

6) ~~7.~~ An individual can obtain an APRN license without having a formal collaborative agreement; however, in order to begin practice, the ~~practice agreement documentation~~ formal collaborative agreement must be submitted to the Board.

H. Reinstatement of lapsed State Certification. APRNs reinstating a lapsed state certification must do so online 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 renewal application via the online license management system ~~and fee~~.
4) Pay required nonrefundable application fee upon submission of application to the Board.
5) An individual can obtain an APRN license without having a formal collaborative agreement; however, in order to begin practice, the formal collaborative agreement must be submitted to the Board; and
6) Submit a formal collaborative agreement; and
7) 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
8) 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. Five (5) of the forty (40) contact hours must be directly related to controlled substances.

9) Submit documentation of DEA licensure **(if applicable)**.
10) In case of lapse in DEA licensure the APRN must notify the Mississippi Board of Nursing immediately. The APRN must stop prescribing controlled substances until such time as the DEA licensure is renewed and notifies Mississippi Board of Nursing of DEA licensure renewal.
11) Participate in the Mississippi Prescription Monitoring Program (PMP).

I. Changes in status.
   1) Relationship with collaborating physician/dentist: The APRN shall notify the Board immediately regarding changes in the collaborative relationship with a licensed physician/dentist.
      (a) In the event the collaborative physician/dentist is unable to continue his/her role as collaborative physician/dentist, the APRN may be allowed to continue to practice for a 90-day grace period while the APRN attempts to secure a primary collaborative physician. The Mississippi State Board of Medical Licensure or its designee will serve as the APRN's collaborative physician/dentist with the agreement of the Mississippi Board of Nursing.
      (b) If a collaborative physician/dentist has not been secured at the end of the 90-day grace period, an additional 90-day extension may be granted by mutual agreement of the executive committee of the Mississippi Board of Nursing and the executive committee of the Mississippi State Board of Medical Licensure. During this additional 90-day extension, the above described practice agreement will continue.
   2) Practice site: Changes or additions regarding practice sites shall be submitted with a fee to the Board by the APRN on forms supplied by the Board. The APRN may not practice at a site prior to approval by the Board.
   3) Formal collaborative agreement guidelines: Revisions of formal collaborative agreement shall be submitted with a fee to the Board prior to implementation.

J. Fees are nonrefundable.

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

Rule 1.3 Practice Requirements.

~~The APRN shall practice:~~

F. <u>The APRN shall practice</u> according to standards and guidelines of the national certification organization for which he is certified~~; and~~<u>.</u>
G. <u>The APRN shall practice</u> according to the rules and regulations as established by the Mississippi Board of Nursing.
H. <u>The APRN shall practice</u> in a collaborative relationship with a Mississippi licensed physician whose practice is compatible with that of the APRN. The APRN must be able to communicate reliably with a collaborating physician while practicing. CRNAs may also collaborate with licensed dentists.

I. Each APRN shall participate in a formal quality assurance/quality improvement (QA/QI) program which shall be maintained on site and shall be available for inspection by representatives of the Board.
    1) The QA/QI program must be sufficient to provide a valid evaluation of the practice and be a valid basis for change, if any.
    2) QA/QI shall encompass Board-approved components according to specific areas of practice which may be found at www.msbn.ms.gov.
    3) The Advanced Practice committee will maintain review of these components and update as necessary.

J. APRNs ~~practicing in subspecialty areas~~ must hold a Board-approved National Certification to designate one's self as holding a subspecialty. This does not prevent an APRN without a subspecialty designation from practicing in a specialty or subspecialty area.

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

Rule 1.4 Prescribing. Prescribing Controlled Substances and Medications by certified APRNs:

I. Scope.
These regulations apply to all individuals authorized to practice as an 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. Additionally, an application must be submitted to the Drug Enforcement Administration (DEA).

J. Definitions of terms for Part 2840, Chapter 1, Rule 1.4.
    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 “prescribe” shall mean to designate or order by means of either a written, electronic, faxed, or oral prescription, the delivery of a controlled substance or legend drug to an ultimate user.
    3) The word "sample" shall mean a pre-packaged not-for-sale medication delivered to the provider by an authorized agent of the manufacturer for purposes of providing a patient with only enough medication to determine effectiveness in treating a diagnosed condition.
    4) The word “distribute” shall mean to deliver a not-for-sale prepackaged device or sample to a patient.
    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 in accordance with DEA guidelines.

K. Prescription Guidelines - All Medications.

1) No certified APRN shall prescribe any medication without a good faith agreement subsequent to examination and medical indication thereof.
    (a) Every written prescription delivered to a patient, or delivered to any other person on behalf of a patient, must be signed on the date of issuance by the 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 the transmission of electronic prescriptions and telefaxed (but not emailed) prescriptions to the pharmacy of the patient's choice. Electronic transcription that complies with federal DEA language is allowed.
    (b) All prescriptions shall contain a designation indicating whether it shall be dispensed as written or whether substitution is permissible.
    (c) Every written prescription issued by a certified APRN should clearly state whether or not each medication should be refilled, and if so, the number of authorized refills and/or the duration of therapy.
    (d) Written prescriptions issued by a certified APRN, bearing more than one noncontrolled medication, shall clearly indicate the intended refill instructions for each medication.
    (e) Any unused lines on a multi-line prescription blank shall be clearly voided by the issuing certified APRN.
    (f) 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.
    (g) A certified APRN shall not pre-sign blank prescription pads or order forms under any circumstances.
2) Drug Maintenance, Labeling and Distribution Requirements.
    (a) A certified APRN may receive and distribute not-for-sale prepackaged devices or samples for which the certified APRN has prescriptive authority.
    (b) The patient's record shall reflect the lot number, expiration date, and instructions for use of any not-for-sale prepackaged device or sample.
    (c) A certified APRN may delegate a licensed nurse to provide for the patient the not-for-sale prepackaged device or sample.
    (d) A certified APRN shall not sell or trade any not-for-sale prepackaged device or sample.
    (e) A certified APRN shall not distribute out-of-date not-for-sale prepackaged devices or samples. Out-of-date prepackaged devices and samples shall be promptly removed and properly disposed.
    (f) The drug storage area shall be locked and maintained in a sanitary environment.
    (g) A certified APRN shall not accept the return of any drugs.

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

3) Maintenance of Patient Records.

(a) Patient Record. A certified APRN, who prescribes any device or medication, including controlled substances, shall maintain a complete record of the patient's examination, evaluation, and treatment plan. Documentation of the patient shall include the diagnosis and reason for any prescriptions. Further, the certified APRN shall document the name, dose, strength, quantity, and the date prescribed of any prescription. The record required by this subsection shall be maintained at the practice site of the APRN.

(b) The Patient Record required by these regulations shall be by the certified APRN for a period of two (2) years. These records 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)~~.

(c) The Board has the authority to conduct random audits of patient records at APRN practice sites.

L. Registration for Controlled Substances Certificate Prescriptive Authority.

1) Prior to obtaining DEA Controlled Substances Certificate Prescriptive Authority, the APRN must submit evidence of completion of <u>the</u> monitored clinical practice hour requirement<u>, in compliance with 30 Miss. Admin. Code Pt. 2840, R. 1.2 (A) (7)</u>.

2) 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 and act in abidance with the U.S. Drug Enforcement Administration in compliance with Title 21 CFR Part 1301 Food and Drugs.

3) Registration of personal or facility DEA Controlled Substance Certificate must be registered and approved by the Board.

~~4. APRNs are required to enroll in and utilize the Prescription Monitoring Program (PMP).~~

<u>4)</u> Pursuant to authority granted in Miss. Code Ann. Section 41-29-125, the Mississippi Board of Nursing hereby adopts, in addition to required regulations with the Board, the registration with the U.S. Drug Enforcement Administration. In the event, however, the certified APRN has had limitations or other restrictions placed upon his/her state certification wherein he 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.

<u>5)</u> Persons registered to prescribe controlled substances may order, prescribe, administer, distribute, or conduct research with those substances to the extent authorized by their registration and in conformity with the other provisions of

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

6) APRNs may only write prescriptions for or order the use of or administration of any schedule of controlled substances in accordance with the regulations set prior forth. However, in the absence of an individual DEA registration, the following shall be permissible for the nurse operating under the facility DEA registration:
   (a) Certified nurse midwives may determine the need for, order, and administer controlled substances in the practice of nurse midwifery within a licensed health care facility.
   (b) Certified nurse anesthetists may determine the need for, order, and administer controlled substances in the practice of nurse anesthesia within a licensed health care facility.
   (c) Certified nurse practitioners may determine the need for, order, and administer controlled substances in the practice of nurse practitioner within a licensed health care facility.

M. 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.
      (a) The certified APRN shall not delegate this responsibility.
      (b) 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.
   2) All prescriptions for controlled substances must be prescribed in strict compliance with Miss. Code Ann. Sections 41-29-101 through 41-29-311 as amended and Title 21 of U.S. Code of Federal Regulations, Part 1306.
   3) APRNs are required to enroll in and utilize the Prescription Monitoring Program (PMP).

N. Use of Diet Medication.
   1) A certified APRN shall not utilize Schedules II, III, IV or V controlled substances or legend drugs for purposes of weight loss unless it has an FDA approved indication for this purpose and then only in accordance with all of the following enumerated conditions.
   2) As to the prescription of controlled substance anorectics in Schedules II, 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 II, III, IV or V controlled substance, the certified APRN determines through review of his 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 II, 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 II, III, IV or V controlled substance when he knows or has reason to believe that a recognized contraindication to its use exists.

(d) The certified APRN shall not utilize any Schedule II, 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 II, 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 (30^{th}) day, except that a patient who has never before received treatment for obesity utilizing a stimulant, and who fails to lose weight during his/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.

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

(g) As to all other legend drugs or controlled substances in Schedules II, 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 (3) months' supply (including refills) and further, before subsequent new prescriptions can be issued, the patient shall receive a thorough reevaluation of the effectiveness of the medication, including a physical examination to document any potential harmful side effects.

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

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

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

Part 2840 Chapter 2: Clinical Nurse Specialists

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

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

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

Part 2840 Chapter 3: Registered Nurse First Assistant (RNFA)

Rule 3.1 Functions of RNFA. The RN may function in the role of Registered Nurse First Assistant (RNFA) according to the position statement adopted by the Association of Perioperative Registered Nurses (AORN).

Rule 3.2 Use of Title. The title RNFA shall only be used by persons prepared and educated according to the AORN's requirements for RNFAs.

Rule 3.3 RNFA program requirements.

C. The RNFA program should be equivalent to one academic year of formal, post-basic nursing study; consist of curricula that address all of the modules in the Core Curriculum for the RN First Assistant; and award college credits and degrees or certificates of RNFA status upon satisfactory completion of all requirements.
D. The RNFA program should be associated with a school of nursing at universities or colleges that are accredited for higher education by an accrediting agency that is nationally recognized by the Secretary of the U.S. Department of Education.

Rule 3.4 Licensure Requirements. In order to function as a RNFA, the RN must:

C. Be currently licensed as a RN in Mississippi or be currently licensed to practice under the Nurse Licensure Compact with a multistate licensure privilege to practice in Mississippi, and
D. Submit official written evidence of additional preparation acquired through completion of an RNFA program that meets the "AORN standards for RN first assistant education programs" and is accepted by Competency and Credentialing Institute (CCI).

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