

By: Representative Currie

To: Public Health and Human Services

HOUSE BILL NO. 1170

1 AN ACT TO AMEND SECTION 73-25-35, MISSISSIPPI CODE OF 1972,
 2 TO SPECIFY THE TYPES OF SETTINGS IN WHICH CERTIFIED NURSE
 3 PRACTITIONERS MAY PRACTICE UNDER THE GENERAL SUPERVISION OF A
 4 LICENSED PHYSICIAN UNDER A COLLABORATIVE RELATIONSHIP THAT IS
 5 APPROVED BY THE STATE BOARD OF MEDICAL LICENSURE WITHOUT A
 6 REQUIREMENT TO BE A CERTAIN DISTANCE FROM THE PRIMARY OFFICE OF
 7 THE COLLABORATIVE PHYSICIAN; TO PROVIDE THAT IF A PROPOSED WRITTEN
 8 PRACTICE COLLABORATIVE AGREEMENT FOR THE PRACTICE OF A CERTIFIED
 9 NURSE PRACTITIONER WITH A LICENSED PHYSICIAN IN A MANAGED CARE
 10 SETTING FOR MEDICAID BENEFICIARIES IS DENIED BY THE BOARD OF
 11 MEDICAL LICENSURE, THE CERTIFIED NURSE PRACTITIONER SHALL HAVE THE
 12 RIGHT TO APPEAL THE DECISION DISAPPROVING THE COLLABORATIVE
 13 AGREEMENT TO THE DIVISION OF MEDICAID, AND THE DIVISION SHALL BE
 14 AUTHORIZED TO APPROVE THE COLLABORATIVE AGREEMENT FOR THE PRACTICE
 15 OF THE CERTIFIED NURSE PRACTITIONER; TO AMEND SECTION 73-15-20,
 16 MISSISSIPPI CODE OF 1972, TO CONFORM TO THE PRECEDING PROVISION;
 17 AND FOR RELATED PURPOSES.

18 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

19 **SECTION 1.** Section 73-25-35, Mississippi Code of 1972, is
 20 amended as follows:

21 73-25-35. Registered nurses who are licensed and certified
 22 by the Mississippi Board of Nursing as nurse practitioners * * *
 23 shall be authorized to practice under the general supervision of a
 24 licensed physician under a collaborative relationship as described
 25 in Section 73-15-20 that is approved by the State Board of Medical



26 Licensure in which patients are treated by the nurse practitioner
27 without a requirement to be a certain distance from the primary
28 office of the collaborative/consultative physician in the
29 following settings:

30 (a) Emergency rooms;

31 (b) Intensive care units;

32 (c) Labor epidural services on obstetrical suites;

33 (d) State Department of Health services;

34 (e) State Department of Mental Health services and
35 community mental health center services; and

36 (f) Federally funded health systems, including
37 Federally Qualified Health Centers (FQHCs), Veterans Affairs
38 Medical Centers (VAMCs) and Rural Health Clinics (RHC).

39 If a proposed written practice collaborative agreement for
40 the practice of a certified nurse practitioner with a licensed
41 physician in a managed care setting for Medicaid beneficiaries is
42 denied by the State Board of Medical Licensure, the certified
43 nurse practitioner shall have the right to appeal the decision
44 disapproving the collaborative agreement to the Division of
45 Medicaid within thirty (30) days of the decision of denial, and
46 the division shall be authorized to approve the collaborative
47 agreement for the practice of the certified nurse practitioner.

48 **SECTION 2.** Section 73-15-20, Mississippi Code of 1972, is
49 amended as follows:



50 73-15-20. (1) **Advanced practice registered nurses.** Any
51 nurse desiring to be certified as an advanced practice registered
52 nurse shall apply to the board and submit proof that he or she
53 holds a current license to practice professional nursing and that
54 he or she meets one or more of the following requirements:

55 (a) Satisfactory completion of a formal post-basic
56 educational program of at least one (1) academic year, the primary
57 purpose of which is to prepare nurses for advanced or specialized
58 practice.

59 (b) Certification by a board-approved certifying body.
60 Such certification shall be required for initial state
61 certification and any recertification as a registered nurse
62 anesthetist, nurse practitioner or nurse midwife. The board may
63 by rule provide for provisional or temporary state certification
64 of graduate nurse practitioners for a period of time determined to
65 be appropriate for preparing and passing the National
66 Certification Examination. Those with provisional or temporary
67 certifications must practice under the direct supervision of a
68 licensed physician or a certified nurse practitioner or certified
69 nurse midwife with at least five (5) years of experience.

70 (c) Graduation from a program leading to a master's or
71 post-master's degree in a nursing clinical specialty area with
72 preparation in specialized practitioner skills.

73 (2) **Rulemaking.** The board shall provide by rule the
74 appropriate requirements for advanced practice registered nurses



75 in the categories of certified registered nurse anesthetist,
76 certified nurse midwife and advanced practice registered nurse.

77 (3) **Collaboration.** An advanced practice registered nurse
78 shall perform those functions authorized in this section within a
79 collaborative/consultative relationship with a dentist or
80 physician with an unrestricted license to practice dentistry or
81 medicine in this state and within an established protocol or
82 practice guidelines, as appropriate, that is filed with the board
83 upon license application, license renewal, after entering into a
84 new collaborative/consultative relationship or making changes to
85 the protocol or practice guidelines or practice site. The board
86 shall review and approve the protocol to ensure compliance with
87 applicable regulatory standards. The advanced practice registered
88 nurse may not practice as an APRN if there is no
89 collaborative/consultative relationship with a physician or
90 dentist and a board-approved protocol or practice guidelines. The
91 protocol or practice guidelines shall be subject to the provisions
92 of Section 73-25-35.

93 (4) **Renewal.** The board shall renew a license for an
94 advanced practice registered nurse upon receipt of the renewal
95 application, fees and protocol or practice guidelines. The board
96 shall adopt rules establishing procedures for license renewals.
97 The board shall by rule prescribe continuing education
98 requirements for advanced practice nurses not to exceed forty (40)



99 hours biennially as a condition for renewal of a license or
100 certificate.

101 (5) **Reinstatement.** Advanced practice registered nurses may
102 reinstate a lapsed privilege to practice upon submitting
103 documentation of a current active license to practice professional
104 nursing, a reinstatement application and fee, a protocol or
105 practice guidelines, documentation of current certification as an
106 advanced practice nurse in a designated area of practice by a
107 national certification organization recognized by the board and
108 documentation of at least forty (40) hours of continuing education
109 related to the advanced clinical practice of the nurse
110 practitioner within the previous two-year period. The board shall
111 adopt rules establishing the procedure for reinstatement.

112 (6) **Changes in status.** The advanced practice registered
113 nurse shall notify the board immediately regarding changes in the
114 collaborative/consultative relationship with a licensed physician
115 or dentist. If changes leave the advanced practice registered
116 nurse without a board-approved collaborative/consultative
117 relationship with a physician or dentist, the advanced practice
118 nurse may not practice as an advanced practice registered nurse.

119 (7) **Practice requirements.** The advanced practice registered
120 nurse shall practice:

121 (a) According to standards and guidelines of the
122 National Certification Organization.



123 (b) In a collaborative/consultative relationship with a
124 licensed physician whose practice is compatible with that of the
125 nurse practitioner. Certified registered nurse anesthetists may
126 collaborate/consult with licensed dentists. The advanced practice
127 nurse must be able to communicate reliably with a
128 collaborating/consulting physician or dentist while practicing.

129 (c) According to a board-approved protocol or practice
130 guidelines.

131 (d) Advanced practice registered nurses practicing as
132 nurse anesthetists must practice according to board-approved
133 practice guidelines that address pre-anesthesia preparation and
134 evaluation; anesthesia induction, maintenance, and emergence;
135 post-anesthesia care; peri-anesthetic and clinical support
136 functions.

137 (e) Advanced practice registered nurses practicing in
138 other specialty areas must practice according to a board-approved
139 protocol that has been mutually agreed upon by the nurse
140 practitioner and a Mississippi licensed physician or dentist whose
141 practice or prescriptive authority is not limited as a result of
142 voluntary surrender or legal/regulatory order.

143 (f) Each collaborative/consultative relationship shall
144 include and implement a formal quality assurance/quality
145 improvement program which shall be maintained on site and shall be
146 available for inspection by representatives of the board. This
147 quality assurance/quality improvement program must be sufficient



148 to provide a valid evaluation of the practice and be a valid basis
149 for change, if any.

150 (g) Nurse practitioners may not write prescriptions
151 for, dispense or order the use of or administration of any
152 schedule of controlled substances except as contained in this
153 chapter.

154 (8) **Prescribing controlled substances and medications.**

155 Certified nurse midwives and certified nurse practitioners may
156 apply for controlled substance prescriptive authority after
157 completing a board-approved educational program. Certified nurse
158 midwives and certified nurse practitioners who have completed the
159 program and received prescription authority from the board may
160 prescribe Schedules II-V. The words "administer," "controlled
161 substances" and "ultimate user," shall have the same meaning as
162 set forth in Section 41-29-105, unless the context otherwise
163 requires. The board shall promulgate rules governing prescribing
164 of controlled substances, including distribution, record keeping,
165 drug maintenance, labeling and distribution requirements and
166 prescription guidelines for controlled substances and all
167 medications. Prescribing any controlled substance in violation of
168 the rules promulgated by the board shall constitute a violation of
169 Section 73-15-29(1) (f), (k) and (l) and shall be grounds for
170 disciplinary action. The prescribing, administering or
171 distributing of any legend drug or other medication in violation
172 of the rules promulgated by the board shall constitute a violation



173 of Section 73-15-29(1)(f), (k) and (l) and shall be grounds for
174 disciplinary action.

175 **SECTION 3.** This act shall take effect and be in force from
176 and after July 1, 2016.

